

FINDING THE RIGHT DENTAL COVERAGE

Get the features and insurance benefits you want at a price that fits your budget.

When it comes to dental care, people have different needs. So, it's important to select a dental insurance policy that is right for you. Take a look at what Cigna dental plans have to offer.

A dental plan with more choice and access

- ▶ When visiting a Cigna DPPO Advantage Network provider, annual cleanings, oral exams and routine x-rays are covered 100%¹
- ▶ More than 93,000² providers in our Cigna DPPO Advantage Network with the option to see an out-of-network provider
- ▶ Access to nearly 290,000² office locations nationwide
- ▶ Individual, family and child-only coverage options³
- ▶ Coverage available for basic and major restorative care, including fillings, routine x-rays, bridges, root canals and more⁴
- ▶ Available to all ages, from children to grandparents

Extra services to keep you smiling

Our dental plans do more than just help with your oral care expenses. They include valuable tools and services making it easier for you to maintain good oral health.

- ▶ No primary dentist or referrals required for specialist care
- ▶ Website and mobile app gives you access to personal health and claims information anytime
- ▶ No claim submissions – Cigna DPPO Advantage Network providers submit claims automatically

The chart below outlines a few examples of how you can save with a **Cigna Dental 1500 Plan**. It compares using a **Cigna DPPO Advantage Network** provider, compared to using an out-of-network provider and not having dental insurance.

	CLASS CATEGORY	CIGNA DPPO ADVANTAGE NETWORK*	OUT-OF-NETWORK PROVIDERS*	WITHOUT DENTAL INSURANCE**
Cleaning (Adult Prophyl) - D1110	Class I	\$0	\$54	\$100
Filling (2 surfaces) - D2392	Class II (basic)	\$28	\$157	\$237
Crown (Porcelain & High Noble Metal) - D2750	Class III (major)	\$357	\$903	\$1,202
Orthodontics (Braces) - D8080	Class IV	\$3,155	\$4,773	\$6,435

Chart is estimated, benefits may vary by provider and location.

* Estimate based on the national average of a Cigna Dental 1500 plan; subject to deductible and coinsurance (as applicable), and contracted rate (for Cigna DPPO Advantage Network providers); results in specific states may vary. If you visit an out-of-network provider, you are responsible for the difference in the amount that Cigna reimburses (i.e., MAC) for such services and the amount charged by the dentist.

** Estimate based on 2018 Cigna Dental internal claims data, projected to 7/1/2019

Together, all the way.®



Which plan is right for you?

Cigna Dental 1000 – With this plan, eligible restorative services are covered up to \$1,000 per calendar year.

- 100% coverage for up to two cleanings a year and routine x-rays⁵
- Annual deductible is waived for eligible preventive and diagnostic services, which helps to lower your expenses
- Cigna covers up to \$1,000 for eligible restorative services such as crowns, bridges, fillings, root canals and dentures⁴

Cigna Dental 1500 – this plan covers eligible restorative services up to \$1,500 per calendar year and orthodontic treatment up to \$1,000 per lifetime.

- 100% coverage for up to two cleanings a year and routine x-rays⁵
- Annual deductible is waived for eligible preventive and diagnostic services, which helps to lower your expenses
- Cigna covers up to \$1,500 for eligible restorative services such as crowns, bridges, fillings, root canals and dentures⁴
- Orthodontia is covered with a separate lifetime maximum benefit of \$1,000 and a separate \$50 lifetime deductible

The Cigna Dental Oral Health Integration Program®

Routine dental care is vital to your total good health and well-being. It's also true for pregnant women and people living with a long-term health issue. Research shows that when these people get the right dental care, they may be able to avoid costly health problems. That's why we provide 100% payment for certain procedures when visiting a Cigna DPPO Advantage provider. These procedures promote better oral health for customers with certain long-term health issues.⁶

Learn more

For a complete list of dental professionals in the Cigna network, call 800.Cigna24 or go to Cigna.com/ifp-providers.

Ready to enroll?

Contact your broker/producer or call 855.377.2326 to speak with a licensed Cigna representative.

Already a customer?

Call 800.Cigna24 to reach customer service.



1. Some preventive expenses may not be covered, like athletic mouth guards. Refer to the Summary of Benefits or your Policy for a more complete listing of eligible covered and non-covered services.

2. Data as of June 2019.

3. Child-only coverage does not apply to New Mexico residents.

4. Some services may have limitations or not be covered. Refer to the Summary of Benefits or your Policy for a more complete listing of eligible covered and non-covered services.

5. For eligible services when you see an in-network provider. Frequency limitations apply. Number of cleanings varies by state. MD only allows one cleaning per calendar year.

6. Subject to health status verification.

Dental plans are insured by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc.

Rates are subject to change upon 30 days' prior notice in AK, AL, AR, AZ, CO, CT, DC, DE, HI, IA, ID, IL, IN, KS, KY, MA, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, OH, OK, OR, PA, RI, SD, TN, UT, VT, WI and WY, 31 days' prior notice in SC, 45 days' prior notice in FL and 60 days' prior notice in CA, GA, MS, NV, TX, VA and WV. In LA rates are guaranteed for the initial 12-months of coverage, except if due to addition of a newly covered person, a change in age or geographic location, or a change in policy coverage. Thereafter, rates are subject to change upon 45 days' prior notice. Dental plans apply waiting periods to covered basic (6-months), major (12-months) and orthodontic (12-months) dental care services. In WV, a 3-month waiting period applies to covered basic, major and orthodontic dental care services. In IL, NJ and VT, a 6-month waiting period applies to covered major and orthodontic dental care services. In NM, a 6-month waiting period applies to covered major dental care services. In PA, waiting periods do not apply to covered basic dental care services. Waiting periods do not apply in RI. Dental plans do not apply waiting periods to covered preventive/diagnostic services and temporomandibular joint services in AR, NM, NV, MN and VT. Some covered services are determined by age: topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. If the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage. In FL, VA, VT and OH, payment limitation no longer applies after 12 months of continuous coverage. In NM, payment limitation no longer applies after 6 months of continuous coverage.

Dental insurance policies have exclusions, limitations, reduction of benefits and terms under which policies may be continued in force or discontinued. For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 866.GET.Cigna. (866.438.2446).

Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.

All Cigna products and services are provided exclusively by or through such 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 network. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

