

The DHMO plan makes it easy and affordable to take care of your dental health.

Q: How does the DHMO plan work?

A: When you sign up in the DHMO plan, you select a network general dentist who will handle your dental care needs. You then receive a Patient Charge Schedule, or "PCS," that lists the specific dental procedures covered by the plan and the amount you would pay the dentist (your copays). These are **special, reduced fees** that apply only when you receive treatment from the dentists or dental specialists in our large, nationwide DHMO network. If a dental procedure is not listed on your PCS, it is not covered and you will have to pay according to the dentist's regular fees. If you receive a covered service from a dentist who does **not** participate in the DHMO network, your dental benefits may be reduced¹ or your treatment may not be covered at all. You can take your PCS to dental appointments to discuss treatment options and costs with your dentist (but it is not required).



Q: How do I choose a dentist when I sign up for the plan? Can I change my network dentist later on?

A: When you enroll in the DHMO plan, **you are required to select and visit a network general dentist (provider) for all your dental care needs.** You can find a network dentist online at www.CIGNA.com before you sign up or go to your personalized website at www.myCIGNA.com after you sign up. You can change your network dentist at any time; changes go into effect the following month. Remember, if you visit a non-network dentist, your treatment may not be covered at all¹.

If you'd rather speak to someone, call Customer Service at **1.800.CIGNA24 (1.800.244.6224)** and we will help you find a network dentist in your area. Or you can follow the phone prompts to use our automated Dental Office Locator. The automated system will speak the names of the dentists in your area or fax a list of dentists to you.

Q: If I'm new to the CIGNA DHMO plan, can I keep my current dentist?

A: That depends. If your current dentist participates in the CIGNA DHMO network, you can choose him/her as your network general dentist. You can look online at www.CIGNA.com before you enroll to find out, or ask your dental office directly. Sometimes, CIGNA's online Dental Office Directory may show that your dental office is *not* accepting new patients even when your office says they are. If this happens, please contact Customer Service at 1.800.CIGNA24 (1.800.244.6224) for assistance.

Q: Do I need a referral to visit a dental specialist?

A: Yes. If you require specialty care, your network general dentist will refer you to a network dental specialist – and handle any paperwork. Referrals are required for all network specialists except orthodontists and pediatric dentists.

Turn this page over for more information about your CIGNA DHMO plan.



it's time to feel better

Q: Do I need to show my ID card when I arrive at the dentist's office?

A: No. ID cards are not required to use the plan. When you call to schedule your appointment, just let your selected network dental office know that you are covered under the CIGNA DHMO plan. If for some reason the dental office does not see your name on its list of CIGNA DHMO patients, your office will call us to verify. You can also call Customer Service at 1.800.CIGNA24 (1.800.244.6224) if you need more help.

Q: When do I have to pay the dentist?

A: That depends on the financial arrangement between you and your network dentist. We encourage you to discuss costs and payment arrangements for dental treatment with your dentist before you receive care. Most dentists will work with their patients to arrange payment plans for more costly treatments,

Q: Will my network dentist submit a claim to CIGNA after I receive treatment?

A: No. There are no claim forms required with the CIGNA DHMO plan. Plus, the DHMO has no deductibles (amounts you would have to pay before your coverage begins) or dollar maximums (limits to what a plan would pay for your dental care costs)!

Q: Are braces covered?

A: Braces may be covered. The plan documents in your enrollment kit will explain your plan's orthodontic coverage. If orthodontia is covered on your plan, and you or your family member started treatment before you joined the CIGNA DHMO (called "orthodontics in progress"), you can call Customer Service to find out if your plan will help pay for that treatment.

Q: What if I have a dental emergency and can't get treatment from my DHMO network dentist?

A: Emergency Services: If you are away from home or unable to contact your network general dentist, you may receive emergency services by *any* licensed dentist for unexpected but necessary services. Emergency services are limited to relieving severe pain, controlling excessive bleeding, eliminating serious and sudden ("acute") infection, or preventing an existing dental condition from getting worse.

Emergency Care Away From Home: For emergency covered services, you are responsible to pay the treatment copays listed on your PCS. After your appointment, you can request some payment from CIGNA: the difference, if any, between the dentist's usual fee for the emergency covered services and your normal copay, up to a total of \$50 per incident (this amount will vary by state). To request reimbursement, send the emergency dental treatment reports and any x-rays to CIGNA at the address listed on your plan materials.

Emergency Care After Hours: There is a copay listed on your PCS for emergency care received after regularly-scheduled office hours. This copay will be in addition to other copays that may apply.

Q: What if I enroll in the DHMO plan and in the middle of a dental treatment plan when the new plan year begins?

A Generally, root canal treatment, dentures, crown and bridge treatment in-progress are not covered under the CIGNA DHMO plan. You should complete these procedures under your prior insurance plan. Refer to your plan's exclusions and limitations for more details.

www.cigna.com • 1.800.CIGNA24

¹Applies to MN/OK residents. ²Covered benefits may be less costly than other alternatives suggested by the dentist. You are able to receive the dental procedure of your choice; however, if you choose the higher cost procedure, you will be responsible for paying the difference between the dentist's charge for the selected procedure and the dentist's charge for the higher cost procedure plus the Patient Charge for the covered procedure.

* "CIGNA Dental" refers to CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental Care[®] plan is provided by CIGNA Dental Health Plan of Arizona, Inc., CIGNA Dental Health of California, Inc., CIGNA Dental Health of Colorado, 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. (Kansas and Nebraska), 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. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company or CIGNA HealthCare of Connecticut, Inc. and administered by CIGNA Dental Health, Inc.

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