



Your 2021 dental plan options



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Together, all the way.

You go the extra mile to be healthy, but you don't have to go it alone.

We'll be right by your side with the coverage, tools and resources to help you – body and mind.

Together, we can help you live a healthier and more secure life.



Plan year 2021

PLAN OPTIONS

New Option

Total Care DHMO¹

Your dentist

1. You choose a **primary network dentist** who will manage your care.
2. You can change your **network dentist anytime**.
3. Enrolled family members can choose their own primary network dentist.
4. Enrolled children up to age 13 can use a network pediatric dentist.

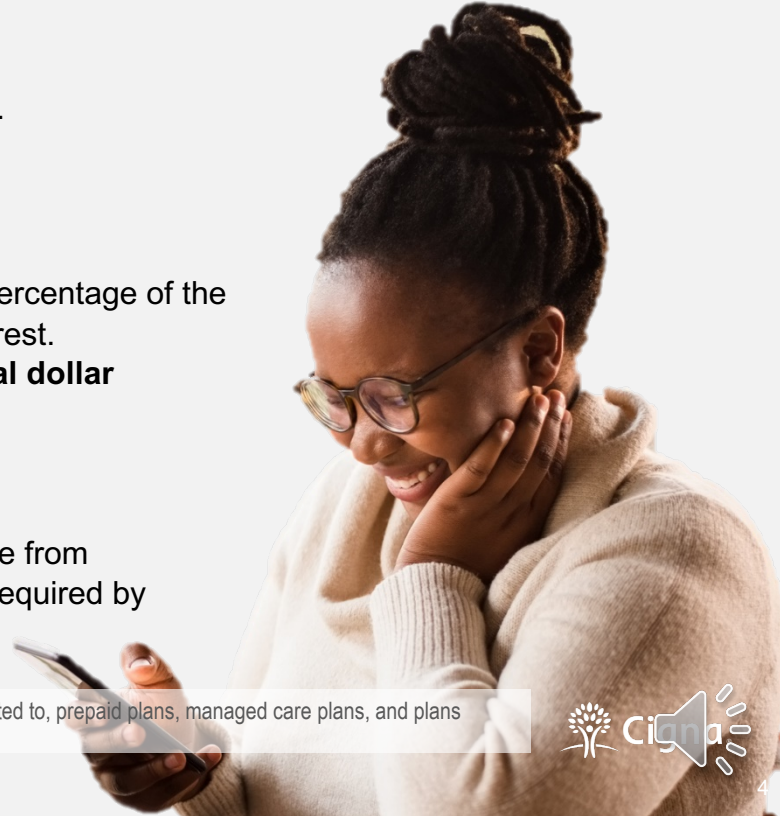
Your costs

1. Your costs are calculated using **coinsurance**. This means you pay a percentage of the discounted fee charged by your network dentist and the plan pays the rest.
2. There is **no annual deductible** you have to pay and there is **no annual dollar maximum** on covered services.

Things to know

This is a “**network-only**” plan which means it only covers care you receive from network dentists. There are some exceptions for emergencies and where required by state law – refer to your plan documents for details.

1. The term “DHMO” is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care® (DHMO) product availability varies by state and is subject to change.



Cigna Dental Care (DHMO¹)

Your dentist

1. You choose a **primary network dentist** who will manage your care.
2. You can change your **network dentist anytime**.
3. Enrolled family members can choose their own primary network dentist.
4. Enrolled children up to age 13 can use a network pediatric dentist.

Your costs

1. Your costs are calculated using **copays**. This means you pay a **set dollar amount** for covered services. There is **no annual deductible** you have to pay and there is **no annual dollar maximum** on covered services.

Things to know

This is a “**network-only**” plan which means it only covers care you receive from network dentists. There are some exceptions for emergencies and where required by state law – refer to your plan documents for details.



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Enhanced Plan

Your costs

Annual deductible for most services. Your costs are calculated using **coinsurance**. There is an **annual dollar maximum of \$3,000** that is applied to most services. **Once you reach this maximum**, you are responsible for **paying 100% of the charges**.

