

MAKE ORAL HEALTH A PRIORITY



With Cigna Dental DHMO¹

Prevention can be the key to a healthy smile. Routine care from your dentist can help find problems early. Before you need more advanced – and more costly – care.

Healthy gums, healthy you

Nearly half of American adults have some form of gum (periodontal) disease.² And certain factors like smoking, poor oral hygiene, diabetes and stress could increase your risk of developing this disease.²

Too often, people don't know they have gum disease. It's usually painless in the early stages. And it shows few or no obvious signs.

The good news is that gum disease is preventable and treatable. The American Dental Association (ADA) suggests you:³

- › Brush your teeth twice a day with a soft bristle toothbrush
- › Floss daily
- › Eat a healthy diet and limit snacks between meals
- › See your dentist regularly

Prevention is built into your Cigna Dental DHMO plan

Your Cigna Dental Health Maintenance Organization (DHMO) plan covers certain preventive care services at no extra cost to you. It's designed to help you have a healthy smile.

These services include:^{*}

- › Oral exams
- › Cleanings
- › Fluoride treatments
- › X-rays
- › Oral cancer screenings
- › And more

^{*}The following is not an exhaustive list of exclusions and limitations. See your plan documents for additional details. Exams, cleanings and fluoride treatments are limited to two per calendar year. Routine X-rays are limited to: Bitewings: Two per calendar year, non-routine X-rays are limited to: Full mouth: One every three calendar years; Panorax: One every three calendar years. The frequency limitations of certain other covered services are set forth on your plan benefit schedule.

Feel better about your smile

Smile wider knowing that your Cigna DHMO plan can help with coverage for:

- › Teeth whitening – Using take home gel trays customized to fit your mouth^{*}
- › Dental implants – For missing teeth^{**}

Your dentist may suggest dental implants over removable dentures and fixed bridges. Here's the difference: Dentures sit on your gum line. Bridges are placed on teeth. And implants are surgically placed in the jawbone for a long-term solution.

^{*} Only the use of take-home bleaching trays is covered. Other types of bleaching methods are not covered.

^{**} Services related to the surgical placement of a dental implant are limited to one per year. Replacement of a surgical implant is limited to one every 10 years.

Are you at risk?

Check out Cigna's online assessment tools. They can help you identify your risk for gum disease and cavities. You can find both assessments at **myCigna.com**. Simply type "gum disease risk" or "cavity risk" in the search box.

Protect your smile

If you don't wear mouth protection while playing sports, you're more likely to harm your mouth and teeth.⁴ But you can avoid extra trips to the dentist. Prevent costly repairs to your mouth, teeth and jaw by wearing a mouth guard. Your Cigna DHMO plan can help.^{*}

^{*} Benefits for the replacement of a mouth guard may be limited to one per any 24 consecutive month period.

Together, all the way.[®]



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

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The Cigna Dental Oral Health Integration Program®

This program offers enhanced dental coverage for customers with these medical conditions:

- › Diabetes
- › Heart disease
- › Stroke
- › Maternity
- › Head and neck cancer radiation
- › Organ transplants
- › Chronic kidney disease

There's no extra charge for the program. If you qualify, you're reimbursed 100% of eligible out-of-pocket costs for certain dental procedures.

To learn more, go to myCigna.com. Or, call the number on your ID card or **800.Cigna24** (800.244.6224).

We're there for you, when you need it most

With your Cigna DHMO plan, you get personal support 24/7/365.

- › Dental Information Line. Trained professionals can answer your questions about dental care and clinical symptoms.

How a DHMO plan works:

When you enroll, you'll choose a network general dentist. Next, you get a Patient Charge Schedule (PCS). Your PCS lists the dental procedures covered by the plan. It also shows your part of the dental charges – depending on your plan, either:

- › Fixed amount (copay) or
- › Percentage (coinsurance)

These copays/coinsurance apply only when you get care from dentists in our DHMO network.

If a dental procedure is not listed on your PCS, it's not covered. You'll have to pay the dentist's normal fees.

You must use a dentist in the DHMO network for services to be covered. If you see a dentist outside the DHMO network, your care won't be covered (unless it is an emergency).⁵



When it comes to dental care, we've got you covered. To learn more about Cigna DHMO, go to Cigna.com before you enroll. Or to your personalized website, myCigna.com, after you sign up. To speak to customer service, call the number on your ID card or **800.Cigna24** (800.244.6224).



1. "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 DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.

2. Centers for Disease Control and Prevention, Periodontal Disease, March 10, 2015. Retrieved from: http://www.cdc.gov/oralhealth/periodontal_disease/

3. American Dental Association. Retrieved from: <http://www.mouthhealthy.org/en/az-topics/b/brushing-your-teeth> on June, 10, 2016.

4. American Dental Association, November 20, 2015. Retrieved from: <http://www.ada.org/en/member-center/oral-health-topics/mouthguards>

5. **Minnesota Residents:** 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 Services for more information.

Oklahoma Residents: DHMO for Oklahoma is an Employer Group Pre-Paid 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 Services for more information.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

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