

Cigna Dental Benefit Summary

City Of Jefferson

Effective: January 1, 2017



Insured by: Cigna Health and Life Insurance Company

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlusSM** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

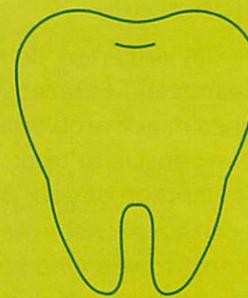
Cigna Dental PPO

<i>Network Options</i>	<i>In-Network: Total Cigna DPPO Network</i>		<i>Out-of-Network: No Network</i>	
<i>Reimbursement Levels</i>	Based on Contracted Fees		Maximum Reimbursable Charge*	
Progressive Maximum Benefit: Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1. Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2. Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 2 and 3.				
Annual Benefits Maximum Applies to: Class I, II & III expenses	Year 1: \$1,000 Year 2: \$1,250 Year 3: \$1,500 Year 4: \$1,750		Year 1: \$1,000 Year 2: \$1,250 Year 3: \$1,500 Year 4: \$1,750	
Annual Deductible Individual Family	\$100 \$300		\$100 \$300	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay*
Class I: Diagnostic & Preventive Oral Exams 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	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Brush Biopsies Fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Stainless Steel/Resin Crowns Crowns, Bridges and Dentures Relines Rebases and Adjustments Repairs: Bridges, Crowns and Inlays Repairs: Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Orthodontia Lifetime Maximum: \$1,000	50% After Plan Deductible	50% After Plan Deductible	50% After Plan Deductible	50% After Plan 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.			
*Out-of-Network Reimbursement	For services provided by an out of network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges 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.			

Annual Benefits Maximum	The plan will only pay for covered charges up to the plan maximum (when applicable). Benefit-specific maximums may also apply.
Annual 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	50% coverage on Class III and IV for 12 months.
Pretreatment Review	Pretreatment review is available on a voluntary basis when extensive 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 HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program – those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the plan deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense.
Oral Exams	2 per year
X-rays (routine)	Bitewings: 2 per year
X-rays (non-routine)	Full mouth or panoramic: 1 every 3 years
Diagnostic Casts	Payable only in conjunction with orthodontic workup
Cleanings	2 per year, including periodontal maintenance procedures following active therapy
Fluoride Application	1 per year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 3 years for children under age 14
Space Maintainers	Limited to non-orthodontic treatment
Periodontal Treatment	Various limitations depending on the service
Inlays, Crowns and Bridges	Replacement every 5 years if unserviceable and cannot be repaired
Dentures and Partials	Replacement every 5 years if unserviceable and cannot be repaired
Denture and Bridge Repairs	Reviewed if more than once
Denture Adjustments, Rebases and Relines	Covered if more than 6 months after installation
Prosthesis Over Implant	1 every 5 years 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.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not listed under Benefit Highlights;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;	
Periodontic: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments;	
Implants: implants or implant related services;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; Replacement of a lost or stolen appliance; Services performed primarily for cosmetic reasons; Personalization;	
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.	
Contracted providers are not obligated to provide discounts on non-covered services and may charge their usual fees.	

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. Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (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. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.
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MAKE THE MOST OF YOUR CIGNA DENTAL PLAN



Programs and services that can help

Nothing is more important than your health. That's why there's **myCigna.com** – your online home for assessment tools, plan management, dental health information and much more. Once you've enrolled in a Cigna dental plan, you can use **myCigna.com** to:

- › **Choose** dentists and create, download and print a personal directory.
- › **Verify** plan details such as coverage, coinsurance/copays and deductibles (the amount you pay before your plan starts to pay).
- › **Print** a dental ID card.
- › **Get** the forms you need.
- › **Access** dental health information through WebMD® Dental Health Resource Center.
- › **Estimate** your dental costs before your next visit.

