A guide to your Cigna Dental PPO¹
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.

Every $1 you spend on preventive dental care could save you $8 to $50 in restorative and emergency treatment.²

And research also shows a link between periodontal disease – called gum disease – and other conditions, such as pre-term birth, heart disease, stroke, diabetes and other health issues.¹ So a healthier mouth may help you to have a healthier life.

What can Cigna Dental do for you?

First, think about your needs. Next, read this information carefully to understand how the plan works. Then, choose Cigna for your dental health partner and let us help you:

• Practice prevention and take advantage of your plan's preventive care services – most are covered at low cost or no cost to you.
• Use myCigna.com or call us at 1.800.Cigna24 to find out what you need to know about your dental plan.
• Estimate your dental care costs and measure your risk for cavities and gum disease with easy-to-use tools available on myCigna.com.
• Enjoy discounts on health-related products and services through Cigna Healthy Rewards⁴.
• 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 percent of coinsurance for certain related dental procedures* and are eligible for other perks!

Visit myCigna.com or call customer service at 1.800.Cigna24 (1.800.244.6224) if you have questions about your dental coverage, claim status, dental office locator, eligibility and plan verification, and much more.

* Deductible does not apply. Reimbursement counts toward maximum for DPPO plans.
How your plan works
Whether you choose a dentist in the Cigna Dental Core Network or outside the network, your coverage includes a wide range of eligible services after you satisfy any waiting period and meet your deductible:

- Preventive care (cleanings, X-rays and more)
- Basic care (fillings, basic restorative work)
- Major services (bridges, crowns, root canals and more)
- Orthodontics (some plans may include orthodontic coverage for children and adults)

And there is more:

- Some diagnostic and preventive care procedures are covered at no cost or low 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.
- If you visit a dentist or specialist for a second opinion, we will reimburse you according to your plan coverage.
- You don’t need to select a primary care dentist.
- You don’t need a referral to receive care from a specialist.

Save more with in-network care

- Pay less for covered services because the dentists in the Core Network have agreed to offer our enrollees services at lower negotiated rates, approximately 35% off average area charges.
- You may save on out-of-pocket costs for many services not covered under your plan. Dentists in the Core Network have agreed to offer our customers discounted fees for all procedures on their fee schedules.
- Dentists in the Core Network will submit claims for you.
- All dentists in the Core Network have been screened through a process modeled after the highest national quality standards and we repeat the process every three years.
Make the most of your dental plan by visiting your dentist.