



BRUSH UP

ON DENTAL

CARE

A guide to your Government of the District of Columbia dental benefit plan options.

PLAN YEAR: 01/01/2023 - 12/31/2023

Together, all the way.®



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

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Words to know



This guide was created to help you make important decisions about your dental care. Before you begin, we think understanding certain words will help you better understand the choices you need to make. Here are some definitions of words and phrases you'll see in this guide.

Deductible: An annual dollar amount you must pay before your dental plan begins to pay for covered dental care costs.

Copay: A preset dollar amount you pay for each service covered by your plan.

Coinsurance: The percentage of the cost that you are responsible for paying toward covered dental care services. Your share of the cost of your covered dental care services.

Annual dollar maximum: The maximum dollar amount your plan will pay toward covered services during the plan year. Once you reach your plan's dollar maximum, you are responsible for 100% of the costs until the new plan year begins.

In-network: Dentists and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). When you use a network dentist, you can take advantage of these discounts and save on covered dental services.

Out-of-network: A dentist or facility that doesn't participate in your Cigna plan's network and doesn't provide services at a discounted rate. Using an out-of-network dental care professional or facility will usually cost you more.

Benefit highlights

Cigna wants to help you choose a dental plan that fits your needs and keeps you healthy.

This year, Government of the District of Columbia offers you the following dental plans:

➤ Cigna Dental Care (DHMO)

➤ Dental Preferred Provider Organization (DPPO)

Your employer works with Cigna to offer you dental plans that provide the coverage, tools and resources you need to help you better manage your dental health – and your spending.

- Choose a dental plan that promotes good oral health as a way to help improve your overall health.
- Benefit from a dental plan that reimburses costs for specific dental services used to treat or help prevent gum disease and tooth decay.
- Cost savings when using in-network dentists.
- Ways to compare costs, look at claims, search for dentists and more using the myCigna® website or app.
- 24/7/365 live customer service support.

At Cigna, we want to partner with you and support you on your health journey. We'll be there for you, every step of the way, so you don't have to go it alone.

Enrollment checklist



Choosing your dental benefits is an important decision. These steps will help you choose wisely.

- Review your plan details, including coverage options.
- Think about your dental history and dental care needs. How much do you spend, on average, for dental care? How might that change in the upcoming year?
- Check “Find a Doctor, Dentist or Facility” on **Cigna.com**® to see if your dentist participates in your plan's network.

Please read all of the information in this brochure. Dental plans may work differently, so it's important to use this along with your other enrollment materials as a guide to how your dental plans work.

Call the preenrollment hotline at 800.Cigna24 (800.244.6224) if you have questions.

Cigna Dental Care® (DHMO) and Dental Preferred Provider Organization (DPPO)

You have two options for your dental care: The Cigna Dental Care® (DHMO)¹ plan and the DPPO plan. Both plans cover important preventive care services including cleanings, exams and routine X-rays at little to no extra cost when you use a network dentist.²

With the Cigna Dental Care plan.

- For each covered member, you must select a primary care dentist in the Cigna Dental Care Access network who will coordinate all of your dental care needs.³
- You can change your network dentist at any time.
- Your network general dentist will give you a referral if you need care from a network specialist. (Referrals are not required for network pediatric dentists for children under age 13 and network orthodontists.)
- You have no deductible or annual or lifetime dollar maximums on covered services.
- When you visit an in-network dentist, you pay the charge listed on your Patient Charge Schedule (PCS).
- Your PCS lists the amount you pay for covered services and outlines any frequency limitations. Procedures not listed on your PCS are not covered. To avoid cost surprises, it's a good idea to always have your PCS handy when you visit your dentist.
- There is no waiting period – your benefits start right away.
- The Cigna Dental Care plan covers services such as teeth whitening and athletic mouth guards that aren't covered by the DPPO plan.

With the DPPO plan.

- You have the option to see any licensed dentist, but you'll likely save more when you visit a dentist in Cigna's DPPO network.
- Most preventive services are covered at little or no extra cost to you when you see a dentist in the Cigna DPPO network.
- You'll typically pay an annual amount (deductible) before your plan begins to pay for a portion of covered dental care costs.
- You may also have a waiting period for some services – which is the amount of time that must pass before your dental plan will cover these services.
- Covered preventive services are usually not subject to any deductible or waiting period.
- Once you meet your deductible and satisfy any waiting periods, you'll pay a portion (coinsurance) for your covered dental care costs and the plan pays the rest, up to your plan's annual dollar maximum.
- Cigna's DPPO network dentists will submit claims for you, and your plan will pay the dentist.
- DPPO network dentists will not balance bill you, meaning they won't charge you the difference between their usual fees and the fee they have agreed to accept from Cigna.
- Your plan also has an annual dollar maximum. Once you reach that maximum, your plan will no longer pay a portion of your costs during that plan year.