Get to know your oral health

Are you at risk for gum disease? Knowing the answer to this question could help your overall health. That's because research shows an association between gum disease and other health conditions like diabetes, heart disease and stroke. Pregnant women with untreated gum disease may be at an increased risk for delivering preterm and/or low birth weight babies. Think cavities are just for kids? Think again. Many adults have untreated cavities (25% of those 20–44 years, 21% of those 45–64 years and 20% of those 65 years and older).¹ And tooth decay (cavities) is the single most common chronic childhood disease – four times more common than asthma.²

Assess your risks

The Periodontal (gum) Disease and Cavity Risk Assessment Tools are designed to help you and your dentist identify factors that might increase your risks for gum disease and cavities. The quizzes are quick and easy. The Periodontal Disease Risk Assessment is just 20 questions. The Cavity Risk Assessment is just 12 questions for adults and 16 questions for children under age 12. And when you complete the quizzes, you'll get detailed score sheets that tell you whether you are low risk, low to moderate, moderate risk or high risk for gum disease or tooth decay, depending on which quiz you've taken. Take the quizzes today and share the results with your dentist at your next dental checkup.

Please note that these tools serve as a guideline to assess your risks for cavities and gum disease. It's important to visit your dentist on a regular basis to discuss your oral health.

Together, all the way.™



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.
This flyer is not intended for use in New Mexico.

Prevention is key

Regular dental visits may do more than brighten your smile. Research shows receiving regular dental care often catches minor problems before they become major and expensive to treat. Practice prevention and take advantage of your plan's preventive care services – certain services may be covered at low cost or no cost to you when you visit a network dentist. Covered services* may include, but are not limited to:

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

*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; Panorex: One every three calendar years. The frequency limitations of certain other covered services are set forth on your plan benefit schedule.

We're here when you need us

We know that sometimes you need us at odd hours – late at night, on the weekend or during a national holiday. Sometimes your questions just can't wait for "normal business hours."

- › "My son is away at college. Can you help me find a network dentist close to his school?"
- › "My dentist told me I need a root canal. Does my dental plan cover this?"
- › "My husband has a painful toothache, but he's in Phoenix on a business trip. Can you help me find a dentist?" That's why our customer service hours include weekdays, Saturdays, Sundays and holidays. Call us at **800.Cigna24** any time you need us – we'll be there. We're on the clock for you 24 hours a day, 7 days a week, 365 days a year.

Health and wellness discounts

Save money when you purchase health and wellness products and services through the Cigna Healthy Rewards® program.³ Programs include:

- › Weight and nutrition management
- › Fitness
- › Tobacco cessation
- › Vision and hearing care
- › Vitamins, health and wellness products
- › Alternative medicine
- › Anticavity products
- › Healthy lifestyle products



1. www.cdc.gov/oralhealth/factsheets/dental_caries American Dental Association; May 31, 2012, CDC report: Selected Oral Health Indicators in the United States, 2005-2008.

2. Surgeon General's Report on Oral Health in America, Centers for Disease Control and Prevention, July, 10 2013, Preventing Dental Caries With Community Programs.

3. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Traditional (indemnity) plans are insured or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC). Cigna Dental PPO & EPO plans are insured or administered by CHLIC or CGLIC, with network management services provided by Cigna Dental Health, Inc. (CDHI) and certain of its subsidiaries. In Texas, the insured dental network product is referred to as the Cigna Dental Choice Plan, and this plan uses the national Cigna Dental PPO 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 & NB), 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, CGLIC, or Cigna HealthCare of Connecticut, Inc., and administered by CDHI. OK form numbers: Indemnity/DPPPO: HP-POL99 (CHLIC) & GM6000 ELI288 et al (CGLIC); DHMO: HP-POL115 (CHLIC), GM6000 DEN201V1 & GM6000 DEN200V1 (CGLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

NEED MORE? GET MORE.



Cigna Dental Oral Health Integration Program®

Get the dental services you need for your medical condition. And get your money back too. Enroll in the Cigna Dental Oral Health Integration Program today.

What is the Cigna Dental Oral Health Integration Program?

It's a program that reimburses out-of-pocket costs for specific dental services used to treat or help prevent gum disease and tooth decay. The program is for people with certain medical conditions that may be impacted by dental care. There's no additional cost for the program – if you qualify, you get reimbursed!*

Do I qualify?

