



Anne Arundel County
Government

DENTAL PLAN OPTIONS

PLAN YEAR: 1/1/2023 – 12/31/2023

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

963676 07/21





DENTAL PLAN OPTIONS





Cigna Dental Care[®] (DHMO)¹



Primary care dentist: Choose a primary care dentist in the Cigna Dental Care[®] network who can provide all your care

- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13



Network: Use dentists in the Cigna Dental Care[®] network and you may pay less than you would with other types of dental plans

- No out-of-network coverage (except in emergencies)²



Predictable costs: Estimate costs in advance based on your Patient Charge Schedule, then pay the charge for each service listed



Deductible and maximums: No deductible or calendar year maximums

1. The term “DHMO” is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care[®] (DHMO) product availability varies by state and is subject to change.
2. There are no out-of-network benefits with a Cigna Dental Care[®] plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See Appendix A for details.



CIGNA DENTAL CARE[®]



Coverage with no deductibles or waiting periods¹

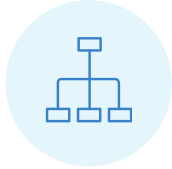
Examples of covered services¹

- ✓ Preventive care such as cleanings and exams at no added cost (or low cost)
- ✓ Additional cleanings, fluoride and fluoride varnish available for a copay
- ✓ Temporomandibular joint (TMJ) diagnosis
- ✓ General anesthesia/IV sedation when medically necessary
- ✓ Coverage for brush biopsy, a noninvasive diagnostic procedure for detecting oral cancer
- ✓ Coverage for teeth whitening (take-home bleaching gel with trays) and athletic mouth guards
- ✓ No age limit on sealants
- ✓ Coverage for advanced procedures like crowns and bridges over implants
- ✓ Second opinions covered
- ✓ Emergency care
- ✓ Orthodontic coverage for children *and* adults



1. Plan copay and coinsurance requirements apply. Not all services are covered. See Appendix B for a listing of related plan limitations and exclusions.

YOUR ACCESS: THOUSANDS OF DENTISTS, ONE DIRECTORY



The Cigna Dental Care DHMO gives you access to a **network of quality dentists** and covers hundreds of procedures — for greater convenience and bigger savings.



All participating dentists are consolidated into **one directory**, which you can easily search online at **Cigna.com**[®] as well as on the **myCigna**[®] website or app.



Search for providers in the Dental Care Access Network.



REGISTER FOR MYCIGNA TO GET THE FEE SCHEDULE

Sampling of covered procedures	WHAT YOU'LL PAY ²	
	With Cigna Dental Care	Without dental coverage
Adult cleaning (two per calendar year – each at \$0) (additional cleanings available at \$45.00 each)	\$0	\$68–\$155 each
Child cleaning (two per calendar year – each at \$0) (additional cleanings available at \$30.00 each)	\$0	\$53–\$121 each
Periodic oral evaluation	\$0	\$40–\$90
Comprehensive oral evaluation	\$0	\$63–\$143
Topical fluoride (two per calendar year – each at \$0) (additional topical fluoride available at \$15.00 each)	\$0	\$28–\$63 each
X-rays – (bitewings) 2 films	\$0	\$33–\$75
X-rays – panoramic film	\$0	\$83–\$189
Sealant – per tooth	\$12.00	\$41–\$94
Amalgam filling (silver colored) – 2 surfaces	\$0	\$117–\$266
Composite filling (tooth – colored) – 1 surface, Anterior	\$0	\$118–\$270
Molar root canal (excluding final restoration)	\$335.00	\$840–\$1,914
Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$515.00	\$967–\$2,203
Periodontal (gum) scaling & root planning – 1 quadrant	\$83.00	\$182–\$414
Periodontal (gum) maintenance	\$53.00	\$107–\$243
Removal/extraction of erupted tooth	\$12.00	\$124–\$282
Removal/extraction of impacted tooth – completely bony	\$115.00	\$362–\$825
Crown – porcelain fused to high noble metal*	\$450.00	\$839–\$1,911
Implant supported retainer for porcelain fused to metal fixed partial denture*	\$750.00	\$1,079–\$2,458
Surgical placement of implant body within jawbone	\$1,025.00	\$1,487–\$3,386
Occlusal appliance, by report (for treatment of TMJ)	\$330.00	\$730–\$1,662





Dental Preferred Provider Organization (DPPO)



Network: Select any licensed dentist but see bigger savings if you use a dentist in the Cigna Dental network. You don't need an ID card to receive care with network dentists because they are able to verify your coverage directly with Cigna



