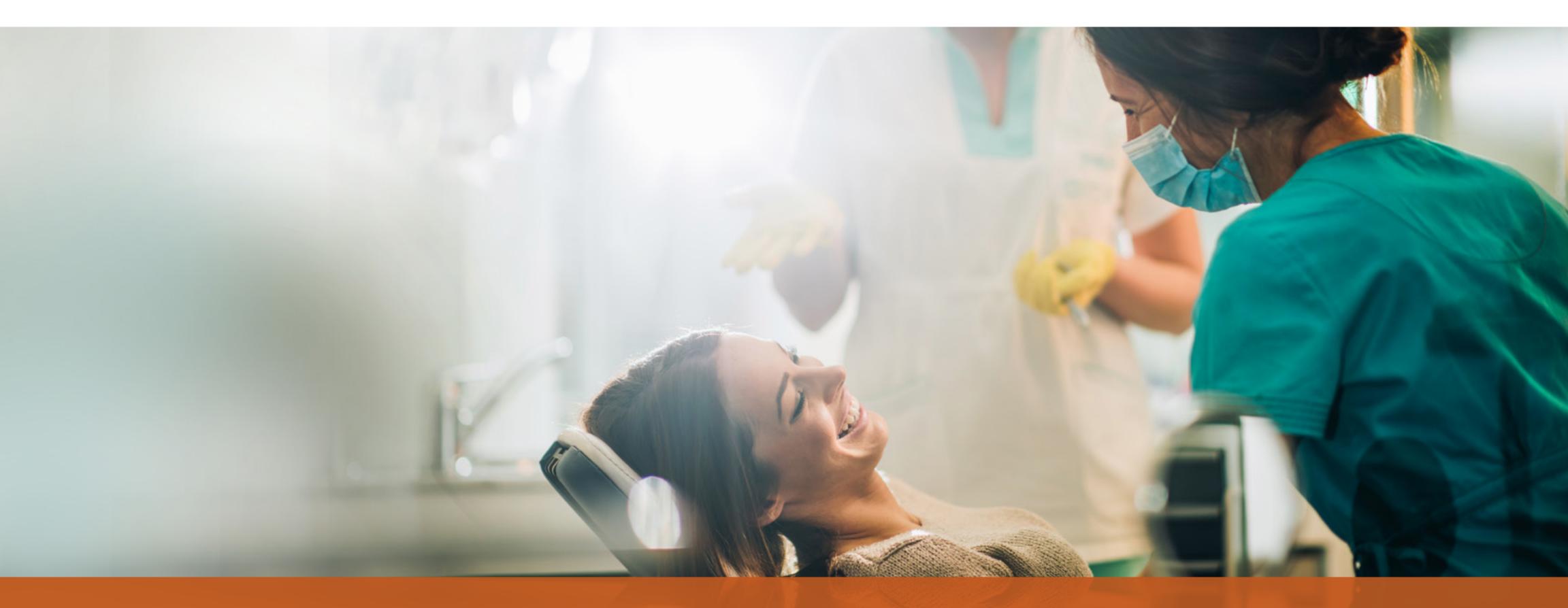
Cigna Dental Oral Health Integration Program®

A Cigna Dental Health Connect® solution



BETTER HEALTH MAY START IN YOUR DENTIST'S CHAIR.

At Cigna, we see the whole person - not just a dental condition.

Did you know:

There's an association between oral health and overall health? By getting the right oral care, along with regular medical care, you may be able to improve your overall health.

The Cigna Dental Oral Health Integration Program®

can help. You may qualify for reimbursement* on certain dental procedures if you have any of these medical conditions:

- Heart disease
- Stroke
- Diabetes
- Maternity
- Chronic kidney disease
- Organ transplants
- Radiation for head or neck cancers
- Rheumatoid arthritis
- Sjogren's syndrome
- **Lupus**
- Parkinson's disease
- Amyotrophic lateral sclerosis (ALS)
- Huntington's disease
- Opioid misuse and addiction

How does it work?

Once you're enrolled:

- 1. Go to your dentist and pay the copay or coinsurance for the covered treatment.
- 2. If your dentist is in the Cigna network, they'll send us a claim for reimbursement. If your dentist isn't in the Cigna network, you might need to submit the claim.**
- 3. We'll review the claim and mail reimbursements for qualifying claims in about 30 days.

How do I enroll?

- Go to myCigna.com, select Coverage>Dental and fill out the registration form online
- Call the number on the back of your Cigna ID card and ask for a mailed registration form

Together, all the way.®



The Cigna Dental Oral Health Integration Program may not be available under your specific plan. Reimbursement under this program is subject to plan terms and conditions, including applicable calendar year maximums and exclusions and limitations. For costs and details of coverage, see your plan documents.

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^{*} If your dental plan includes a deductible, you do not have to meet your deductible to be eligible for reimbursement. All reimbursements apply to and are subject to any plan calendar year maximum as well as in-network and out-of-network reimbursement rules.

^{**}The reimbursement for out-of-network services will also be subject to plan limitations for out-of-network care costs.