



Greenberg Traurig, P.A.

# Dental Plan Options

Plan year: 2025

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.  
In Utah, plans are offered by Cigna Health and Life Insurance Company.

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# Dental plan options



# Understanding terms in your dental plan

## **Deductible:**

The annual amount you pay for dental care before your dental plan begins to pay.

## **Annual dollar maximum:**

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

## **Coinsurance:**

Your share of the cost of covered dental care services, usually after you meet your deductible. The plan pays the rest.

## **Copay:**

The annual amount you pay for dental care before your dental plan begins to pay.

## **In-network:**

Dentists and facilities that have contracts with Cigna to deliver services at a discounted rate.

## **Out-of-network:**

A dentist or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.

**DHMO plans only available for emergency care.**



# Cigna Dental Care<sup>®</sup> (DHMO)<sup>1</sup>



**General dentist:** Choose any general dentist in the Cigna Dental Care<sup>®</sup> network who can coordinate your dental care

- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13



**Network:** Cigna Dental Care offers access to providers who have pre-negotiated the cost of patient care so there are no surprises. Emergency care is covered both in- and out-of-network.<sup>2</sup>



**Predictable costs:** Estimate treatment costs in advance based on your Patient Charge Schedule, then pay the pre-negotiated charge for each service listed, if applicable



**Deductible:** No deductibles, you don't have to reach an out-of-pocket cost before coverage starts.



**Maximums:** No calendar year or lifetime maximums, your coverage isn't limited by a dollar amount.

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<sup>®</sup> (DHMO) product availability varies by state and is subject to change.
2. There are no out-of-network benefits with a Cigna Dental Care<sup>®</sup> plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See Appendix A for details.



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# Cigna Dental Care<sup>®</sup>



## Coverage with no deductibles or waiting periods<sup>1</sup>

### Examples of covered services<sup>1</sup>

- No cost (or low cost) preventive care such as cleanings and exams
- Additional cleanings, fluoride and fluoride varnish may be available for a copay
- Temporomandibular joint (TMJ) diagnosis
- General anesthesia/IV sedation when medically necessary
- Coverage for brush biopsy, a noninvasive diagnostic procedure for detecting oral cancer
- Coverage for teeth whitening (take-home bleaching gel with trays) and athletic mouth guards
- No age limit on sealants
- Second opinions covered
- Emergency care after hours and/or away from home
- Orthodontic coverage for children and adults

1. Plan copay and coinsurance requirements apply. Not all services are covered. See Appendix A for a listing of related plan limitations and exclusions.

# Dental Preferred Provider Organization (DPPPO)



**Network:** Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



**Specialist:** See a specialist without a referral



**Deductible:** An annual amount that may apply to covered services before your plan begins to pay.



**Coinsurance:** Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will of your covered dental care costs — i.e., coinsurance.



**Coverage:** The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



**Maximums:** Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.



# Cigna Dental Virtual Care<sup>1</sup>

## Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care<sup>2</sup>
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.

 To access Cigna<sup>®</sup> Dental Virtual Care, just log on to your **myCigna.com**<sup>®</sup> account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.

# Your coverage

## Percentage your plan pays

	Cigna DPPO 1	Cigna DPPO 1 Out-of-network <sup>1</sup>	Cigna DPPO 2	Cigna DPPO 2 Out-of-network <sup>1</sup>
Class I – Preventive care	Plan Pays 100% (no deductible)	Plan Pays 100% (no deductible)	Plan Pays 100% (no deductible)	Plan Pays 100% (no deductible)
Class II – Basic restorative <sup>2</sup>	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Class III – Major restorative <sup>2</sup>	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Class IV – Orthodontia <sup>2</sup>	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Class V – (Implants) <sup>2</sup>	50% after deductible	50% after deductible	50% after deductible	50% after deductible
	<b>Individual / Family</b>		<b>Individual / Family</b>	
Annual deductible	\$100 / \$300		\$50 / \$250	
Calendar-year dollar maximum	<b>Year 1:</b> \$1,000, <b>Year 2:</b> \$1,100 <b>Year 3:</b> \$1,200, <b>Year 4:</b> \$1,300		<b>Year 1:</b> \$2,500, <b>Year 2:</b> \$2,600 <b>Year 3:</b> \$2,700, <b>Year 4:</b> \$2,800	
Lifetime maximum: Orthodontia	\$1,000		\$2,500	

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's Maximum Reimbursable Charge or Maximum Allowable Charge provisions. When [visiting a dentist in the Cigna DPPO network or going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.
2. 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 Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.



