



A Good Reason to Smile.



Department of
**MANAGEMENT
SERVICES**



▶ State Group Insurance



Cigna®

PEOPLE FIRST BENEFIT PLAN CODE 4034

Healthy Gums May Lead to a Healthier You!

DID YOU KNOW THAT YOUR ORAL HEALTH COULD BE AN INDICATOR OF YOUR OVERALL HEALTH?

Regular visits to the dentist may do more than brighten your smile. Research has linked periodontal (gum) disease to complications for heart disease, stroke, diabetes, preterm birth and other health issues. Healthy gums support healthy teeth. Follow the suggestions provided to help prevent gum disease. And if you are diagnosed with gum disease, it's important to complete the periodontal treatment plan recommended by your dentist.

Healthy Gums May Mean a Healthier Heart

People with advanced gum disease may be more likely to have heart disease than those with healthy gums¹. Bacteria and their byproducts from the gum tissues may enter the blood stream, causing small blood clots that may contribute to the clogging of arteries². Clots in the coronary arteries can lead to heart attacks. A blood clot in the brain can cause a stroke. Bottom line: care for your gums, and they may help guard your heart!

Healthy Gums May Help Control Blood Sugar

Those with diabetes may have more complications with gum disease. Why? As a general rule, diabetics have a tougher time healing. And research shows they suffer greater tooth loss than patients without diabetes. One study³ found that when diabetic patients' gum infections were treated, they found it easier to manage their blood sugar. Good dental health may be linked to a reduced risk of diabetic complications!

Gum disease may be painless, but symptoms can appear, such as:

- Tender, swollen or bleeding gums when you brush your teeth
- Dark red or receding gums
- Bad breath or a bad taste in your mouth
- Loose teeth
- Gum disease is treatable. Be sure to visit your dentist on a regular basis.

Healthy Gums May Help Reduce the Risk of Pre-term Birth

Mom's gum disease may increase the probability of a pre-term birth. Pregnant women with chronic periodontal (gum) disease during the second trimester are up to seven times more likely to give birth prematurely.^{3,4} It's recommended that pregnant women should focus on brushing and flossing and getting regular dental check ups. This possible link between gum disease and preterm birth is another reason to protect your dental health!

PREVENTION IS POWERFUL!

The American Dental Association (ADA) suggests the following behaviors to help prevent gum disease⁵.

- Brush your teeth twice a day with a soft-bristle toothbrush
- Floss daily
- Eat a healthy diet and limit snacks between meals
- See your dentist regularly



1 American Academy of Periodontology (www.perio.org), Feb. 2002.

2 U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes for Health, 2000.

3 Journal of the American Dental Association, Oct. 2003.

4 Journal of the American Dental Association, July 2001 "Oral Health During Pregnancy: An Analysis of Information."

5 American Dental Association Frequently Asked Questions.

For more information, visit us on the web at www.cigna.com or call 1.800.CIGNA24 (1.800.244.6224)



Cigna Dental Care - We Plan to Make You Smile!

Cigna Dental is proud to offer State of Florida employees one of the most comprehensive dental coverage plans in the market today. Our Prepaid Patient Charge Schedule (PCS) reflects a fixed co-payment amount that allows you to plan and budget for you and your family's dental care needs with confidence. Your benefits include:

- If you require specialty care, your network general dentist will refer you to a network specialist. You do not require a specialty referral to visit a network orthodontist or network pediatric dentist. You are responsible for paying the network dentist the applicable co-payments listed on your Patient Charge Schedule (PCS).
- Choose from 1,076 dental offices with 3,577 general dentists throughout Florida.
- Orthodontic coverage for children and adults.
- Coverage on procedure(s) to detect oral cancer in its early stages.
- No age limit on sealants.
- Coverage for most preventive services (exams, x-rays and routine cleanings) is provided at no charge.*
- No waiting period, coverage begins immediately.
- No deductibles to meet.
- No claim forms to file.
- No annual or lifetime dollar maximums to exceed.
- No restrictions on pre-existing conditions, except for work in progress.
- Knowledgeable, caring customer service.
- Participating dentists to complete a credentialing process and participate in a Quality Management Program.
- Access to myCigna.com, a secure on-line tool that makes it easier and faster for you to access:
 - 1) your personalized dental benefits information;
 - 2) dental health articles via WebMD; and
 - 3) the Dental Treatment Cost Estimator, which allows you to estimate and plan dental care costs before receiving services.

* Frequency Limitations apply; see your Patient Charge Schedule, starting on page 4, for further information.