If you have a Cigna dental plan, you're eligible for the program. It doesn't matter if you have Cigna health insurance or not. The only requirement is that you're currently being treated by a doctor for:

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

How does it work?

When you visit your dentist, you will pay your usual copay or coinsurance amount. As a reminder, your copay is the fixed amount you pay for covered services. And your coinsurance is the percentage of costs you pay for covered services. Next, your dentist will send Cigna a claim. We review the claim and will refund your copay or coinsurance for eligible services. Once we receive your claim, you can expect to be reimbursed in about 30 days.

By getting the right oral health care, along with regular medical treatments, you may be able to improve your overall health.

*You do not need to meet your plan's deductible to receive reimbursement for these services. However, any reimbursement you receive will apply to and is subject to your plan's annual maximum. If you have coverage for out-of-network services you may choose to visit an in-network or out-of-network dentist. However, remember that it's a good idea to use an in-network (participating) dentist. Participating dentists have a contract with Cigna. This means you pay less.

Together, all the way.™



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What dental services are covered under the Cigna Dental Oral Health Integration Program?

Check the chart below to see which dental services are covered for each qualifying medical condition.

Medical Conditions (check mark indicates covered dental service¹⁾)

Dental Services	Heart Disease	Stroke	Diabetes	Maternity	Chronic Kidney Disease	Organ Transplants	Head and neck cancer radiation
Periodontal Treatment & Maintenance (D4341, D4342, D4910 ²⁾)	✓	✓	✓	✓	✓	✓	✓
Periodontal Evaluation (D0180)				✓			
Oral Evaluation (D0120 ³⁾ , D0140 ³⁾ , D0150 ³⁾)				✓			
Cleaning (D1110 ⁴⁾)				✓			
Emergency Palliative Treatment (D9110 ⁵⁾)				✓			
Topical application of fluoride & Topical application of fluoride varnish (D1206 ⁶⁾)					✓	✓	✓
Topical application of fluoride – excluding varnish (D1208 ⁶⁾)					✓	✓	✓
Sealants (D1351 ⁶⁾)					✓	✓	✓
Sealant Repair – per tooth (D1353 ⁶⁾)					✓	✓	✓

1. Eligibility, reimbursement and coverage for eligible services are subject to plan year maximums.
2. Four times per year.
3. One additional evaluation.

4. One additional cleaning.
5. No limitations.
6. Age limits removed, all other limitations apply.

What other perks does the Oral Health Integration Program include?

Save even more money by enrolling today. When you join the program, you get discounts on prescription mouthwash, gels and toothpaste. And, Cigna Home Delivery Pharmacy^{SM**} is here to help you get these items sent right to your home.

You can ask us for information on issues that affect your oral health and your overall wellness – such as fear of going to the dentist. Or the impact of stress or tobacco products. We'll also give you advice on how to overcome these behaviors.

How do I enroll?

1. Fill out the registration form. This is required only one time per qualifying medical condition. You can find it on myCigna.com, Cigna.com or by calling the number on your ID card. Remember to check off any additional information you may want about Cigna Home Delivery Pharmacy discounts and/or behaviors that can affect oral health.
2. Mail in your completed form to Cigna at the address listed on the registration form.
3. Visit your dentist and pay your usual copay or coinsurance amount for the covered service. We'll send your reimbursement in about 30 days.

