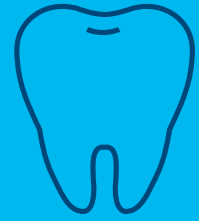


YOUR QUESTIONS ANSWERED



Cigna Dental PPO

Q: Can I go to any dentist?

A: **Yes.** You will typically spend less when you visit a Cigna network dentist because Cigna has negotiated discounted rates with these dentists. When you stay in the network you'll save as long as the procedure is listed on the dentist's discount schedule.* These savings apply even if you reach your plan maximum. If you go out-of-network, you will not receive Cigna network discounts and the dentist may bill you for the difference between the payment they receive from Cigna and their usual fees.

Q: Do I choose a dentist when I sign up for the plan?

A: **No, you choose a dentist when you are ready to make an appointment.** You can go to any licensed dentist at any time. You do not need a referral to see a specialist. You can find a network dentist or specialist online at **Cigna.com** before you sign up, or go to your personalized website at **myCigna.com** after you sign up. You can also call customer service at **800.Cigna24 (800.244.6224)** and we will help you find a network dentist in your area.

Q: Do I pay up front and submit a claim or will the dentist submit claims for me?

A: **In most instances, if you are using an in-network dentist, they will submit claims on your behalf and will bill you for any deductible or coinsurance payment that you owe.** If you use an out-of-network dentist, you may need to file your own claims after payment.

Q: What information is available to help me choose a dentist?

A: As you choose your network dentist or specialist, you have several important factors to consider. Such as cost, experience and location. The **myCigna** directory helps you find a dentist by providing helpful digital tools, such as:

- ▶ **Brighter Score™.**[†] Use this scoring method to compare dentists. The score is based on things like affordability, patient experience and professional history.
- ▶ **Dental office reviews and comparisons.**[†] Find detailed information to compare dental offices. View dentist profiles with photos and videos. Read verified patient reviews. Write your own review after your appointment.
- ▶ **Online appointment scheduling.**[†] With dental offices that offer this service, you can make an appointment right from your laptop or mobile device, and even receive appointment reminders.
- ▶ **Enhanced search and transparent pricing.** Search for a dentist by service. Information is personalized for your specific plan. Shows price with coinsurance and deductibles.

[†] Brighter features may vary by dentist. Experience, ratings, reviews, and appointment scheduling features are provided through Brighter, Inc., an independent company. 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 delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.



Q: Can you explain the deductible, maximum and percentages listed on my enrollment materials?

A: The deductible is the amount you need to pay for covered services before your benefits begin. You will pay for your dental treatment until you reach that amount. Then, you and your plan begin to share a percentage of your covered dental costs, known as coinsurance. **The percentage** shown on your plan materials is the percentage the plan pays for the listed procedures, and then you pay the difference.**

The maximum is the most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year. Even after you reach the maximum, however, dentists in the network may continue to offer you discounted fees for the services on their schedules.*



Once you enroll, register on myCigna.com and get access to:

- › Plan information
- › Network directory of dentists
- › Oral health assessments and quizzes
- › Out-of-pocket dental cost estimates
- › ID card information
- › Claim information



* Discounts on non-covered services may not be available in all states.

** You may need to satisfy a waiting period before your plan will begin to pay its portion of covered charges. Review your plan materials for the details of your specific plan.

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 to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental PPO plans are underwritten or administered by CHLIC or CGLIC, 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. Policy forms: OK - HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); TN - HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.