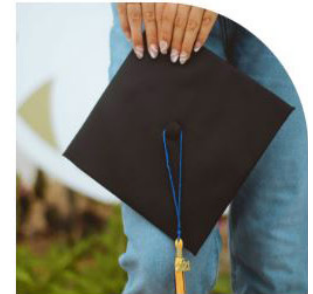


How to Enroll in Cigna Dental Coverage

Enhanced Products

These services are not administered by Academic HealthPlans.



A screenshot of a website interface. At the top right, there is a link that says "Expand All". Below this, there is a section titled "Optional Dental Plan" with a minus sign to its right. Underneath this title, there are three links: "Cigna Coverage Options", "Cigna Dental Coverage - Instructions", and "Cigna Dental Coverage - Apply Online (only select Dental when applying)". The third link is highlighted with a blue background.

- 1** Click on [Cigna Dental Coverage — Apply Online \(only select Dental when applying\)](#) on the Enhanced Products tab on your school's myahpcare website.

Welcome Quick Links | Go To: MY SELECTIONS (0) | Log In

Your Agent: Terry Lyons
Writing Agent ID: 461348
Address: 3500 WILLIAM D TATE AVE SUITE 200 | GRAPEVINE, TX 76051
Phone: 855-247-2273

Cigna | Cigna Health and Life Insurance Company | Cigna HealthCare of Arizona, Inc. | Cigna HealthCare of Illinois, Inc. | Cigna HealthCare of North Carolina, Inc.

Coverage Information

For Individual and Family Health and Dental Insurance

* My Home Zip Code

* Coverage Start Date

Currently Insured? Yes No

* Are any applicants enrolled in Medicare? Yes No

First Name

Last Name

Phone Type

Email

Is this a Child Only Quote? Yes No

Please enter the information below for the individual(s) you wish to cover.

Individual	First Name	Last Name	* Date of Birth	* Gender	* Product Selection	
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]

[+ Add Child](#)

[Find The Plans](#)

* Required fields to receive a quote

I understand a licensed insurance agent may contact me about my quote or application. I consent to receive phone calls and emails from Cigna, regarding their products and services, at the email address and phone number above, including my wireless number if provided. I understand calls may be generated using an automated technology.

What We Offer:

- \$0 annual check-ups, flu shots, cholesterol and blood pressure screenings.¹
- Telehealth visits so you can talk to a doctor when you need to – online or over the phone.
- Rewards and discounts toward gym memberships, exercise classes, and massages.

¹ Plans may vary. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. For more information, refer to your plan documents.

Already have a Cigna plan?

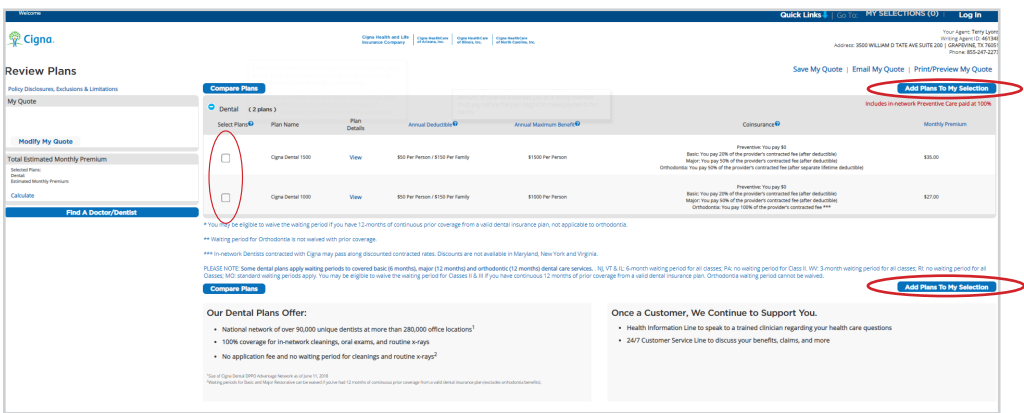
Are you an existing Cigna customer looking for additional coverage? Let us help you. Call 1-877-484-5967.

If you are an existing customer looking for more information regarding your current plan, including your ID Card or benefits, please visit www.myCigna.com.