What should I budget for my family's dental health care?

| PLAN | BI-WEEKLY | MONTHLY |
|-----------------------|-----------|---------|
| Employee Only | \$12.01 | \$24.01 |
| Employee + Spouse | \$23.66 | \$47.31 |
| Employee + Child(ren) | \$28.21 | \$56.41 |
| Employee + Family | \$36.03 | \$72.06 |

People First Benefit Plan Code 4034

CAPITAL INSURANCE AGENCY, INC.

"We're Here to Help You!"

FIND A LOCAL AGENT

Do you have general or enrollment questions?

Our agents are strategically located throughout the State to better serve you.

Find a Licensed Agent in your area by using the following link and providing your work county and agency:

<https://www.capitalins.com/team/find-an-agent/>

HOME OFFICE

Mailing P.O. Box 15949
Tallahassee, FL 32317

Physical 2457 Care Drive, Ste. A-200
Tallahassee, FL 32308



Local 850.386.3100

Toll Free 800.780.3100

Fax 850.385.8126

Email groupdepartment@capitalins.com

Web www.capitalins.com

How To Enroll

Enrolling in the Cigna Dental Care plan is easy. Just call People First, toll free 866.663.4735 or enroll online at <https://peoplefirst.myflorida.com>. For further information, contact the Capital Insurance representative nearest you. Telephone numbers and e-mail addresses are listed for your convenience.