Dentist	Network Dentist	Non-Network Dentist
How much can they charge?	Discounted fee they have agreed to with Cigna	There is no limit on what the dentist can charge
Example fee charged for service	\$100	\$250
How much does the plan cover?	You and the plan each pay a percentage of the discounted fee.	The plan pays a percentage of the “allowed amount” which is based on average costs for a procedure in a geographic area. You pay the balance.
Example	Discounted fee: \$100 Plan pays 80% = \$80 You pay 20% = \$20	Dentist fee: \$250 Reasonable and customary fee: \$150 Plan pays 80% of R&C = \$120 You pay balance (\$250 - \$120) = \$130

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Basic Plan

Your dentist

1. **You can use any dentist** for care however you will likely save more by using a network dentist.
2. You don't need to select a primary network dentist.

Your costs

1. Your costs are calculated using **coinsurance**. This means you pay a percentage of the discounted fee charged by your network dentist and the plan pays the rest.
2. There is **no annual deductible** you have to pay and there is **no annual dollar maximum** on covered services.

Things to know

Although your coinsurance amount is set depending on the type of service you need, **your costs can vary** depending on what dentist you choose for care. This plan also **excludes coverage for services that may be covered on your other plan options**, including orthodontia, implants and dentures (other than repairs to existing)

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	Total Care DHMO w/coinsurance ¹	Enhanced Plan	Cigna Dental Care DHMO w/copays ¹	Basic Plan
Network	Network only ²	Any dentist – but out-of-network can balance bill	Network only ²	Any dentist
Annual deductible	None	\$25 individual/\$75 family	None	None
Calendar-year maximum	Unlimited	\$3,000 (excluding ortho)	Unlimited	None
Routine preventive care – exams, cleanings and routine x-rays	100%	100% when network dentist is used	100%	100% when network dentist is used
Periodontics				
Maintenance	100%	100% (no deductible) ³	Covered – set copays	100% ²
Scaling/Root Planing	85%	80%		50%
All other covered services	85%	80%		50%
Simple restorations (fillings)	85%	80%	Covered – set copays	80%
Major restorations (crowns)	70%	67%	Covered – set copays	67%
Oral surgery	85%	80%	Covered – set copays	67%
Dentures, fixed bridges	55%	50%	Covered – set copays	Repairs only
Surgical implants	55% - limit one per year	50% - limit \$500 per year	Covered – set copays (limit one per year)	Not covered
Orthodontia	55%	50%, no deductible - \$1,500 lifetime limit	Covered – set copays	Not covered
TMJ-related services		Not covered	Covered	Not covered

1. See your plan documents at [Cigna.com/stateofct](https://www.cigna.com/stateofct) for patient copay and coinsurance amounts, or call 800.Cigna24 (800.244.6224).

2. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.

3. If enrolled in the Health Enhancement Program (HEP): Periodontal Maintenance procedure is covered at 100%.



Balance billing for out-of-network care on Enhanced Plan

- Enhanced Plan has a network of dentists that have agreed to reduce their normal fees for Cigna customers
- Because of the agreement they have with Cigna, they **cannot bill you for the difference** between their usual fees and the amount they've agreed to charge Cigna customers.
- Out-of-network dentists are not obligated to accept the reduced amount that Cigna pays for covered services.
- This means they **CAN** bill you for the difference between their usual fee and the amount Cigna covers.

Here's an example:

	Network Dentist	Out-of-Network Dentist
Dentist usual fee for same service	\$300	\$300
Cigna's allowed/reduced fee	\$200	\$200
Plan pays 80% of allowed/reduced fee	\$160	\$160
Patient pays 20% of allowed/reduced fee	\$40	\$40
Patient balance billed	\$0 – network dentists cannot balance bill	\$100 – difference between usual fee and allowed fee
Total cost to patient	\$40	\$140



Things you should know

- You may be able to save on costs with the new Total Care DHMO plan.
- You may already be using a dentist who participates in the Total Care DHMO network.
- **New decision guide tool** can help you understand plan options and choose what's right for your needs.
- See sample services and compare what your costs might be on each plan.

