

What to look for in a dental plan.



There's more to dental coverage than just looking at cost.
Here's what to consider:









Network – Visiting an in-network provider will usually save you money. Check the carrier's provider directory to see if your current provider is in-network, or to find providers near you. You can search the [Cigna Health Care Provider Directory](#), to see if your dentist is in the Total DPPO Network or Advantage DPPO Network.

Maximums – The maximum is how much the carrier may contribute to your dental costs during the benefit period.

Waiting periods – Carriers can offer a variety of plans to match different needs. Consider whether the plan allows you to start using Preventive and Diagnostic services immediately. Some plans do not require and/or will waive waiting periods for services, such as exams, cleanings and bitewing x-rays.

Benefit category – Procedures are classified into four categories: Preventive, Basic, Major and Orthodontia. The carrier covers a percentage of a procedure cost based on which benefit tier the procedure falls into. Not all carriers categorize procedures the same way, so make sure to review closely.

Additional benefits – Consider what other needs you'll have and look for a plan that covers it, like orthodontia, implants or hearing aids.

Cigna Healthcare benefits	vs.	Other carriers:
 Bundled plans have no waiting periods to use vision or hearing benefits		 Limited options for bundled plans and often require waiting periods
 Plan options that bundle benefits like dental, vision and hearing together in one plan		 May require purchasing additional plans to provide vision and hearing benefits
 We offer exclusive programs like Healthy Rewards with discounts toward fitness memberships and devices, plus vision care, LASIK surgery, hearing aids, and virtual workouts*		 Offer limited or no choice in regard to value-added programs outside of dental plan benefits
 24/7/365 access to customer service representatives by phone		 Typically do not offer 24/7/365 customer service for dental plan subscribers

Individual and Family Plans

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The Savings Dental Insurance Offers



Having dental insurance helps make it easier to manage the costs of your dental care - and that usually means paying less for services. When you know you're paying less, you're more likely to go to the dentist as recommended, which can help avoid more expensive dental procedures in the future. Plus, your dental health is linked to your overall health and can help detect other diseases like diabetes, heart disease and cancer.*

Is dental insurance worth the cost?

The chart below shows how you could save if you had a Cigna Dental I500 Plan. You'll see the most savings when you see an in-network dentist and higher costs out-of-network.** The highest out-of-pocket expense is if you have no dental insurance. Premiums start at \$20/month on average.***

	Class Category	Cigna DPPO Advantage Network	Out-of-Network	Without Dental Insurance
Teeth Cleaning (2 surfaces) - D2392 II	I	\$0	\$62	\$106
Filling (2 surfaces) - D2392	II	\$29	\$167	\$249
Crown (Porcelain & High Noble Metal) - D2750	III	\$361	\$992	\$1,248
Orthodontics (Braces) - D8080	IV	\$2,909	\$5,752	\$6,752

** If you have a different plan, services may not be covered and discounts may vary. Chart is estimated; benefits may vary by provider and location. Out-of-network expenses may be higher in North Carolina and lower in Alaska and Massachusetts.

Ready to start saving?

Contact your broker and enroll in a plan today.

Individual and Family Plans



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* Yonel, Z., Batt, J., Jane, R. et al. The Role of the Oral Healthcare Team in Identification of Type 2 Diabetes Mellitus: A Systematic Review. Curr Oral Health Rep 7, 87-97 2020. Accessed July 26, 2023.

*** Sample monthly rates are based on a single person per month and represent the national average rates for each Cigna Healthcare plan (all ages and geographic locations) and reflect rates as of July 2022. Premiums vary by geographic area.

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

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company and Cigna Dental Health, Inc. In Texas, the Dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO Advantage network. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Not for use for in NM. Not for use for in NV. Not for use for in OR. Not for use for in UT. Not for use for WV.

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Cigna Dental Preventive plan highlights.

See plan details online for additional covered services and coinsurance percentages.

	IN-NETWORK, YOU PAY:	OUT-OF-NETWORK, YOU PAY:
DENTAL No deductibles or calendar-year maximums	For Class I: Preventive/Diagnostic Services, such as Oral Exams, Cleaning and X-Rays \$0 ¹	For Class I:² Preventive/Diagnostic Services, such as Oral Exams, Cleaning and X-Rays The difference between the provider's actual billed charges and 100% of the contracted fee ²
	For Class II: Basic Restorative Services, such as Fillings and Simple Extractions Not covered	For Class II: Basic Restorative Service, such as Fillings and Simple Extractions Not covered
	For Class III: Major Restorative Services, such as Crowns, Dentures and Bridges Not covered	For Class III: Major Restorative Services, such as Crowns, Dentures and Bridges Not covered

Make the most of your plan with these perks.

