



NEED MORE? GET MORE.

Cigna Dental Oral Health Integration Program®

Get the dental services you need for your medical condition. 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 gum disease and tooth decay. The program is for people with certain medical conditions that have been found to be associated with gum disease. 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. You do NOT have to be enrolled in a Cigna medical plan to be eligible for this program. You must currently be under treatment by a doctor for any of the following conditions:

- › 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 dental services. Once we receive your claim, you can expect to be reimbursed in about 30 days. You must enroll in this program to receive the benefits.

What else does the Oral Health Integration Program include?

When you join the program, you get discounts on prescribed mouthwashes, fluoride gels, and toothpastes from your dentist through Cigna Home Delivery Pharmacy who will 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 guidance on how to overcome these behaviors.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

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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)				✓			
Scaling in the presence of inflammation – Full Mouth (D4346 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 subject to plan guidelines.
3. One additional evaluation.

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

What are Periodontal Treatment and Maintenance?

Periodontal treatment and maintenance are not the same as prophylaxis or "regular cleaning." Periodontal treatment (or "scaling and root planing") consists of "deep cleaning" which involves parts of your teeth below the "gumline." During scaling and root planing, the dentist may numb the area of your mouth that s/he is working on. Periodontal maintenance is a follow-up procedure involving removal of plaque and calculus (tartar) above and below the gumline along with scaling and root planing in areas where needed.

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

* You do not have to meet your DPPO or indemnity deductible to receive reimbursement for these services. However, reimbursement will apply to and is subject to your annual benefits maximum for traditional indemnity and DPPO plans.

** 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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How do I enroll?

1. Fill out the registration form found on **myCigna.com** or **Cigna.com**. You can also call the number on the back of your ID card to have an enrollment form sent to you. You only need to complete the form one time per qualifying condition.
2. Mail in your completed form to Cigna at the address listed on the registration form. You will receive a welcome letter in the mail once you've been enrolled.
3. Visit your dentist and pay your usual copay or coinsurance amount for the covered service. We'll send your reimbursement.
4. Please note that services received prior to enrollment are not eligible for reimbursement.



Cigna Dental Oral Health Integration Program® Registration Form



INSTRUCTIONS: Please complete the entire form to ensure registration.
For questions on the program, please refer to back page.

Please mail or fax the completed form to: Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422
859-550-2662

A. PRIMARY CUSTOMER INFORMATION			
Primary Customer Name: <i>(Last, First, Middle Initial)</i>			SSN or Cigna Customer ID:
Address: <i>(Street)</i>		<i>(City)</i>	<i>(State) (Zip Code)</i>
Telephone Number:	E-Mail Address:	Employer Name:	Employer Group Number:
B. PATIENT INFORMATION			
Patient Name: <i>(Last, First, Middle Initial)</i>			Patient Date of Birth:
Patient's Relationship to the Primary Customer: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____			
C. MEDICAL INFORMATION AND ELIGIBLE PROCEDURES			
By checking the box(es) below, I confirm that based on the terms of my plan, I have one or more of the conditions listed and am eligible for this additional dental coverage. I understand that filling out and mailing this form does not guarantee payment and that plan maximums may apply.			
<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Diabetes <input type="checkbox"/> Organ Transplants <input type="checkbox"/> Maternity <i>(please list due date):</i> <input type="checkbox"/> Cerebrovascular (Stroke) <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Head and Neck Cancer Radiation			
ELIGIBLE PROCEDURES Cardiovascular, Cerebrovascular (Stroke) and Diabetes: D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant D4910 - Periodontal Maintenance* Chronic Kidney Disease, Organ Transplants and Head and Neck Cancer Radiation: D1206 - Topical Application of Fluoride Varnish*** D1208 - Topical Application of Fluoride - Excluding Varnish D1351 - Sealant - One Tooth*** D1353 - Sealant Repair - per tooth** D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant D4910 - Periodontal Maintenance* * Limited to four times per year, subject to plan guidelines. ** One additional cleaning and one additional exam per year. *** Age limitations removed, all other limitations (including frequency limitations) apply. **** One additional cleaning			
Maternity: D0120 - Periodic Oral Evaluation** D0140 - Limited Oral Evaluation** D0150 - Comprehensive Oral Evaluation** D0180 - Periodontal Evaluation D1110 - Prophylaxis - Adult (Cleaning)** D4910 - Periodontal Maintenance* D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant D4346 - Scaling in the presence of inflammation - Full Mouth**** D9110 - D9110 - Palliative Treatment			
D. HOW TO GET ADDITIONAL INFORMATION AVAILABLE TO CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM CUSTOMERS			
I'd like to receive information on: <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Fear of Dentist <input type="checkbox"/> Stress and the Impact on Oral Health <input type="checkbox"/> How to get discounts on my prescription dental products from Cigna Home Delivery Pharmacy SM .			
Please select how you'd like us to send the information: <input type="checkbox"/> Send to the e-mail address listed in Section A above <input type="checkbox"/> Mail to me at no charge to the address listed in Section A above			
E. CERTIFICATION OF MEDICAL CONDITION			
I also understand that Cigna has the right to check my medical records and contact my dentist and/or physician to confirm my medical condition. This authorization shall remain in effect while I am enrolled in the Cigna Dental Oral Health Integration Program. I understand that I may revoke this authorization at any time by writing to the address listed on this form.			
Medical Physician's Name:		Telephone Number:	Medical Carrier:
PATIENT SIGNATURE: (Required)			DATE:

