

CIGNA DENTAL PPO (DPPO): HELPING YOU SAVE ON YOUR DENTAL BILLS

Want to get the most out of your dental care dollars? Make your next appointment with a dentist in the Cigna DPPO network.

See the savings for yourself!

Save money: With the Cigna DPPO, you can save money when you visit a dentist in the Cigna network since these dentists have agreed to charge Cigna customers discounted rates.*

Save time: Dentists in the Cigna network will submit your dental claims for you.

Read *A Tale of Two Crowns* to the right for an example.

Need to find a Cigna network dentist?

Go to **Cigna.com**, call us at **800.Cigna24 (800.244.6224)** or call your current dentist to see if he or she participates.

What's not covered

Coverage is subject to your plan deductible and annual benefits maximum. Waiting periods may apply. The following is generally not covered: veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars; bite registrations; precision or semi-precision attachments; or splinting and porcelain or white/tooth colored material on molar crowns or bridges. Replacement of crowns and inlays, and prosthesis over implants (if unserviceable and cannot be repaired), is limited to once every seven years. Depending on your plan, the replacement of teeth that are missing prior to the

effective date of coverage may not be covered. Plans may vary so see your plan documents for a complete list of covered and non-covered services.

A Tale of Two Crowns**

Joe and Sue, coworkers with the same Cigna DPPO plan, both need a porcelain crown. The plan offers a **40%** benefit on crowns whether the procedure is done by an in-network dentist or not.

Sue decides to visit a Cigna network dentist for the procedure. That network dentist has agreed to charge Cigna customers a discounted fee for the crown: **\$650**. Applying her Cigna benefit to the price, Sue's out-of-pocket cost would be **\$390**.

However, Joe visits an out-of-network dentist for the same procedure. This dentist has not agreed to the discounted fee, and charges **\$1,000** for a crown. Joe's Cigna plan will pay **40%** of the Maximum Allowable Charge (MAC***) which equals **\$260** (in this case, the MAC is **\$650**, the average cost of this service in Joe's geographic region). Therefore, Joe's out-of-pocket cost for his crown will total **\$740**. This includes his **60%** coinsurance for the MAC (**\$390**) and the difference between the MAC and the amount the out-of-network dentist charges for this procedure (**\$350**).

Sue spent \$350 less than Joe for the same procedure. Why? Because Sue visited a dentist in the Cigna network.

Together, all the way.®



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

* Discounts on non-covered services may not be available in all states.

** For illustrative purposes only. Cigna DPPO network fees and national average dental charges estimated for Procedure Code D2750, Porcelain Crown Fused to High Noble Metal. Your costs and savings may be different based on your local area charges and plan coinsurance levels.

*** The MAC is the maximum amount that can be billed for a covered procedure, based on contracted fees for network dentists. Dentists in the Cigna network agree to bill Cigna customers based on these amounts. This means customers can save money over visiting an out-of-network dentist who is not bound by Maximum Allowable Charge limitations.

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's network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

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