The Cigna Dental Preventive plan gives you the benefits and convenience you're looking for. You'll also get access to Cigna Healthy Rewards®, which offers exclusive discounts on health and wellness programs and services.³

Enjoy discounts on all plan-covered dental services when you see an in-network dentist, plus:

- Access to 80,000+ dentists and specialists across 300,000+ convenient locations nationwide⁴
- Coverage for around \$1/day and as soon as next month⁸
- No referral to see a dental specialist
- One-stop plan access and help choosing the right dentist with the Brighter Score® feature⁵ on **myCigna.com**⁶ or the **myCigna® App**⁷
- 24/7/365 customer service

1. Not all preventive services are covered, including athletic mouth guards. Refer to the policy for a complete list of covered and non-covered preventive services. Frequency limitations apply. State of Maryland allows only one cleaning per calendar year.

2. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference between the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services as defined in the policy. This is known as balance billing. Refer to the policy for more details

3. Wellness programs are separate from medical benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

4. Cigna data as of April 2023. Subject to change.

5. Brighter features may vary by dentist. 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 provided to individual patients, and you should consider all relevant factors when selecting a dentist.

6. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

7. Download and use of the myCigna mobile app is subject to app terms and conditions and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

8. Sample daily rate is based on a single person and represents Cigna's national average rate for all plans (all ages and geographic locations) and reflects rates valid through July 2022.

Dental preferred provider insurance policies (AL, CO, CT, DE, HI, IA, IL, MI, ND, PA, WV and WY: HC-NOT11 et al., AK: HC-NOT53, et al., AR: HC-NOT36 et al., AZ: INDDENTPOLAZ032017, CA: INDDENTPOLCA0713 et al., DC: HC-NOT42, et al., FL: HC-NOT15 et al., GA: INDDENTPOLGA0317, ID: HC-NOT51 et al., IN: HC-NOT23, et al., KS: HC-NOT49 et al., KY: HC-NOT44, et al., LA: INDDENTPOLLA0713, HC-NOT32 et al., MA: HC-NOT11 et al., ME: HC-NOT58, et al., MI: INDDENTPOLMI042021.Prev, MO: INDDENTPOLMO0713, MN: INDDENTPOLMNO713, MS: HC-NOT48 et al., MT: INDDENTPOLMT0713, NC: HC-NOT18, et al., NE HC-NOT47 et al., NH: INDDENTPOLNH.PREV, NJ: HC-NOT46, et al., NV: HC-NOT39 et al., OH: INDDENTPOLOH0317, OK: HC-NOT26 et al., OR: INDDENTPOLOR0713, RI HC-NOT35 et al., SC: HC-NOT19 et al., SD HC-NOT59 et al., TN: HC-NOT20 et al., TX: HC-NOT21 et al., UT: HC-NOT50 et al., VA: INDDENTPOLVA0317, VT HC-NOT56 et al., WA: INDDENTPOLWA0317, WI HC-NOT54 et al.) have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued.

Cigna Provider Networks: <https://hcpdirectory.cigna.com/web/public/consumer/directory/search>

Insured by Cigna Health and Life Insurance Company. Product availability may vary by location and plan type and is subject to change. All 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 Healthcare representative. All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and Cigna Dental Health, Inc. In Texas, the dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO Advantage network. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA-compliant pediatric dental coverage.

Not for use in New Mexico. Not for use in Utah.



Cigna Dental 1000 plan highlights.

See plan details online for additional covered services and coinsurance percentages.

	IN-NETWORK, YOU PAY:	OUT-OF-NETWORK, YOU PAY:
DENTAL \$1,000 maximum for Class I, Class II and Class III services per calendar year \$50 individual deductible \$150 family deductible	For Class I: Preventive/Diagnostic Services, such as Oral Exams, Cleaning and X-Rays \$0 ¹	For Class I:² Preventive/Diagnostic Services, such as Oral Exams, Cleaning and X-Rays The difference between the provider's actual billed charges and 100% of the contracted fee ⁸
	For Class II: Basic Restorative Services, such as Fillings and Simple Extractions 20% of the provider's contracted fee (after deductible) Note: 6-month waiting period applies ³	For Class II: Basic Restorative Service, such as Fillings and Simple Extractions The difference between the provider's actual billed charges and 80% of the contracted fee ² (after deductible) Note: 6-month waiting period applies ³
	For Class III: Major Restorative Services, such as Crowns, Dentures and Bridges 50% of the provider's contracted fee (after deductible) Note: 12-month waiting period applies ³	For Class III: Major Restorative Services, such as Crowns, Dentures and Bridges The difference between the provider's actual billed charges and 50% of the contracted fee ² (after deductible) Note: 12-month waiting period applies ³

Make the most of your plan with these perks.