Visit [Cigna.com/stateofct](https://www.cigna.com/stateofct) to see your plan documents and use the new decision guide tool.



Programs and services

**HELPING YOU STAY
HEALTHIER OVERALL**



Cigna Dental Virtual Care

Dental care designed for our world.

**Speak with a dentist
24/7/365¹ through
myCigna:**

- Urgent care needs: Tooth pain, gum inflammation, broken teeth, infection
- Non-narcotic medications and antibiotics prescribed
- Guide follow-up care

**Avoiding
unnecessary
ER visits can lower
your medical costs.**

**Convenience and
security – access
from home or on-the-
go.**



1. Due to state laws governing access to virtual care, this service is not available to residents of Texas. Cigna provides access to virtual care through national teledental care providers via myCigna.com. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. This service is separate from coverage for virtual dental care obtained through your regular dentist. A referral is not required for this service.



Doing more to improve whole person health.

Cigna Dental Oral Health Integration Program®*



Helping customers with qualifying conditions manage their health.



*Covered employees must enroll in the program prior to receiving dental services to be eligible for reimbursement. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions. Reimbursement is applied/subject to plan year maximums under DPPO plans. Contact your Cigna representative for a list of eligible procedures and related program limitations. ***Preventive Dental Treatment Associated with Lower Medical Utilization and Costs." National study of Cigna customers with dental and medical coverage, July 2019. First year TMC savings: 6%, second year TMC savings additional 2% for total of 8%. Individual results may vary.



Cigna Dental Oral Health Integration Program^{®1}

Procedure description	Procedure code(s)	Heart disease	Stroke	Diabetes	Maternity	Chronic Kidney Disease	Organ Transplants	Head and Neck Cancer Radiation
Periodontal Treatment & Maintenance ²	D4341, D4342, D4910	x	x	x	x	x	x	x
Periodontal Evaluation ³	D0180				x			
Oral Evaluation ⁴	D0120, D0140, D0150				x			
Cleaning ⁵	D1110				x			
Scaling in presence of inflammation full mouth ⁵	D4346				x			
Emergency Palliative Treatment ⁶	D9110				x			
Topical application of fluoride varnish ⁷	D1206					x	x	x
Topical application of fluoride– excl varnish ⁸	D1208					x	x	x
Sealants ⁹	D1351					x	x	x
Sealant Repair – per tooth ¹⁰	D1353					x	x	x

1. Covered employees must be enrolled in the program prior to receiving dental services to be eligible for reimbursement. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions. Reimbursement is subject to plan year maximums under DPPO plans. 2. D4910 is limited to four times per year. D4341, D4342.: all limitations apply. 3. D0180: One additional evaluation 4. D0120, D0140, D0150: One additional evaluation. 5. D1110 or D4346: One additional cleaning 6. D9110; No limitations. 7. D1206: Age limits removed, all other limitations apply 8. D1208: Age limits removed, all other limitations apply. 9. D1351: Age limits removed, all other limitations apply 10. D1353: Age limits removed, all other limitations apply



Going beyond dental benefits

Cigna Healthy Rewards®*

Discounts on a full range of health and wellness programs and services

Dental Information Line (DHMO plans only)

24/7 access to trained professionals who can help answer your questions about dental treatment and clinical symptoms

* Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. **A discount program is NOT insurance, and you must pay the entire discounted charge.**



Tools and resources

WE'RE HERE FOR YOU

We're here 24/7/365



By phone – 800.244.6224

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in over 200 languages
- Get help finding a dental office
- Check your eligibility



myCigna® – online or through the app

- Review your plan information and check a claim status
- Find network dentists
- Print temporary ID cards
- Change your Cigna Dental Care® dental office*
- View year-to-date dental costs and estimate approximate costs prior to treatment
- Take oral health assessments that you can share with your dentist
- Find Healthy Rewards® discount information



- Brighter Score® feature.* Use this scoring method to compare dentists
- Convenient, online scheduling with dentists who offer this service*
- Insightful customer reviews to guide smart choices



myCigna® app users log in with just one touch.**
Access your account with just a fingerprint on any compatible device.

