Anne Arundel County Government

Dental Plan Options

Plan year: 01/01/2027-12/31/2027



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.
In Utah, plans are offered by Cigna Health and Life Insurance Company.

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Understanding terms in your dental plan

Deductible:

The annual amount you pay for dental care before your dental plan begins to pay.

Annual dollar maximum:

The most your plan will pay toward covered services during the plan year. Once you reach your plan's dollar maximum, you're responsible for 100% of the costs until the new plan year begins.

Coinsurance:

Your share of the cost of covered dental care services, usually after you meet your deductible. The plan pays the rest.

Copay:

The annual amount you pay for dental care before your dental plan begins to pay.

In-network:

Dentists and facilities that have contracts with Cigna to deliver services at a discounted rate.

Out-of-network:

A dentist or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more. DHMO plans only available for emergency care.

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Dental plan options

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Cigna Dental Care® (DHMO)[1]

General dentist: Choose any general dentist in the Cigna Dental Care® network who can coordinate your dental care
- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13

Network: Cigna Dental Care offers access to providers who have pre-negotiated the cost of patient care so there are no surprises. Emergency care is covered both in- and out-of-network.[2]

Predictable costs: Estimate treatment costs in advance based on your Patient Charge Schedule, then pay the pre-negotiated charge for each service listed, if applicable

Deductible: No deductibles, you don't have to reach an out-of-pocket cost before coverage starts.

Maximums: No calendar year or lifetime maximums, your coverage isn't limited by a dollar amount.



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.

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Cigna Dental Care®

Coverage with no deductibles or waiting periods[1]

Examples of covered services[1]

- No cost (or low cost) preventive care such as cleanings and exams
- Additional cleanings, fluoride and fluoride varnish may be 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
- Second opinions covered
- Emergency care after hours and/or away from home
- Orthodontic coverage for children and adults
- Surgical implants

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

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Your access: Thousands of dentists, one directory



The Cigna Dental Care DHMO gives you access to a **network of high-value** 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®**



Search for providers in the Cigna Dental Care Access Network.

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Dental Preferred Provider Organization (DPPO)

Network: Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.

Specialist: See a specialist without a referral

Deductible: An annual amount that may apply to covered services before your plan begins to pay.

Coinsurance: Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will pay of your covered dental care costs.

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 maximum

Maximums: Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.



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Your coverage - Core

Percentage your plan pays

	Total Cigna DPPO	Out-of-network[1]
Class I – Preventive care	100%	100%
Class II – Basic restorative[2]	100% after deductible	100% after deductible
Class III – Major restorative[2]	80% after deductible	80% after deductible
Class IV – Orthodontia[2]	50% after deductible	50% after deductible
	Individual	**Family**
Annual deductible	$10	$25
Calendar-year dollar maximum	$1,000 per person	
Lifetime maximum: Orthodontia* *Coverage is only available for dependent children up to age 26	$1,000 per person under age 26	

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. 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 Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.

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Your coverage – Buy-Up

Percentage of covered expenses you pay

	Total Cigna DPPO	Out-of-network[1]
Class I – Preventive care	100%	90%
Class II – Basic restorative[2]	100% after deductible	90% after deductible
Class III – Major restorative[2]	80% after deductible	70% after deductible
Class IV – Orthodontia[2]	50% after deductible	50% after deductible
	Individual	**Family**
Annual deductible	$25 In-network $50 Out-of-network	$50 In-network $100 Out-of-network
Calendar-year dollar maximum	$2,000 in-network per person $1,500 out-of-network per person	
Lifetime maximum: Orthodontia* *Coverage is only available for dependent children up to age 26	$2,500 in-network or out-of-network per person	

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. 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 Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.

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Total Cigna DPPO network

Thousands of dentists, one directory

- With the Total Cigna DPPO network, you have a choice of more than 151,000[1] 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**®



Cigna DPPO Advantage

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



Cigna DPPO

Lower benefit level than DPPO Advantage

1. 2023 year-end unique dentist count for Cigna Total DPPO Network. Subject to change.

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DHMO or DPPO?

	Yes	No
I prefer to see **any licensed dentist or specialist** without needing a referral.	☐	☐
I **don't need out-of-network** benefits.	☐	☐
I prefer to know the **exact dollar amount** I will pay for each procedure.	☐	☐
I prefer **no deductible** before benefits begin.	☐	☐
I prefer **no annual maximum**.	☐	☐
I prefer a plan **with no waiting period**.	☐	☐

If you answered "yes" to most questions, the **Cigna Dental Care® plan** may be right for you.

If you answered "no" to most questions, the **Cigna DPPO plan** may be right for you.

Visit **Cigna.com®** to see if your dentist is in the Cigna DHMO or DPPO network.

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Programs and services for better oral health

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Cigna Dental Virtual Care[1]

Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care[2]
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.

To access Cigna Dental Virtual Care, just log on to your **myCigna.com**® account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.

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Estimate dental care costs

Cigna Healthcare dental estimator tools[1] 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 verified 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? Log on to **myCigna**® website or app[2] > Find Care & Costs

1. 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.
2. App/online store terms and mobile phone carrier/data charges apply.

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Cigna Oral Health Integration Program® (OHIP)

Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.[1]

Qualifying conditions[2] include:

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. 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.
2. Not a full list of conditions.

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Enrollment

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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 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, Dentist or Facility.
- ✓ Review your Summary of Benefits for specific dental plan details OR
- ✓ Review your Dental Fee Overview for specific Cigna Dental Care® plan details and exclusions.



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Questions and answers

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Dentists who participate in the Cigna Healthcare network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare. 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 Healthcare representative.

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