The Cigna Dental 1000 plan gives you the benefits and convenience you're looking for. You'll also get access to Cigna Healthy Rewards®, which offers exclusive discounts on health and wellness programs and services.⁴

Enjoy discounts on all plan-covered dental services when you see an in-network dentist, plus:

- Access to 80,000+ dentists and specialists across 300,000+ convenient locations nationwide⁵
- Coverage for around \$1/day and as soon as next month⁸
- No referral to see a dental specialist
- One-stop plan access and help choosing the right dentist with the Brighter Score® feature⁶ on **myCigna.com**⁷ or the **myCigna® App**⁸
- 24/7/365 customer service

1. Not all preventive services are covered, including athletic mouth guards. Refer to the policy for a complete list of covered and non-covered preventive services. Frequency limitations apply. State of Maryland allows only one cleaning per calendar year.

2. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference between the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services as defined in the policy. This is known as balance billing. Refer to the policy for more details

3. Waiting periods may vary by state. Refer to the policy for more details. You may be eligible to waive the waiting period for Classes II and III if you had 12 continuous months of prior dental coverage that included coverage for Class III, Major Restorative Services, and not more than 63 days has lapsed between the prior coverage and this plan. Any prior dental insurance plan that did not include Class III services will not count toward waiting period waiver. Waiting periods are waived for Class II and Class III in Maine if under the age of 19. Orthodontia waiting period is not eligible for waiver.

4. Wellness programs are separate from medical benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some programs are not available in all states, and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

5. Cigna data as of April 2023. Subject to change.

6. Brighter features may vary by dentist. 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 provided to individual patients, and you should consider all relevant factors when selecting a dentist.

7. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

8. Download and use of the myCigna mobile app is subject to app terms and conditions and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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Cigna Dental I500 plan highlights.

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	IN-NETWORK, YOU PAY:	OUT-OF-NETWORK, YOU PAY:
DENTAL \$1,500 maximum for Class I, Class II, Class III services per calendar year \$50 individual deductible \$150 family deductible	For Class I: Preventive/Diagnostic Services, such as Oral Exams, Cleaning and X-Rays \$0 ¹ For Class II: Basic Restorative Services, such as Fillings and Simple Extractions 20% of the provider's contracted fee (after deductible) Note: 6-month waiting period applies ³ For Class III: Major Restorative Services, such as Crowns, Dentures and Bridges 50% of the provider's contracted fee (after deductible) Note: 12-month waiting period applies ³ For Class IV: Orthodontia 50% of the provider's contracted fee (after separate lifetime deductible) Note: 12-month waiting period applies ³	For Class I: ² Preventive/Diagnostic Services, such as Oral Exams, Cleaning and X-Rays The difference between the provider's actual billed charges and 100% of the contracted fee ² For Class II: Basic Restorative Service, such as Fillings and Simple Extractions The difference between the provider's actual billed charges and 80% of the contracted fee ² (after deductible) Note: 6-month waiting period applies ³ For Class III: Major Restorative Services, such as Crowns, Dentures and Bridges The difference between the provider's actual billed charges and 50% of the contracted fee ² (after deductible) Note: 12-month waiting period applies ³ For Class IV: Orthodontia 50% of the provider's contracted fee (after separate lifetime deductible) Note: 12-month waiting period applies ³

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- Access to 80,000+ dentists and specialists across 300,000+ convenient locations nationwide⁵
- Coverage for around \$1/day and as soon as next month⁸
- No referral to see a dental specialist
- One-stop plan access and help choosing the right dentist with the Brighter Score® feature⁶ on **myCigna.com**⁷ or the **myCigna® App**⁸
- 24/7/365 customer service
- Waiting periods that may be waived for select procedures if you have had prior similar dental coverage³

1. Not all preventive services are covered, including athletic mouth guards. Refer to the policy for a complete list of covered and non-covered preventive services. Frequency limitations apply. State of Maryland allows only one cleaning per calendar year.

2. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference between the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services as defined in the policy. This is known as balance billing. Refer to the policy for more details

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