Specialist: See a specialist without a referral



Deductible: Pay an annual amount — a deductible — before your plan begins to pay for covered costs



Coinsurance: Once you meet your deductible and satisfy any waiting period, you'll pay a portion of your covered dental care costs — i.e., coinsurance. The plan pays the rest



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your calendar year maximum



Maximums: Once you reach the plan's calendar year dollar maximum, your plan will no longer pay a portion of your costs during that plan year



TOTAL CIGNA DPPO NETWORK

Thousands of dentists, one directory

- With the Total Cigna DPPO network, you have a choice of more than 150,000¹ dentists nationwide
- The Total Cigna DPPO network is made up of two separate networks, each offering different levels of coverage
 - Cigna DPPO Advantage
 - Cigna DPPO
- All participating dentists are combined into one directory, which you can easily search online at Cigna.com,[®] as well as on the myCigna[®] website or app



Cigna DPPO Advantage

Highest benefit level and may result in a lower cost to you



Cigna DPPO

Lower benefit level than DPPO Advantage



1. 2020 year-end unique dentist count for Cigna Total DPPO Network. Subject to change.

YOUR COVERAGE

PERCENTAGE YOUR PLAN PAYS				
	Core Total Cigna DPPO	Core Out-of-network ¹	Buy-Up Total Cigna DPPO	Buy-Up Out-of-network ¹
Class I – Preventive care	100%	100%	100%	90%
Class II – Basic restorative ²	100%*	100%*	100%*	90%*
Class III – Major restorative ²	80%*	80%*	80%*	70%*
Class IV – Orthodontia ²	50%*	50%*	50%*	50%*
	Individual	Family	In-Network	Out of Network
Annual deductible	\$10	\$25	\$25 Ind / \$50 Family	\$50 Ind / \$100 Family
Calendar-year dollar maximum	\$1,000	\$1,000	\$2,000	\$1,500
Lifetime maximum: Orthodontia	\$1,000	\$1,000	\$2,000	\$1,500

1. The amount your plan will pay for covered services received through the Cigna DPPO network and out-of-network will be subject to your plan's Maximum Reimbursable Charge provisions. When visiting a dentist in the Cigna DPPO network or going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.

2. Waiting periods may apply. Not all services are covered. **See Appendix C for a listing of related plan limitations and exclusions.**





PROGRAMS AND SERVICES FOR BETTER ORAL HEALTH



ESTIMATE DENTAL CARE COSTS

Cigna dental estimator tools are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and patient reviews



The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists

Ready to start estimating dental care costs?
Just log on to myCigna® website or app ► [Find Care & Costs](#)



The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.

CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM[®]

Save money and help manage medical conditions with better oral care

- Oral health and overall health are connected in ways you may not even realize¹
- If you are pregnant or have been diagnosed with certain chronic medical conditions, you can enroll in the Cigna Dental Oral Health Integration Program. Then, you'll be eligible to be reimbursed for out-of-pocket costs for certain dental procedures²
- We also work with dental providers to help protect you and your family from medication misuse, addiction and overdose

1. Mayo Clinic, "Oral health: A window to your overall health." <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>. Last updated June 4, 2019.
2. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.



CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM[®]



More programs

Available to ALL Cigna Dental customers with qualifying condition(s) who enroll in the program



More wellness

Articles on behavioral issues linked to oral health

Procedure	Heart disease	Stroke	Diabetes	Pregnancy	Chronic kidney disease	Organ transplants	Radiation-head/neck cancers	Rheumatoid arthritis	Sjogren's syndrome	Lupus	Parkinson's disease	ALS	Huntington's Disease	Opioid misuse or addiction
Periodontal treatment and maintenance	●	●	●	●	●	●	●							●
Periodontal evaluation				●										
Oral evaluation				●										●
Cleaning				●										
Scaling in the presence of inflammation — full mouth				●										
Emergency palliative treatment				●										
Topical application of fluoride varnish					●	●	●	●	●	●	●	●	●	●
Topical application of fluoride excluding varnish					●	●	●	●	●	●	●	●	●	●
Sealants					●	●	●	●	●	●	●	●	●	●
Sealant repair — per tooth					●	●	●	●	●	●	●	●	●	●



A close-up photograph of a middle-aged Black man with a friendly smile, resting his head on his hand while looking at a computer monitor. He is wearing a light blue polo shirt. The background is softly blurred, showing the edge of the computer screen and some office equipment.