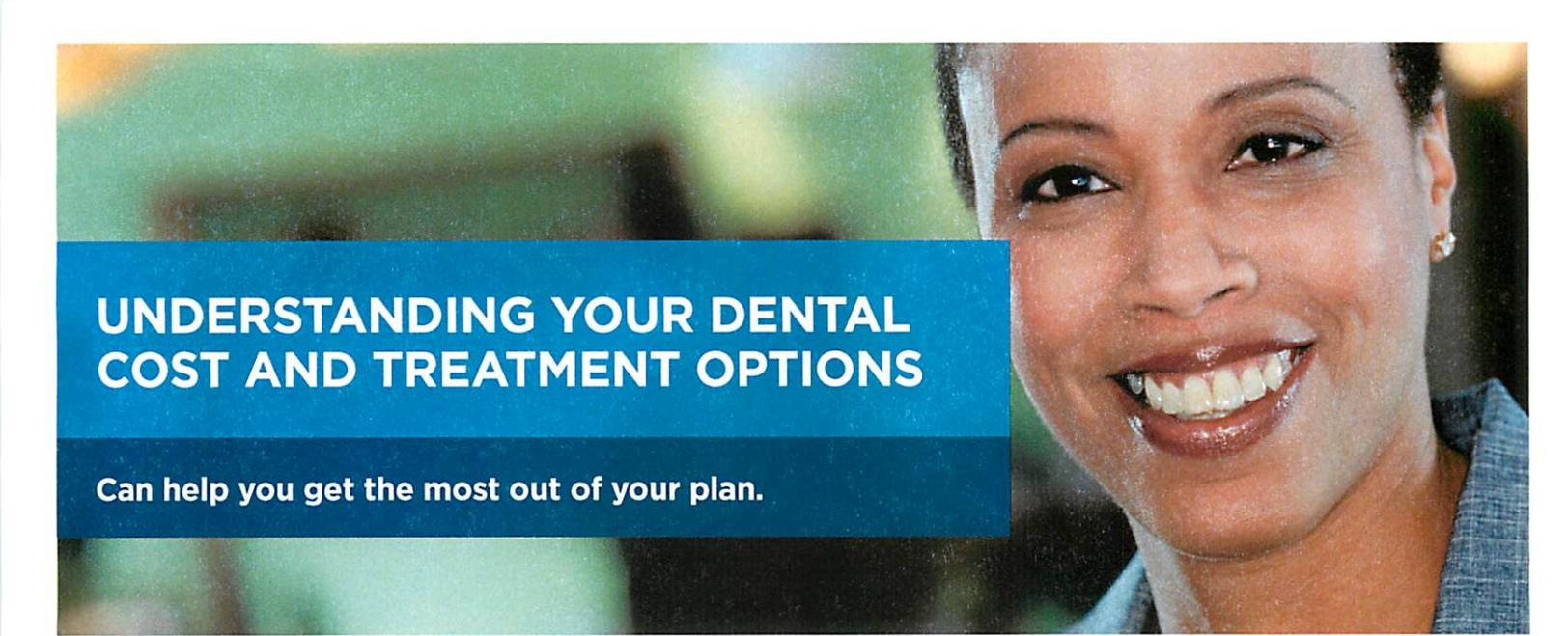
To learn more call us 24/7 at 800.Cigna24.



** Pharmacy discounts are available through Cigna Home Delivery Pharmacy only. **This is a discount and is NOT insurance.** This discount is separate from your dental benefits and you are required to pay the entire discounted charge. You should check any insurance or other benefits you have before using these discounts, as those benefits may result in lower costs to you.

The Cigna Dental Oral Health Integration Program may not be available under your specific plan. Reimbursement under OHIP is subject to plan terms and conditions, including applicable annual benefit maximums and other exclusions and limitations. For costs and details of coverage, contact your Cigna representative or see your plan documents.

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UNDERSTANDING YOUR DENTAL COST AND TREATMENT OPTIONS

Can help you get the most out of your plan.

When you have an important decision to make, it helps to know all your options. The **myCigna** directory can now help you find a dentist *and* learn about the cost. The treatment cost estimator is easy to use. You can learn what you might need to pay out-of-pocket for more than 400 common dental procedures and treatments. That means you'll know the costs that your plan doesn't cover and you will have to pay. This gives you the chance to know your dental care costs before you receive care.