Participation in the Cigna Dental Oral Health Program does not guarantee coverage and is subject to the terms of customer's plan documents which shall prevail.

Frequently Asked Questions about the Cigna Dental Oral Health Integration Program®

Do I only have to enroll in the program once or, do I have to contact Cigna each time I go to the dentist?

You only enroll once in the program. Once enrolled, Cigna will automatically reimburse you for the eligible dental services covered for your medical condition. After your initial registration, if you are diagnosed with an additional condition you must register again for that condition.

How and when will I get reimbursed for my out-of-pocket expenses?

As with any dental service, you will pay your dentist at the time the service is performed. A claim form is typically submitted to Cigna by your dentist. Once we receive the claim form from the dentist, we pay him/her for their services and you will then receive reimbursement for the amount of your coinsurance or copay. This may take 2-4 weeks, depending on when the dentist submits the claim. Please keep in mind that only dental services eligible under the Cigna Dental Oral Health Integration Program will be reimbursed.

How do I know if my enrollment has been processed?

Once your enrollment has been approved, Cigna will send you a program welcome letter.

What procedures are eligible for reimbursement?

Please refer to the list of procedures for each qualifying condition on the front of the page.

If my dental coverage has a plan maximum or deductible, how do procedures covered under the program get applied?

Any procedures covered under the program are not applied toward your plan's annual deductible; however, do count towards your plan's annual maximum.

If I go out-of-network, will the services covered under this program still apply?

If your plan does not include coverage for out-of-network services, then you must use a dentist in your plan's network for coverage under this program to apply. If your plan includes out-of-network coverage, you will be reimbursed for your covered expenses whether you choose to use an in-network or out-of-network dentist. However, if you use an out-of-network dentist you may have out-of-pocket costs because the dentist may choose to bill you for charges that are in excess of what your plan reimburses for covered expenses.

If I'm a dependent (spouse, partner or child), do I provide my ID number or the person who is the primary covered individual?

Please provide the ID number of the person who is the primary covered individual.

Where can I find my Group/Account Number?

Please check a previous Explanation of Benefits, your dental page on mycigna.com, call Customer Service at the number on your ID card and follow the prompts to get your Group/Account Number. You can also provide your ID and/or social security number and a Customer Service Representative will identify your Group/Account Number for you. If you have a Cigna Medical or Dental ID card the Group/Account Number is listed on the cards.

What does "Other Coverage" mean?

Please complete the Other Coverage section if you have additional coverage through a different carrier (sometimes referred to as secondary insurance), typically through your spouse or partner.

Do I have to include anything that proves I have a condition and does Cigna have the right to verify my condition?

You do not have to include any documentation with your Registration Form that proves you have a specific condition. However, at the bottom of the form you must sign your name verifying that you have the condition and acknowledge that Cigna reserves the right to request medical records or check with your physician prior to reimbursement.

If I have questions about the Cigna Dental Oral Health Integration Program or how to complete and submit the Registration Form who do I call?

Please call Customer Service at the number on your ID card with any questions. One of our associates will be happy to help you, 24 hours a day, 7 days a week.

Acceptance into the Cigna Dental Oral Health Integration Program does not guarantee coverage and is subject to the terms of your dental insurance policy or dental plan. All dental insurance policies and dental plans have exclusions and limitations. For costs and complete details of coverage, see your policy or plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Individual and Family Dental Insurance Plans are insured by Cigna Health and Life Insurance Company. Group dental plans are insured or administered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, and the following HMO or service company subsidiaries: Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna HealthCare of Connecticut, 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., Cigna Dental Health of Kentucky, Inc., 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. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.