

Cigna Dental Care

Cigna Dental Care is a dental health maintenance organization (DHMO). You must select and seek services from your DHMO facility. No benefits are available if non-participating dentists are used. For the most current information regarding participating dentists in your area, you may obtain a personalized provider directory by calling Cigna’s automated dental office locator at **(800) 367-1037**.

You may also visit Cigna’s Web site at **www.Cigna.com/dental**. Both resources are available 24 hours a day. You may change your primary dentist selection by calling Customer Service at **1-800-Cigna24 ((800) 244-6224)**. In most cases, the change will take effect on the first day of the following month.

Know What’s Important to You

Programs and services that help you make the most of your Cigna dental plan.

The tools you need for better oral and overall health

Nothing is more important than your health. That’s why there’s **www.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 **www.myCigna.com** to:

- Choose dentists and create, download, and print a personal directory.
- Verify plan details
- Print a dental ID card.
- Get the forms you need.
- Access dental health information through WebMD® Dental Health Resource Center.

Plan Highlights

- There is no deductible.
- There are no annual dollar maximums.
- There are no claim forms for you to file.

Cigna dental benefits at-a-glance

Cigna Dental DHMO	
Covered Services	In-Network only
Deductible	\$0
Maximum Benefit per Calendar Year	Unlimited
Covered Services	Plan pays:
Preventive Care Exams, Cleanings and Xrays	100%*
Restorative Fillings	Copayments for covered procedures range from \$23–\$140*
Crowns and Bridges	Copayments for covered procedures range from \$425–\$520*
Endodontic–Root Canals	Copayments for covered procedures range from \$375–\$680*
Periodontics	Copayments for covered procedures range from \$75–\$640*
Prosthetics	Copayments for covered procedures range from \$43–\$780*
Orthodontics	Copayments vary from case to case. Maximum benefit of 24 months. *
Emergency Care	\$65 (\$77 after regularly scheduled hours)

* To view patient charge schedule, go to <https://hcpss.hrintouch.com>. Click on Dental, select Cigna Dental DHMO.

Delta Dental PPO Plan

Delta Dental offers you what no other dental plan can—The Delta Dental Difference®. Here’s what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings**—Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment**—Delta Dental dentists agree to accept our determination of fees. They won’t balance bill over Delta Dental’s approved amount.
- **Professional Treatment Standards**—Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier indemnity network. However, there are advantages to visiting a Delta Dental PPO network dentist instead of a Premier or non-Delta Dental dentist. Consider the information below:

In-PPO Network Delta Dental PPO Dentists	Out-of-PPO Network Delta Dental Premier® Dentists & Non-Delta Dental Dentists
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist.
PPO dentists agree to accept a reduced fee for PPO patients.	Premier dentists may not balance bill above Delta Dental’s approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists’ charges.
You are charged only the patient’s share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Premier dentists charge you only the patient’s share* at the time of treatment.
Premier dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.* Premier dentists will complete claim forms and submit them for you at no charge.
<p>*Patient’s share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.</p> <p>** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist’s total fee, which may include amounts in excess of your share of your plan’s contract allowance.</p>	

Program Overview

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan benefit structure, limitations or exclusions, consult your company's benefits representative for the provisions specified in your Group Dental Contract.

Who's Eligible	Primary enrollee, Spouse or Domestic Partner and eligible Dependent children to the end of the month that Dependent turns 26.
Deductibles	\$25 per person / \$75 per family (per calendar year)
Deductible Waived For Diagnostic, Preventive, Basic Restorative and Orthodontics?	Yes
Annual Maximum	The maximum benefit paid per calendar year is \$2,000 for premier and PPO/\$1,500 for non-participating dentists per person

Sample Claims Savings	In PPO Network	Out of PPO Network	
	Delta Dental PPO Dentists	Delta Dental Premier Dentists	Non-Delta Dental Dentists
Dentist bills	\$180.00	\$180.00	\$180.00
Dentist accepts as payment in full	\$90.00 (Delta Dental's agreed-upon fee)	\$130.00 (Delta Dental's agreed-upon fee)	\$180.00 (No fee agreement with Delta Dental)
Delta Dental's payment 50%	\$45.00	\$45.00	\$45.00
Patient share*	\$45.00	\$85.00	\$135.00
Patient savings	\$90.00	\$50.00	\$0.00

Delta Dental's Mobile Online Services

It's easy to view and interact with us on your smartphone. Reduce phone calls and save time—the information you need is at your fingertips!

Find a dentist:

- Returns dentists closest to you, using your phone's location services.
- Choose between Delta Dental PPO and Delta Dental Premier.

Log in to:

- Check benefits, eligibility, deductibles and maximums. Search for benefits by keyword or procedure code.
- Check claims status and claims history.
- View your ID card—pull it up at your dentist's office.
- Go paperless. Choose *Receive Statements Online* under *My Account*.

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Diagnostic and Preventive Benefits—Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, sealants	100%	100%
Basic Benefits—Fillings, posterior composites	90%	90%
Major Benefits—Inlays, onlays and cast restorations	50%	50%
Endodontics—Root canals	80%	80%
Periodontics—Gum treatment	80%	80%
Oral Surgery—Incisions, excisions, surgical removal of tooth including simple extractions	80%	80%
Prosthodontics—Bridges, dentures, implants	50%	50%
Crowns	60%	60%
Orthodontic Benefit—children only to the end of the calendar year they reach age 19	50%	50%
Orthodontic Maximum	\$1,200 Lifetime	\$1,200 Lifetime
Other—Denture Repair	Service covered at 80%	Service covered at 80%

*Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

**Fees are based on PPO fees for PPO dentists and PPO fees for out-of-PPO dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist’s actual fees.

Maryland law requires we make the following statement:

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians, or if you want to know which method(s) apply to your physician, please call Delta Dental at 800-932-0783 or write to: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055.

Please note that the benefit payments made by Delta Dental to dentists, other dental care providers or enrollees are based on fee-for-service payment mechanisms and do not include salary, capitation or bonuses.

In Maryland, Delta Dental PPO and Delta Dental Premier are underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.

Contact Information

Delta Dental of Pennsylvania

Customer Service

deltadentalins.com

800-932-0783

(Business Hours:

8:00 a.m. – 8:00 p.m. EST)

Claims Address

P.O. Box 2105, Mechanicsburg, PA 17055