A great tool just got better

You can find the cost information in the Cigna online directory. Look under the "Find a Doctor, Dentist and Procedures" tab. Use it to:

- › Find a dentist and view cost estimates for common dental procedures with just one search
- › Get cost estimates for dental treatments and procedures prior to treatment, based on your plan information and a dentist's contracted fees
- › Search by key words, procedure codes, treatments, dental categories and much more
- › View detailed plan information
- › Compare what it will cost when you visit an in-network vs. an out-of-network dentist (if your plan has out-of-network coverage)
- › See the money you'll save for being a Cigna customer

More reasons to smile

As you learn more about dental benefits and costs, you'll be able to better:

- › Understand your out-of-pocket costs and avoid surprises
- › Save money by finding lower-cost treatments
- › Make better choices about your dental care

Making better, more informed choices will help you improve your dental health. You'll also be saving money. See, you're smiling already.

See for yourself.

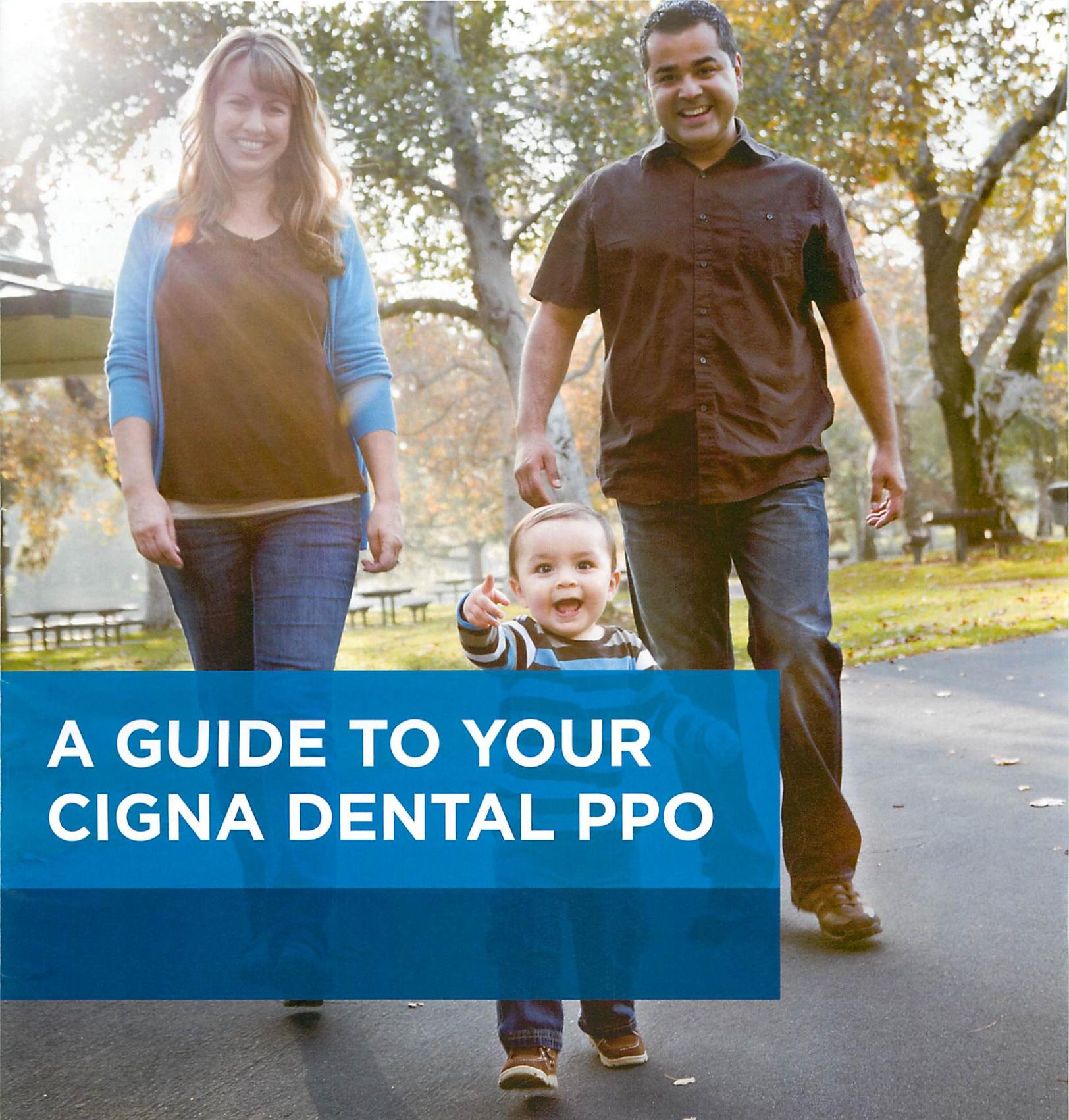
Log on to **myCigna.com** today to see firsthand how cost estimation can help you.