2

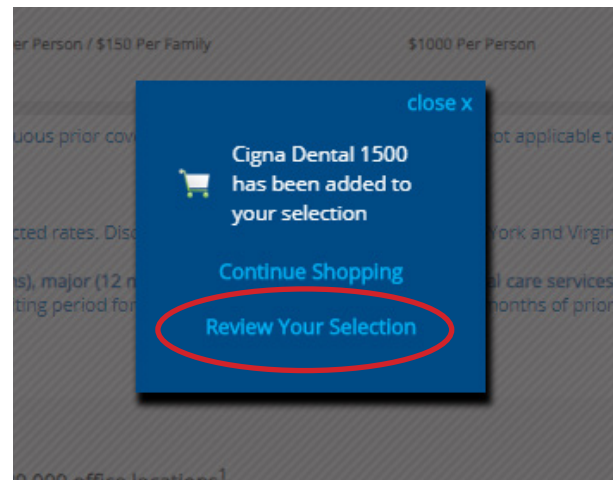
Fill out information and click [Find the Plans](#) at the bottom of the page.

- The Coverage Start Date drop-down menu gives three different options for when you would like to start coverage; the following month on the 1st, and each month after that on the 1st, up to two months.
 - Example: If you are enrolling on August 28, you can start coverage on September 1, October 1 or November 1.
- Unselect Medical under Product Selection. Only Dental should be checked.
- Select No next to Currently Insured as this is only referring to whether the student is currently insured under a dental plan with Cigna.
- Select No next to “Is this a Child Only Quote?”



3 Choose a plan by clicking the box to the left of the plan name. Once a plan is checked, click [Add Plans To My Selection](#).

NOTE: Some plans apply waiting periods to basic, major and orthodontic dental care services.



4 The plan will now be added to your cart. Select [Review Your Selection](#).

My Selection

Review My Selection

Quote #	Product Type	Plan Name	Benefit Details	Individual	Coverage	Estimated Monthly Premium	Subtotal
4525528	Direct	Cigna Dental 1000			Individual	\$35.00	\$35.00
						Estimated Monthly Total:	\$35.00

[Apply Now](#)

5 Select [Apply Now](#) below the Estimated Monthly Total.

WELCOME

Cigna

Cigna Health and Life Insurance Company | Cigna HealthCare of Arizona, Inc. | Cigna HealthCare of Illinois, Inc. | Cigna HealthCare of North Carolina, Inc.

CREATE AN ACCOUNT

Complete the fields below to create a unique User ID.

Already registered or have a myCigna account? [Login here.](#)
Having trouble logging in? Call Cigna Customer Service at 1.855.221.0273

Contact Info

*First Name

*Last Name

*Date of Birth

By providing your email address, you agree to receive electronic communications about your application status and enrollment.

*Email

At least one phone number is required.

Home Phone Number

Work Phone Number

Cell Phone Number

*Address 1

Address 2

*City

*State

*Zip Code

Log in information

*Create a User ID:

*Create a Password

*Re-type Password

*Security Question 1

*Answer

*Security Question 2

*Answer

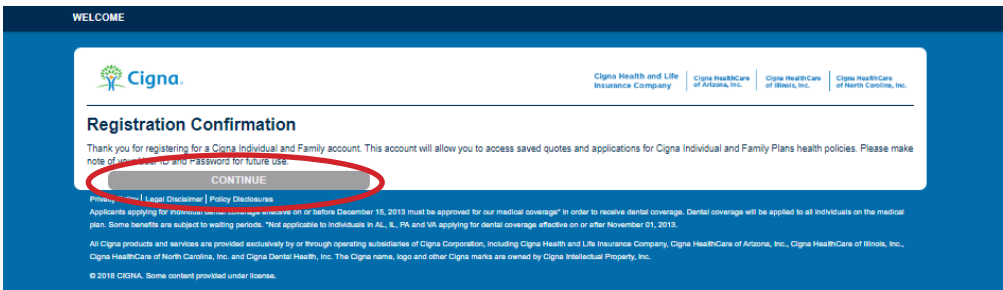
Terms and Conditions

User Agreement Use of the Secured Site(https://secure.GetCigna.com) requires that you agree to the following terms and conditions by clicking "I agree" below. Definitions: Products and Services Provided by CIGNA Corporation Subsidiaries "CIGNA" is a registered service mark of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its subsidiaries. CIGNA Corporation is a holding company and is not an insurance or an operating company. Therefore, the Secured Site is provided exclusively by subsidiaries and not by

I agree to the terms and conditions

[CANCEL](#) [REGISTER](#)

6 You will then be prompted to create an account. Select [Register](#) to complete account creation.



NOTICE: This is an external email that originated outside of our email system. Please use caution when opening attachments, clicking links or responding to requests for information.