ENROLLMENT


ENROLLMENT CHECKLIST



Before you decide, take these steps to learn more about your dental plan — and your health. This checklist will help you choose wisely.

- Call 1.800.564.7642** with any questions.
- Think** about your dental history and overall health care needs. How might that change in the upcoming year?
- Check** to see if your dentist participates in the plan's network at **Cigna.com > Find a Doctor or Dentist**.
- Review** your Summary of Benefits for specific dental plan details.
- Review** your Dental Fee Overview for specific Cigna Dental Care® plan details.





QUESTIONS AND ANSWERS

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including 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. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), 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 Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. Policy forms: OK – Dental Indemnity/PPO: HP-POL99 HP-POL-388 (CHLIC; DHM); DHMO: HP-POL115 (CHLIC); OR – Indemnity/DPPO/DEPO: HP-POL68/HP-POL352, DHMO: HP-POL121 04-10; TN – Dental Indemnity/PPO: HP-POL69/HC-CER2V1/HP-POL389, et al. DHMO: HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

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APPENDIX A

Cigna Dental Care® for residents of Minnesota and Oklahoma

Minnesota Residents: When enrolling in a Cigna Dental Care® plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network, or you may visit dentists outside the Cigna Dental Care® network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care® network dentist. Call customer service for more information.

Oklahoma Residents: Cigna Dental Care® for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care® network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care® network. Call customer service for more information.



APPENDIX B

Cigna Dental Care® limitations and exclusions

The following limitations apply to most Cigna Dental Care® plans: Two (2) cleanings and bitewing x-rays per calendar year; one (1) full mouth/panorex x-ray every three calendar years; TMJ treatment (when included on your PCS) is limited to one (1) occlusal orthotic device every two years; the replacement of crowns and inlays, and prosthesis over implants (if unserviceable and cannot be repaired), is limited to once every five years. The frequency limitations of certain other covered services are set forth in the Patient Charge Schedule (PCS).

In general, only those services that are medically necessary and listed on the PCS are covered. The following services are generally not covered unless otherwise listed on the PCS or required by law.

- (a) Experimental and cosmetic dentistry, and any services that do not meet common dental standards;
- (b) Treatments or surgery if associated with a poor or hopeless diagnosis;
- (c) The recommendation of any inlay, onlay, crown, post and core or fixed bridge, or implant supported prosthesis (including crowns, bridges, and dentures) within 180 days of initial placement;
- (d) Crowns, bridges and implant supported prosthesis used solely for splinting;
- (e) Completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage;* and
- (f) If your plan includes orthodontic coverage, the following is not generally not covered: (1) incremental costs associated with optional/elective materials; (2) procedures or appliances to guide minor tooth movement or correct harmful habits; (3) replacement of appliances that have been lost, stolen, or damaged due to patient abuse, misuse or neglect; or (4) any services which are not typically included in orthodontic treatment.

This is not a complete list and the terms of your specific dental plan may vary. See your plan documents for a complete list of plan terms, conditions, limitations and exclusions.

***California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered on the PCS.



APPENDIX C

DPPO limitations and exclusions

The following limitations apply to most DPPO plans: Two (2) cleanings per calendar year, one (1) bitewing x-ray per calendar year, one (1) full mouth x-ray every five calendar years, and one (1) panorex x-ray every five calendar years; crowns and inlays replacement of crowns and inlays is limited to once every five years; prosthesis over implants is limited to one (1) every five years if unserviceable and cannot be repaired; replacement of bridges is limited to once every five years; replacement of dentures and partials is limited to once every seven years; coverage for sealants is limited to posterior tooth, with one (1) treatment per tooth every three years up to a maximum age of 16; space maintainers are limited to non-orthodontic treatment.

The following are generally not covered unless included in your specific dental plan or required by law.

- (a) Services that are not medically necessary;
- (b) Experimental dentistry, cosmetic dentistry, or any services that do not meet common dental standards;
- (c) Replacement of a bridge or denture which can be made usable according to accepted dental standards;
- (d) Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion;
- (e) Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- (f) Bite registrations; precision or semi-precision attachments; splinting;
- (g) Surgical implant of any type; and
- (h) Charges for unnecessary care, treatment or surgery, or charges in excess of the reasonable and customary allowances.

Depending on your plan, the replacement of teeth that are missing prior to your effective date of coverage may not be covered. This is not a complete list and the terms of your specific dental plan may vary. Waiting periods may apply. See your plan documents for a complete list of plan terms, conditions, exclusions and limitations.