Remember, this brochure is a guide only. The details of your plan may vary. Make sure to read your enrollment materials for details of your specific dental plan.

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.

2. In general, the following frequency limitations apply to DPPO plans: Two (2) exams and cleanings per calendar year; two (2) fluoride treatments per calendar year for people under age 16; one (1) bitewing X-ray per calendar year; one (1) full mouth X-ray every five (5) calendar years; one (1) panorex X-ray every five (5) calendar years. Plans may vary, so review your plan documents for a complete list of covered and non-covered services. In general, the following frequency limitations apply to Cigna Dental Care (DHMO) plans: Two (2) exams, cleanings and fluoride treatments per calendar year; one (1) full mouth X-ray every three (3) calendar years; one (1) panorex X-ray every three (3) calendar years. Plans may vary, so review your plan documents for a complete list of covered and non-covered services.

3. 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.

DPPO plans are insured and/or administered by Cigna Health and Life Insurance Company (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. 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.

In other states, Cigna Dental Care plans are insured by CHLIC, or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc.

OK: DPPO - HP-POL99 et al., DHMO - POL115 et al. (CHLIC),

OR - HP-POL68 (CHLIC), TN: HP-POL69/HC-CER2V1 et al. (CHLIC)

**How your DPPO plan works:
What you'll pay once you meet your deductible**

Plan details	DPPO in-network	DPPO out-of-network*
Deductible	0	0
Class I (preventive)	DPPO Advantage 0% / DPPO 10%	10%
Class II (basic)	DPPO Advantage 10% / DPPO 20%	20%
Class III (major)	DPPO Advantage 30% / DPPO 50%	50%
Class IV (orthodontic)	DPPO Advantage 30% / DPPO 50%	50%
Class V (implants)	DPPO Advantage 30% / DPPO 50%	50%
Annual year maximum	\$3,500	\$3,500
Orthodontic lifetime maximum	\$3,500	\$3,500

Please review your Benefit Summary for details, including plan exclusions and limitations.

* Out-of-network charges are subject to the plan's Maximum Reimbursable Charge provisions.

How your Cigna Dental Care plan works:

Cigna Dental Care

The plan shows you exact dollar amounts you will pay for each procedure.

No calendar year maximums, so you don't have to worry about your benefits running out if you reach a certain amount.

No deductibles, so your benefits begin right away.

You must choose a primary dentist in the Cigna Dental Care Access network during enrollment and some specialty care requires referrals.³

Please see Dental Fee Overview for more information, including limitations and exclusions.

3. 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.

Dental plans and dental insurance policies contain exclusions and limitations. For details of coverage, see the enclosed plan materials.

How to find a dentist

Smile! It's easy to find a network dentist or specialist. We have multiple easy and quick ways to find an in-network dentist or specialist. Here's how.:

Cigna.com

Not a current customer, or considering switching plans? Visit **Cigna.com** to see if your dentist is in the network.

- Go to **Cigna.com** and click on "Find a Doctor, Dentist or Facility" at the top of the screen.
- Under "How are you Covered?" select "Employer or School," depending on where you work.
- Enter Search Location – city, state or Zip code.
- Search either by "Doctor by Type," "Doctor by Name" or "Locations."
- Type in the provider name, specialty or type of care you're looking for in the Search box, and either select one of the suggestions or hit the magnifying glass icon to search.
- Select your plan.
- From the Search Results page, you can further refine your search results by distance, specialty, years in practice and additional languages.
- Click on the dentist's name for more details, including multiple location listings with map view.

myCigna.com

Once enrolled in a dental plan, visit **myCigna.com** to find dentists that are in-network.

- After logging in to **myCigna.com**, click on "Find Care & Costs" at the top of the page
- Click on "Doctor by Type" or "Doctor by Name."
- Choose "Dentist" from drop down-menu or type in doctor's name if you chose to search by name.

Call your current dentist

Call to ask if your dentist participates in the Cigna dental network for your plan.