Thank you for registering for a my.Cigna.com account.

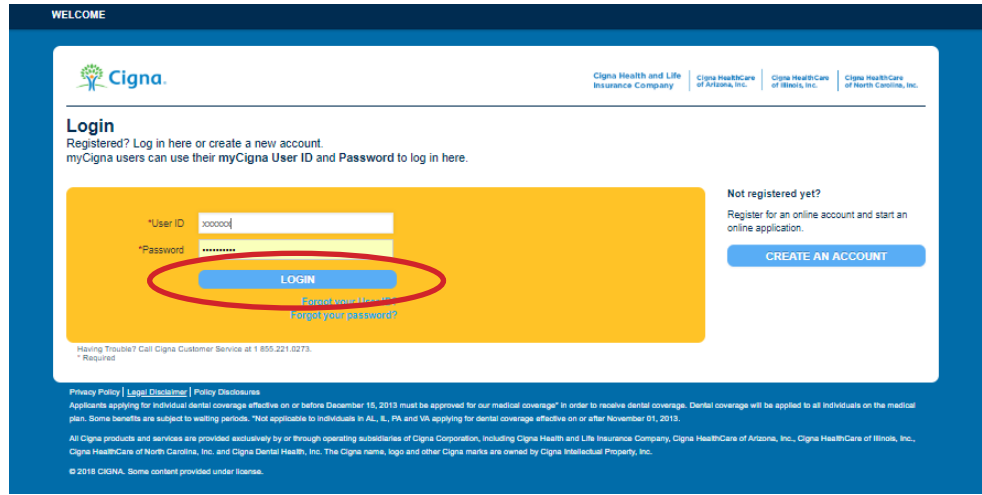
If you need further assistance, contact us at 800-853-2713.

THIS EMAIL HAS BEEN SENT FROM AN UNMONITORED EMAIL ACCOUNT. PLEASE DO NOT REPLY.

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=====

7 Select **Continue**. You will receive a confirmation email.



8 Select **Login** to log in to your Cigna account.

Questions?

Call 1-866-438-2446,
press 3 then press 2. You
will be transferred to a
licensed Cigna agent.

NOTE: This service is not
administered by
Academic HealthPlans.

Welcome Linda! MyApp

Quick Links | Go To: My Selections (0) | My Account | My Messages | Logout

Plan Selection | Applicant Info | Current Coverage | Statement of Accountability | Summary | Agree | Submission

My Application: Getting Started on Your Application: page 1 of 7
Texas Application for Dental Insurance

Continue to

Start to Finish, We're Here to Help You.

Thank you for choosing Cigna for your dental coverage needs. Completing the dental application won't take you long. However, you may want to first gather the information below to help you complete the application in one less step.

Information required:
Gather the following information for all applicants:

- Name
- Birth date
- Address
- Current dental coverage
- Payment method
- First month premium payment method choice: credit card or bank withdrawal (have your bank account and bank routing number on hand)
- Ongoing premium payment method choice: automatic bank withdrawal or monthly electronic bill

Once you complete and submit your application, we will review it and notify you when your application has been processed. Be sure to check your My Account page regularly to track updates on the status of your application submission.

Important information:
About your Cigna Individual & Family Plans Enrollment Application
The applicant is responsible for ensuring that the application is complete and truthful. Coverage will become effective only if this application is approved. Coverage is not guaranteed until you receive written notification from Cigna. Do not cancel your current coverage until you have received notification from Cigna.

Continue to

All fields marked with (*) must be completed. This application is not proof of coverage. 000001700013 000001700013 000001700013

9 Continue application by completing each section.