* Actual features may vary by dentist and Cigna Dental plan type. For Cigna Dental Care® (DHMO) plans, appointment scheduling feature is only available with network specialists who offer this service (not available with network general dentists or pediatric dentists). These and other dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.

** The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



Your online oral health assessments

Ten-question quiz designed to test your knowledge about the basics of oral cancer.

- Where it can occur
- Warning signs
- Common risk factors
- What you can do to help reduce your risk

Available in English and Spanish

Available on myCigna.com®




Online oral health assessments

Cavity risk assessment and periodontal (gum) disease risk assessment

- Take these short quizzes to determine your risk for cavities or gum disease
- Print your results and share them with your dentist
- Available in English and Spanish

Available on myCigna.com[®]

Cavity Risk Assessment

please print this page and share it with your dentist at your next dental check-up 

Patient Name: Age: Date: Score:

Low Risk -10 to 0	Low to Moderate 1 to 5	Moderate Risk 6 to 10	High Risk 11 or greater
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How often do you visit your dentist ?
Regular dental visits allow the dentist to help prevent and/or treat tooth decay at an earlier stage.

How often do you brush your teeth each day ?
Frequent tooth brushing is an important part of protecting your teeth from cavities. The American Dental Association suggests brushing your teeth twice a day with fluoride toothpaste³.

How often do you floss between your teeth ?
Use of dental floss or other special types of cleaners between your teeth also helps to prevent tooth decay. It is recommended that you floss at least once a day.

Do you use fluoride toothpaste ?
Using toothpaste that contains fluoride helps to reduce the risk for cavities.

Periodontal (Gum) Disease Risk Assessment

please print this page and share it with your dentist at your next dental check-up 

Patient Name: Age: Date: Score:

Low Risk -5 to 0	Low to Moderate Risk 1 to 6	Moderate Risk 7 to 11	High Risk 12 or greater
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How old are you?
As we age, the risk of gum disease may increase steadily.

Do you smoke or use any tobacco products?
Studies show that using tobacco products may be a significant factor for gum disease.

Do you have diabetes?
There is a direct relationship between diabetes and gum disease. Individuals who have diabetes are at greater risk for infections, including gum disease.

If yes, how is your diabetes controlled?
The severity of your diabetes may increase the risk of gum disease. If your diabetes is controlled, it is easier to maintain healthy gums.

Do you have a family history (parents or siblings) of diabetes?
Diabetes has been shown to run in families. If someone in your family has diabetes, you may be at greater risk for diabetes and gum disease.



Find the right dentist

myCigna® helps make it easy

Customers who
recommend their
dentist¹
95%

Transparent
pricing –
estimated costs are
customized for your plan.²

Brighter Score®
feature - factors of
affordability (for DPPO
plans), patient
experience and
professional history.

Customers who
use myCigna®
save an average of
36.2%
on dental procedures³

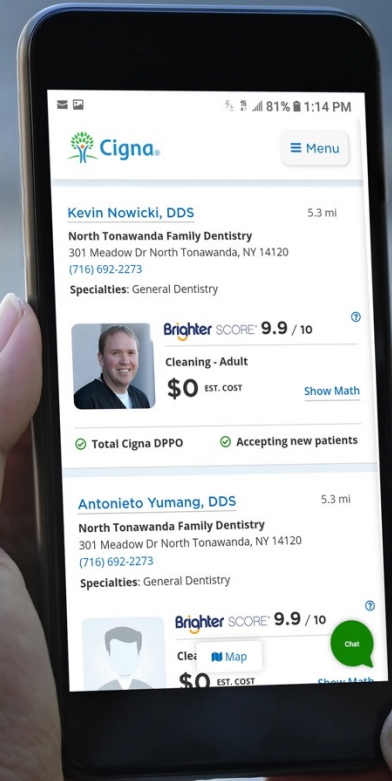


Image for illustrative purposes only. 1. Cigna internal utilization data – average percentage of recommendations across network DPPO dentists by Cigna customers. As of October 2020 2. *Not all features are available on all plans. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care. 3. Cigna 7/2018 analysis of dental claims and myCigna.com activity between 2/1/17-4/30/18.