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A GUIDE TO YOUR CIGNA DENTAL PPO

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company.

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Routine dental care does more than just brighten your smile.



Research shows that receiving regular dental care can help detect minor problems before they become major and expensive to treat.¹ Also, routine dental exams can help catch serious health problems, such as diabetes, leukemia, heart disease and kidney disease.¹ In fact, some diseases produce oral signs and symptoms.¹ So a healthier mouth may help you have a healthier life.

The Total Cigna Dental PPO (DPPO) network makes it easy to protect your health – and your smile – with the right dental care at the right price. You can choose a dentist from one large network directory that is easily accessible and searchable online. In addition, we offer online tools that allow you to make more informed decisions about your dentist and your dental care.

Understand how your plan works

When you choose a network dentist, your coverage includes a wide range of eligible services after you satisfy any waiting period and meet your deductible.

Your plan includes coverage for preventive dental care services, including cleanings, x-rays and more, at no additional cost or at a reduced cost to you.*

*Most plans limit cleanings and bitewing x-rays to two per calendar year, and full mouth/panorex x-rays to one every three calendar years. See your plan documents for a list of covered and non-covered services under your specific plan.

Additional considerations:

- ▶ Many diagnostic and preventive care procedures are covered at no additional cost or a reduced cost to you.
- ▶ For other services, you will usually pay a percentage of the cost – or coinsurance amount – to the dentist at the time of service.
- ▶ You don't need an ID card to receive dental care.
- ▶ You don't need to select a primary care dentist.
- ▶ You don't need a referral to receive care from a specialist.

Your access – thousands of dentists, one directory

The Total Cigna DPPO network provides access to the largest network of dentists contracted to discounted fee arrangements.² We expect to have a total of 148,000³ unique dentists available at 384,000⁴ office locations. This means more convenience and greater savings for you.

Within Total Cigna DPPO, we offer two levels:

Cigna DPPO Advantage	Cigna DPPO
95,000 dentists 235,000 locations	50,000 dentists 127,500 locations

All participating dentists are consolidated into one directory, which you can easily search online at **Cigna.com** and **myCigna.com**.

