

# YOUR QUESTIONS ANSWERED: CIGNA DENTAL CARE<sup>®</sup> (DHMO) PLAN

The DHMO plan makes it easy and pocket-friendly for you to take care of your dental health.



## Q: How does the DHMO\* plan work?

**A:** When you sign up in the DHMO plan, you select a network general dentist, who will handle your dental care needs. You then receive a Patient Charge Schedule, or “PCS,” that lists the specific dental procedures covered by the plan and the amount you would pay the dentist (your copays). These copays apply only when you receive treatment from the dentists or dental specialists in our large, national DHMO Network.

If a dental procedure is not listed on your PCS, it is not covered and you will have to pay according to the dentist’s regular fees. If you receive a covered service from a dentist who does **not** participate in the DHMO network, your dental benefits may not be covered at all\*\*. You can take your PCS to dental appointments to discuss treatment options and costs with your dentist (but it is not required).

## Q: How do I choose a dentist when I sign up for the plan? Can I change my network dentist later on?

**A:** When you enroll in the DHMO plan, **you are required to select and visit a network general dentist (provider) for your dental care needs.** You can find a network dentist online at [www.Cigna.com](http://www.Cigna.com) before you sign up or go to your personalized website at [www.myCigna.com](http://www.myCigna.com) after you sign up. You can change your network dentist at any time; changes go into effect the following month. Remember, if you visit a non-network dentist, your treatment may not be covered at all.

If you’d rather speak to someone, call Customer Service at **1.800.Cigna24 (1.800.244.6224)** and we will help you find a network dentist in your area. Or you can follow the phone prompts to use our automated Dental Office Locator. The automated system will speak the names of the dentists in your area or fax a list of dentists to you.

## Q: If I’m new to the Cigna DHMO plan, can I keep my current dentist?

**A:** That depends. If your current dentist participates in the Cigna DHMO Network, you can choose him/her as your network general dentist. You can look online at [www.cigna.com](http://www.cigna.com) before you enroll to find out, or ask your dental office directly. Sometimes, Cigna’s online Dental Office Directory may show that your dental office is *not* accepting new patients even when your office says they are. If this happens, please contact Customer Service at 1.800.Cigna24 (1.800.244.6224) for assistance.

See the reverse side for more information about your Cigna DHMO plan.

**GO YOU.**



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

**Q: Do I need a referral to visit a dental specialist?**

**A:** Yes. If you require specialty care, your network general dentist will refer you to a network dental specialist – and handle any paperwork. Referrals are required for all network specialists, except orthodontists (if your plan includes orthodontic benefits) and pediatric dentists. Prior authorization may be required for certain types of specialty care.

**Q: Do I need to show my ID card when I arrive at the dentist's office?**

**A:** No. ID cards are not required to use the plan. When you call to schedule your appointment, just let your selected network dental office know that you are covered under the Cigna DHMO plan. If for some reason the dental office does not see your name on its list of Cigna DHMO patients, they can call us to verify. You can also call Customer Service at 1.800.Cigna24 (1.800.244.6224) if you need more help.

**Q: When do I have to pay the dentist?**

**A:** That depends on the financial arrangement between you and your network dentist. We encourage you to discuss costs and payment arrangements for dental treatment with your dentist before you receive care. Most dentists will work with their patients to arrange payment plans for more costly treatments.

**Q: Will my network dentist submit a claim to Cigna after I receive treatment?**

**A:** No. There are no claim forms required with the Cigna DHMO plan.

**Q: Are braces covered?**

**A:** Braces may be covered depending on your specific plan. The plan documents in your enrollment kit will explain your plan's orthodontic coverage. If orthodontia is covered on your plan, and you or your family member started treatment before you joined the Cigna DHMO (called "orthodontics in progress"), you can call Customer Service to find out if your plan will help pay for that treatment.

**Q: What if I have a dental emergency and can't get treatment from my DHMO network dentist?**

**A: Emergency Services:** If you are away from home or unable to contact your network general dentist, you may receive emergency services by *any* licensed dentist for unexpected but necessary services. Emergency services are limited to relieving severe pain, controlling excessive bleeding, and eliminating serious and sudden ("acute") infection. Routine restorative procedures or definitive treatment (e.g., root canal) are not considered emergency care and you should return to your Network General Dentist for these procedures.

**Emergency Care Away From Home:** For emergency covered services, you are responsible to pay the treatment copays listed on your PCS. After your appointment, you can request some payment from Cigna: the difference, if any, between the dentist's usual fee for the emergency covered services and your normal copay, up to a total of \$50 per incident (this amount may vary by state). To request reimbursement, send the dentist's itemized statement to Cigna Dental at the address listed for your state on your plan materials.

**Emergency Care After Hours:** There is a copay listed on your PCS for emergency care received after regularly-scheduled office hours. This copay will be in addition to other copays that may apply.

**www.Cigna.com • 1.800.Cigna24**

**See the next page for more information.**



**Q: What if I enroll in the DHMO plan and am in the middle of a dental treatment plan when the new plan year begins?**

**A:** Generally, root canal treatment, dentures, crown and bridge treatment in-progress are not covered under the Cigna DHMO plan. You should complete these procedures under your prior insurance plan. Depending on your plan, certain other types of treatment already in-progress may not be covered, such as implant supported prosthesis (including crowns, bridges and dentures). Refer to your plan's exclusions and limitations for more details.

**GO YOU.**



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

**\*\*Minnesota Residents:** When enrolling in a DHMO plan, 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 Service 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 Service 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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