# R&C VS MAC Out-of-Network Reimbursement: EXAMPLE

## MAC- Out of Network Charges: DPPO 1

- **Deductible:** \$100 / \$300
- **Calendar-year maximum Year 1:** \$1,000

Billed Charge for Dentist Visit: \$275.00

MAC Allowance: \$125.00

Customer Cost Share for Class II Expense: 20%

Plan Pays 80% of the MAC Allowance of \$125.00: \$100.00

**Customer Liability: \$175.00**

*Customer Liability is calculated as the difference between billed charge and R&C allowance, plus the plan design cost share:*

## R&C: DPPO 2

- **Deductible:** \$50 / \$150
- **Calendar-year maximum Year 1:** \$2,500

Billed Charge for Dentist Visit: \$275.00

R&C Allowance: \$200.00

Customer Cost Share for Class II Expense: 20%

Plan Pays 80% of the R&C Allowance of \$200.00: \$160.00

**Customer Liability: \$115.00**

*Customer Liability is calculated as the difference between billed charge and R&C allowance, plus the plan design cost share:*

**Maximum Allowable Charge (MAC)** - This means that the Cigna plan calculates the non-network payment based on the coinsurance coverage and the contracted fees they would pay a network dentist in that same area

**Reasonable and Customary (R&C)** - "R&C" is a pre-determined limit sometimes called a "Reasonable and Customary (R&C) allowance" to which your non-network Cigna benefits are applied. The R&C Allowance is described as a percentile, meaning that Cigna reimburses treatment costs up to the amount charged by that percentile of the dentists in the area.



# Your access: Thousands of dentists, one directory



With the **Total Cigna DPPO network**, you have a choice of more than 149,000 dentists nationwide<sup>1</sup>



All participating dentists are consolidated into one directory, which you can easily search online at **Cigna.com**<sup>®</sup>

For DPPO 1 and DPPO 2 select **Total Cigna DPPO**

1. 2022 year-end unique dentist count for Cigna Total DPPO Network. Subject to change.

# DHMO or DPPO?

	Yes	No
I prefer to see <b>any licensed dentist or specialist</b> without needing a referral.	<input type="checkbox"/>	<input type="checkbox"/>
I <b>don't need out-of-network</b> benefits.	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to know the <b>exact dollar amount</b> I will pay for each procedure.	<input type="checkbox"/>	<input type="checkbox"/>
I prefer <b>no deductible</b> before benefits begin.	<input type="checkbox"/>	<input type="checkbox"/>
I prefer <b>no annual maximum</b> .	<input type="checkbox"/>	<input type="checkbox"/>
I prefer a plan <b>with no waiting period</b> .	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to most questions, the **Cigna Dental Care® plan** may be right for you.

If you answered "no" to most questions, the **Cigna DPPO plan** may be right for you.

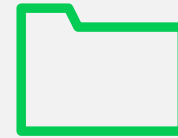
Visit **Cigna.com®** to see if your dentist is in the Cigna DHMO or DPPO network.



# Programs and services for better oral health



# Cigna Dental WellnessPlus®



Receive preventive care services during your plan year, and your annual dollar maximum will increase the following plan year

Remain enrolled and keep receiving preventive care services, and your annual dollar maximum level will continue to increase <sup>1</sup>

If you don't receive preventive care services, your annual dollar maximum will stay the same the following year

Your annual dollar maximum will never drop below the starting amount<sup>1</sup>

1. This provides the highlights of the Cigna Dental WellnessPlus program. Increases in your annual maximum are subject to the amount specified in your plan documents. Review your plan documents or contact your employer to determine if your plan includes this program. The specific terms of your dental plan as selected by your employer will always determine your actual coverage.

# Cigna Oral Health Integration Program® (OHIP)



## Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.<sup>1</sup>



## Qualifying conditions<sup>2</sup> include:

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.