Find the right dentist

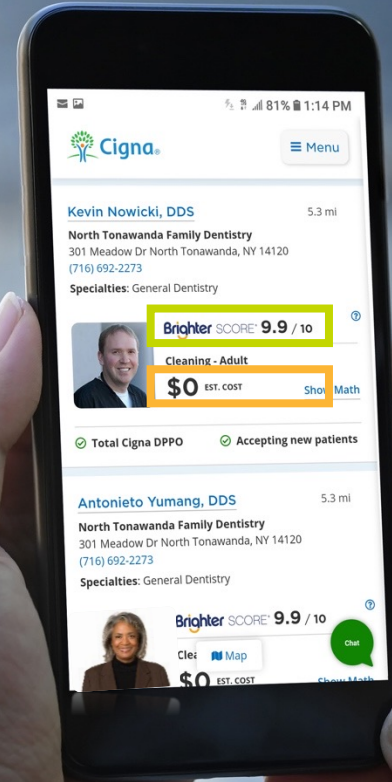
Decision support tools help make it easy

Brighter Score®

feature – derived from factors of affordability (for DPPO plans), patient experience and professional history. Includes the ability to read verified patient reviews.

Transparent pricing –

estimated costs are customized for your plan.*



*Not all features are available on all plans. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.

Image for illustrative purposes only



Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Cigna Behavioral Health, Inc., Express Scripts, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). Cigna Dental Care® (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. CHLIC policy forms: OK – HP-POL99/HP-POL-388, POL115; OR – HP-POL68/HP-POL352, HP-POL121 04-10; TN – HP-POL69/HC-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al. In other states, Cigna Dental Care® plans are insured by Cigna Health and Life Insurance Company (CHLIC), or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Dental PPO plans are insured or administered by CHLIC or Connecticut General Life Insurance Company, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. Policy forms: OK – Dental Indemnity/PPO: HP-POL99 (CHLIC); DHMO: HP-POL115 (CHLIC); OR – Indemnity/DPPO/DEPO: HP-POL68, DHMO: HP-POL121 04-10; TN – Dental Indemnity/PPO: HP-POL69/HC-CER2V1 et al. DHMO: HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

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Questions

Appendix A

Cigna Dental Care® for residents of Minnesota and Oklahoma

Minnesota Residents: When enrolling in a Cigna Dental Care® plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care® network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care® network dentist. Call customer service for more information.

Oklahoma Residents: Cigna Dental Care® for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care® network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care® network. Call customer service for more information.



Appendix B

DPPO limitations and exclusions

The following limitations apply to most DPPO plans: Two (2) cleanings per calendar year, one (1) bitewing x-ray per calendar year, one (1) full mouth x-ray every five calendar years, and one (1) panorex x-ray every five calendar years; crowns and inlays replacement of crowns and inlays is limited to once every five years; prosthesis over implants is limited to one (1) every five years if unserviceable and cannot be repaired; replacement of bridges is limited to once every five years; replacement of dentures and partials is limited to once every seven years; coverage for sealants is limited to posterior tooth, with one (1) treatment per tooth every three years up to a maximum age of 16; space maintainers are limited to non-orthodontic treatment.

The following are generally not covered unless included in your specific dental plan or required by law.

- (a) Services that are not medically necessary;
- (b) Experimental dentistry, cosmetic dentistry, or any services that do not meet common dental standards;
- (c) Replacement of a bridge or denture which can be made usable according to accepted dental standards;
- (d) Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion;
- (e) Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- (f) Bite registrations; precision or semi-precision attachments; splinting;
- (g) Surgical implant of any type; and
- (h) Charges for unnecessary care, treatment or surgery, or charges in excess of the reasonable and customary allowances.

Depending on your plan, the replacement of teeth that are missing prior to your effective date of coverage may not be covered. This is not a complete list and the terms of your specific dental plan may vary. Waiting periods may apply. See your plan documents for a complete list of plan terms, conditions, exclusions and limitations.