How to save money with the Cigna Dental Oral Health Integration Program

The Cigna Dental Oral Health Integration Program® reimburses certain out-of-pocket dental costs. It reimburses enrolled customers for some services that help treat or prevent gum disease and tooth decay for customers with eligible medical conditions.¹

To sign up

1. Once your plan benefits become active, you can register through your **myCigna.com** account. You must fill out the online registration form found on **myCigna.com**. You can also call the number on the back of your ID card to have an enrollment form sent to you. You only need to complete the form one time per qualifying condition.
2. Once you're logged in to **myCigna.com**, click "Review my Coverage" then select "Dental" from the drop-down menu. Scroll down to the bottom of the page to learn more and register for the Oral Health Integration Program.
3. Visit your dentist and pay your usual out-of-pocket cost for the covered service. We'll send your reimbursement.

1. Enrollment in the program is required to receive reimbursement for covered expenses. Plan deductible does not apply, but reimbursements are applied to and subject to your plan's calendar year maximum (if applicable to your plan). For a complete list of eligible medical conditions and covered dental care services under this program, contact Cigna.

Choose-a-dentist tools.

After you enroll in a dental plan, you get access to intuitive tools that help make choosing a dentist as easy as picking the perfect pair of shoes – with no surprises along the way.

Visit **myCigna** – online or through the App¹ – anytime, just about anywhere to discover:²

- The **Brighter Score® feature**. Use this score to compare dentists, based on affordability (DPPO only), patient experience and professional history.
- **Office reviews and comparisons**. Read verified patient reviews and view dentist profiles, including pictures and videos.
- **Online appointment scheduling**. You can book appointments online (with DPPO network dentists or Cigna Dental Care network specialists who offer this service) and then receive reminders.
- **Enhanced search and transparent pricing**. Search by dentist or procedures to estimate out-of-pocket costs, including coinsurance and deductibles, for your specific plan.

Need help finding a Cigna network dentist or specialist? Call us 24/7 at **800.Cigna24 (800.244.6224)**.

1. The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
2. Actual features may vary by dentist and plan type. 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.

Discrimination is against the law

Dental coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- ▶ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ▶ Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المكون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は 1.800.244.6224 (TTY: 711) まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه میشود. برای مشتریان فعلی Cigna، لطفاً با شماره‌های که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).



The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If there are any differences between the information in this brochure and the official plan documents, the terms of the plan documents will prevail.

Dentists that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusion and limitations. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. In Texas, the insured 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. All pictures are used for illustrative purposes only.

We've got your back, 24/7/365

By phone.

We know your dental issues don't always happen between 9 and 5, so we keep our call centers open for business around the clock.

- Call anytime, day or night, weekends or holidays, and you'll get live customer service.
- Ask for a Spanish-speaking representative or to speak with us in your preferred language – interpreter service is available in more than 170 languages.

myCigna website and mobile app.

- Find a dentist. Personalized search results make it easy to find the right dentist for you. You can search by name, specialty and more.
- Manage and track claims. Quickly search and sort through your claims.
- Track account balances and deductibles. Take control of your spending by managing your account online.
- Get organized. You can store, organize and manage your dental information in one private location.

We want to help make your life easier and healthier. And that means being ready to help whenever you want us, wherever you want us.



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The downloading and use of the myCigna 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. Actual myCigna features may vary by plan and the individual user's security profile.

Together, all the way.®



Cigna Dental Benefit Summary
Government of the District of Columbia
Plan Renewal Date: 01/01/2023



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Benefit Plan Features	Total Cigna DPPO Network		Non-Network
Network Options	Cigna DPPO Advantage	Cigna DPPO	See Non-Network Reimbursement
Reimbursement Levels	Fee Schedule	Discount on Fees	Maximum Reimbursable Charge
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	\$3,500	\$3,500	\$3,500
Calendar Year Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Benefit Highlights	Plan Pays	Plan Pays	Plan Pays
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	90% No Deductible	90% No Deductible
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	90% No Deductible	80% No Deductible	80% No Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Dental Surgical Implants	70% No Deductible	50% No Deductible	50% No Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$3,500	70% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:			
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.		
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.		
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.		
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.		
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.		

Late Entrant Limitation Provision	Payment will be reduced by 50% for Class III and IV services for 24 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Alternate benefit provision does not apply to Composite Fillings.
Oral Health Integration Program®	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Restorative: fillings	Includes composite fillings on molars.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> • Procedures and services not included in the list of covered dental expenses; • Diagnostic: cone beam imaging; • Preventive Services: instruction for plaque control, oral hygiene and diet; • Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: precision or semi-precision attachments; • Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion; • Athletic mouth guards; • Services performed primarily for cosmetic reasons; • Personalization or decoration of any dental device or dental work; • Replacement of an appliance per benefit guidelines; • Services that are deemed to be medical in nature; • Services and supplies received from a hospital; • Drugs: prescription drugs; • Charges in excess of the Maximum Reimbursable Charge. 	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

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.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Dental Forms.

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