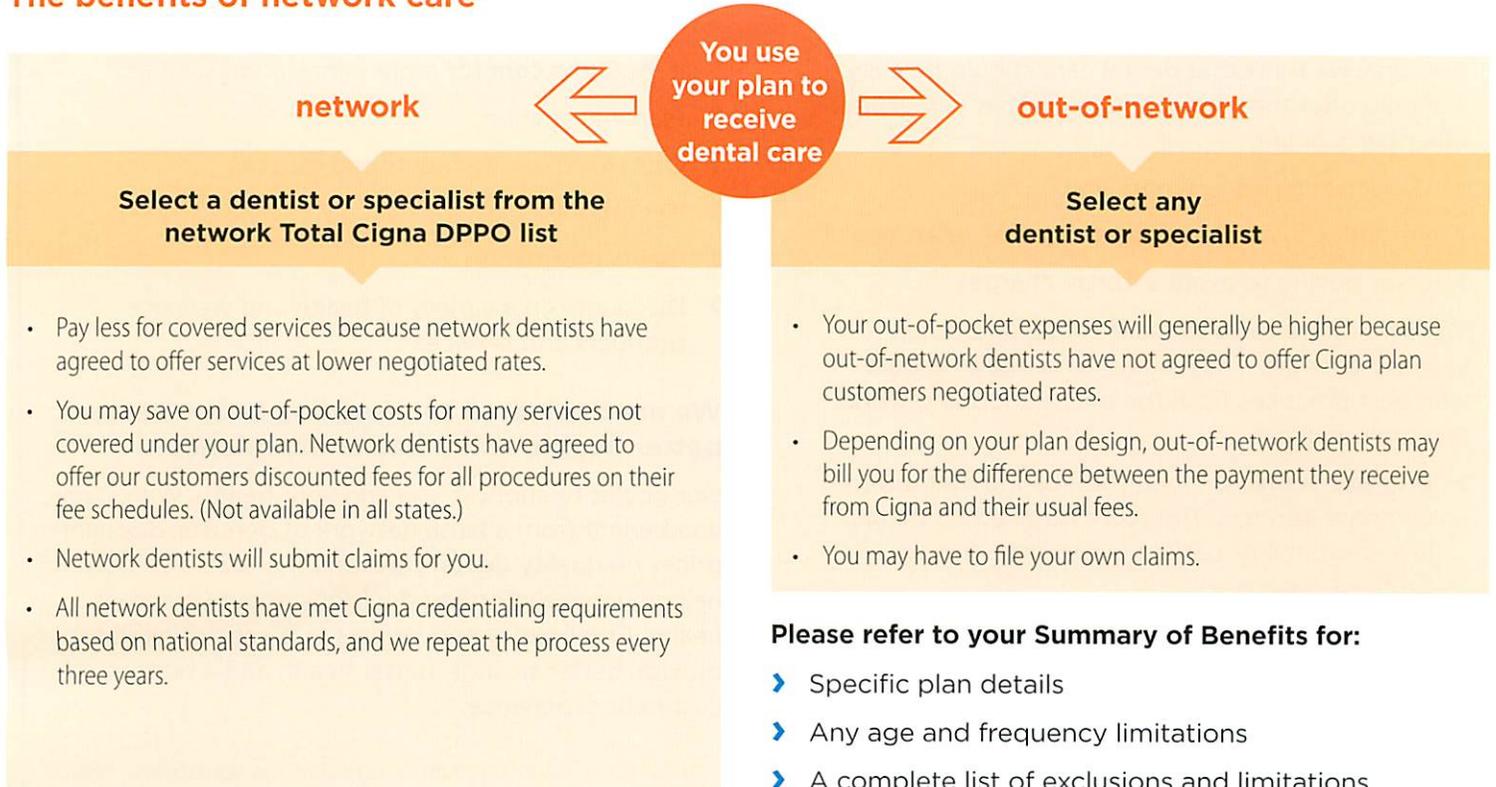
Additional programs for our DPPO customers



- ▶ Enjoy discounts on health-related products and services through Cigna Healthy Rewards*.⁵
- ▶ The Cigna Dental Oral Health Integration Program* offers enhanced dental coverage and more for dental customers with any of the following medical conditions: Diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program – those who qualify get reimbursed 100% of coinsurance for certain related dental procedures** and are eligible for other perks!

** Deductible does not apply. Reimbursement counts toward and is subject to annual benefits maximum for DPPO plans. Review your enrollment materials for complete details and a list of covered services.

The benefits of network care



Enroll today

Make sure that you don't miss your opportunity to enroll for this important benefit. All you need to do is:

1. Review your plan materials and consider your family's needs.
2. Complete and sign the enrollment form and return it to your employer.

If your employer has a different process, follow those instructions.