2. Not a full list of conditions.

# Cigna Healthy Rewards® Program<sup>1</sup>

**Get discounts on the health products and programs you use every day, including:**



Weight management and nutrition



Alternative medicine



Vision and hearing care



Fitness memberships and devices



Yoga products and virtual workouts

**1. Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.



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# Enrollment



# Enrollment checklist



**Before you decide, take these steps to learn more about your dental plan — and your health. This checklist will help you choose wisely.**

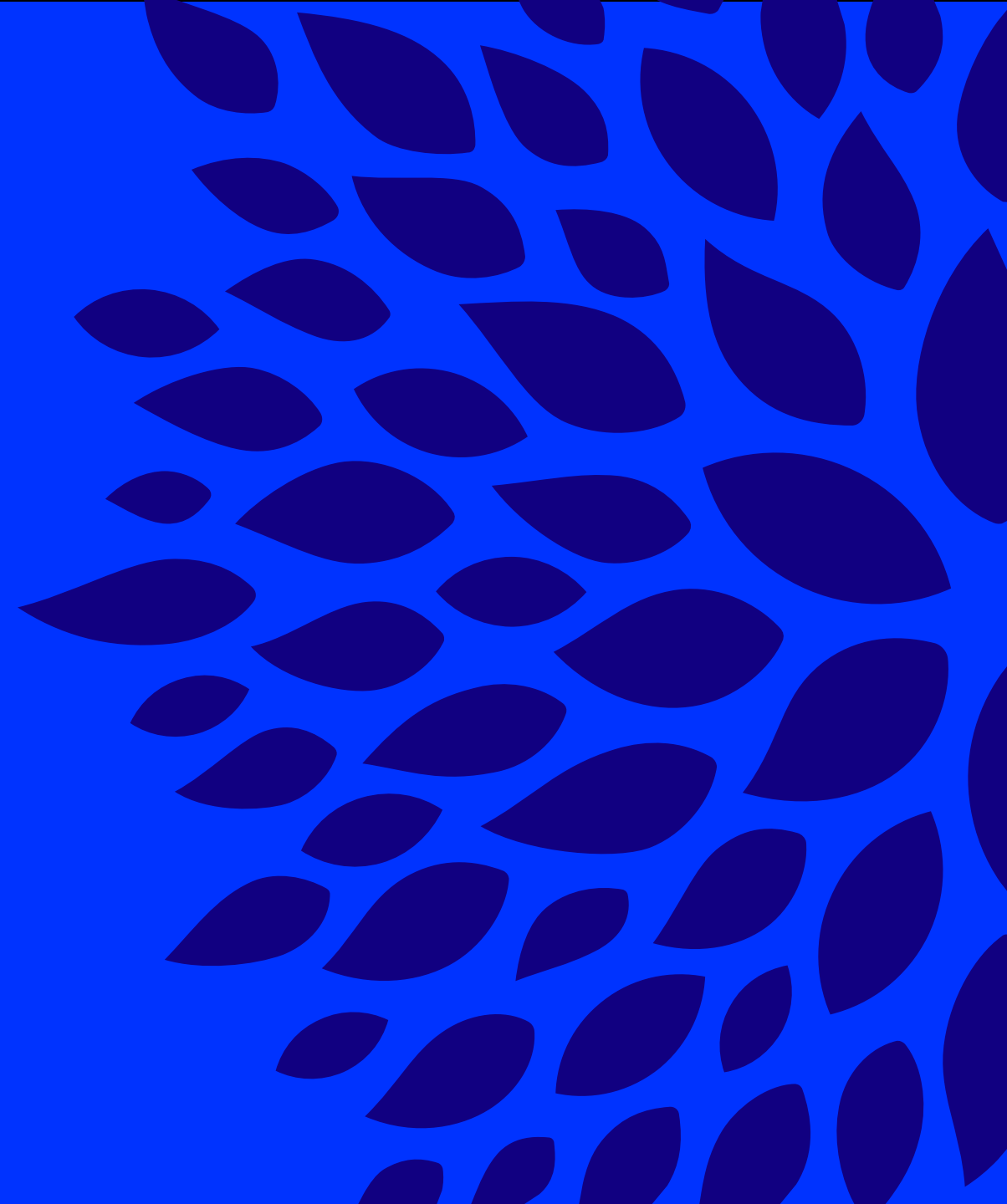
- ✓ Call **800.564.7642** with any questions.
- ✓ Think about your dental history and overall health care needs. How might that change in the upcoming year?
- ✓ Check to see if your dentist participates in the plan's network at **Cigna.com** > Find a Doctor, Dentist or Facility.
- ✓ Review your Summary of Benefits for specific dental plan details for DPPO 1 and DPPO 2.
- ✓ Review your Dental Fee Overview for specific Cigna Dental Care® plan details and exclusions.



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**Thank you**



Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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 Healthcare representative.

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