Customer service

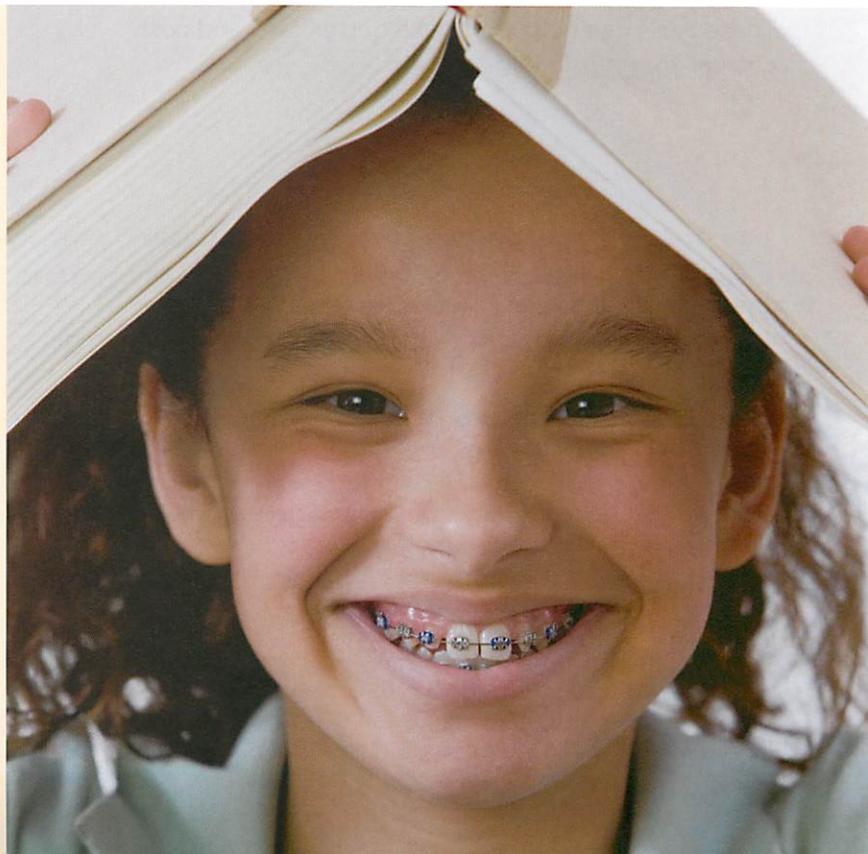
800.Cigna24 (800.244.6224)

We offer live customer service 24/7/365 with translation services in 150 languages and dialects



myCigna.com

- › Information about dental coverage
- › Claim status
- › Dental office locations
- › Eligibility and plan verification, and much more



Convenience at your fingertips

At Cigna, we think that dental care should be easy. It should offer the same experience that you expect in other parts of life.

- › Convenient, online scheduling
- › Insightful customer reviews to guide smart choices
- › Clear pricing to avoid surprise charges

We have online tools to make these, and other, services possible. They're easy and intuitive, built with best practices from the online shopping world. The tools include:

- › **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 information to compare dental offices. View dentist profiles with photos and videos. Read verified patient reviews.
- › **Online appointment scheduling.***** With dental offices that offer this service, you can make an appointment right from your laptop or mobile device⁵, and even receive appointment reminders.
- › **Enhanced search and clear pricing.** Search for a dentist by service. Information is personalized for your specific plan. Shows price with coinsurance and deductibles.
- › **Easy access.** Use these features anytime, anywhere. 24/7 access on the go – on mobile phones or tablets. Use **myCigna.com** or our mobile app.⁵

These tools can help you make better care and cost choices for your family.

After you enroll

Visit **myCigna.com** for more information such as:

- › Plan information
- › Oral Health assessments and quizzes
- › ID Card info
- › Claim information
- › Discounts on a variety of health and wellness products and services⁶

We are dedicated to providing better savings, better health, and a better experience

Our goal is to support you and your health. With Cigna, you benefit from a large network of dentists, discounted prices on quality dental care, and the tools you need to help you make informed decisions about your dental health. Enroll today and say yes to plans designed to provide better savings, better health and a better customer experience.

*** Actual features may vary by dentist and Cigna Dental plan type. 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.



1. Urse, Geraldine N. "Systemic Disease Manifestations in the Oral Cavity" Osteopathic Family Physician. Vol. 6, No. 3, June 2014.

2. NetMinder. DPPO data as of September 2015, reflecting Total Cigna DPPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.

3. Projected unique dentists for 2016. Year End. 139,962 total DPPO unique dentists as of 09/21/15.

4. Projected 2016 Year End access points. 359,671 total DPPO access points as of 09/21/15.

5. The downloading and use of the myCigna Mobile 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.

6. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

The dentists who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan materials.

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