Your Patient Charge Schedule

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|--|--|----------------|
| Office visit fee (Per patient, per office visit in addition to any other applicable patient charges) | | |
| | Office visit fee | \$5.00 |
| Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145). | | |
| D9310 | Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) | \$0.00 |
| D9430 | Office visit for observation – No other services performed | \$0.00 |
| D9450 | Case presentation – Detailed and extensive treatment planning | \$0.00 |
| D0120 | Periodic oral evaluation – Established patient | \$0.00 |
| D0140 | Limited oral evaluation – Problem focused | \$0.00 |
| D0145 | Oral evaluation for a patient under 3 years of age and counseling with primary caregiver | \$0.00 |
| D0150 | Comprehensive oral evaluation – New or established patient | \$0.00 |
| D0160 | Detailed and extensive oral evaluation - Problem focused, by report (limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation) | \$0.00 |
| D0170 | Re-evaluation – Limited, problem focused (established patient; not post-operative visit) | \$0.00 |
| D0171 | Re-evaluation – Post-operative office visit | \$0.00 |
| D0180 | Comprehensive periodontal evaluation – New or established patient | \$33.00 |
| D0210 | X-rays intraoral – Complete series of radiographic images (limit 1 every 3 years) | \$0.00 |
| D0220 | X-rays intraoral – Periapical – First radiographic image | \$0.00 |
| D0230 | X-rays intraoral – Periapical – Each additional radiographic image | \$0.00 |
| D0240 | X-rays intraoral – Occlusal radiographic image | \$0.00 |
| D0251 | Extra-oral posterior dental radiographic image (limit 1 per calendar year) | \$0.00 |
| D0270 | X-rays (bitewing) – Single radiographic image | \$0.00 |
| D0272 | X-rays (bitewings) – 2 radiographic images | \$0.00 |
| D0273 | X-rays (bitewings) – 3 radiographic images | \$0.00 |
| D0274 | X-rays (bitewings) – 4 radiographic images | \$0.00 |
| D0277 | X-rays (bitewings, vertical) – 7 to 8 radiographic images | \$0.00 |
| D0330 | X-rays (panoramic radiographic image) – (limit 1 every 3 years) | \$0.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|-------|--|----------------|
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation) | \$240.00 |
| D0431 | Oral cancer screening using a special light source | \$50.00 |
| D0460 | Pulp vitality tests | \$14.00 |
| D0470 | Diagnostic casts | \$0.00 |
| D0472 | Pathology report – Gross examination of lesion (only when tooth related) | \$0.00 |
| D0473 | Pathology report – Microscopic examination of lesion (only when tooth related) | \$0.00 |
| D0474 | Pathology report – Microscopic examination of lesion and area (only when tooth related) | \$0.00 |
| D1110 | Prophylaxis (cleaning) – Adult (limit 2 per calendar year) | \$0.00 |
| | Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year | \$45.00 |
| D1120 | Prophylaxis (cleaning) – Child (limit 2 per calendar year) | \$0.00 |
| | Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year | \$30.00 |
| D1206 | Topical application of fluoride varnish (limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year. | \$0.00 |
| | Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year | \$15.00 |
| D1208 | Topical application of fluoride - Excluding varnish (limit 2 per calendar year) There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year. | \$0.00 |
| | Additional topical application of fluoride - Excluding varnish - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year | \$15.00 |
| D1330 | Oral hygiene instructions | \$0.00 |
| D1351 | Sealant – Per tooth | \$12.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth | \$12.00 |
| D1353 | Sealant repair – Per tooth | \$8.00 |
| D1354 | Interim caries arresting medicament application | \$0.00 |
| D1510 | Space maintainer – Fixed – Unilateral | \$110.00 |
| D1515 | Space maintainer – Fixed – Bilateral | \$170.00 |
| D1550 | Re-cement or re-bond space maintainer | \$0.00 |
| D1555 | Removal of fixed space maintainer | \$0.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|---|--|----------------|
| D1575 | Distal shoe space maintainer – Fixed – Unilateral | \$121.00 |
| Restorative (fillings, including polishing) | | |
| D2140 | Amalgam – 1 surface, primary or permanent | \$0.00 |
| D2150 | Amalgam – 2 surfaces, primary or permanent | \$0.00 |
| D2160 | Amalgam – 3 surfaces, primary or permanent | \$0.00 |
| D2161 | Amalgam – 4 or more surfaces, primary or permanent | \$0.00 |
| D2330 | Resin-based composite – 1 surface, anterior | \$0.00 |
| D2331 | Resin-based composite – 2 surfaces, anterior | \$0.00 |
| D2332 | Resin-based composite – 3 surfaces, anterior | \$0.00 |
| D2335 | Resin-based composite – 4 or more surfaces or involving incisal angle, anterior | \$88.00 |
| D2390 | Resin-based composite crown, anterior | \$88.00 |
| D2391 | Resin-based composite – 1 surface, posterior | \$47.00 |
| D2392 | Resin-based composite – 2 surfaces, posterior | \$59.00 |
| D2393 | Resin-based composite – 3 surfaces, posterior | \$82.00 |
| D2394 | Resin-based composite – 4 or more surfaces, posterior | \$115.00 |
| Crown and bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years. | | |
| | Additional charge per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. | \$150.00 |
| D2510 | Inlay – Metallic – 1 surface | \$410.00 |
| D2520 | Inlay – Metallic – 2 surfaces | \$410.00 |
| D2530 | Inlay – Metallic – 3 or more surfaces | \$410.00 |
| D2542 | Onlay – Metallic – 2 surfaces | \$470.00 |
| D2543 | Onlay – Metallic – 3 surfaces | \$470.00 |
| D2544 | Onlay – Metallic – 4 or more surfaces | \$470.00 |
| D2740 | Crown – Porcelain/ceramic substrate | \$490.00 |
| D2750 | Crown – Porcelain fused to high noble metal | \$450.00 |
| D2751 | Crown – Porcelain fused to predominantly base metal | \$400.00 |
| D2752 | Crown – Porcelain fused to noble metal | \$425.00 |
| D2780 | Crown – 3/4 cast high noble metal | \$460.00 |
| D2781 | Crown – 3/4 cast predominantly base metal | \$410.00 |
| D2782 | Crown – 3/4 cast noble metal | \$435.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|-------|---|----------------|
| D2790 | Crown – Full cast high noble metal | \$460.00 |
| D2791 | Crown – Full cast predominantly base metal | \$410.00 |
| D2792 | Crown – Full cast noble metal | \$435.00 |
| D2794 | Crown – Titanium | \$460.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$43.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$43.00 |
| D2920 | Re-cement or re-bond crown | \$43.00 |
| D2929 | Prefabricated porcelain/ceramic crown - Primary tooth | \$165.00 |
| D2930 | Prefabricated stainless steel crown – Primary tooth | \$105.00 |
| D2931 | Prefabricated stainless steel crown – Permanent tooth | \$105.00 |
| D2932 | Prefabricated resin crown | \$135.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$165.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown – Primary tooth | \$165.00 |
| D2940 | Protective restoration | \$13.00 |
| D2941 | Interim therapeutic restoration - Primary dentition | \$13.00 |
| D2950 | Core buildup – Including any pins | \$135.00 |
| D2951 | Pin retention – Per tooth – In addition to restoration | \$13.00 |
| D2952 | Post and core – In addition to crown, indirectly fabricated | \$165.00 |
| D2954 | Prefabricated post and core – In addition to crown | \$135.00 |
| D2960 | Labial veneer (resin laminate) – Chairside | \$94.00 |
| D6210 | Pontic – Cast high noble metal | \$450.00 |
| D6211 | Pontic – Cast predominantly base metal | \$410.00 |
| D6212 | Pontic – Cast noble metal | \$435.00 |
| D6214 | Pontic – Titanium | \$460.00 |
| D6240 | Pontic – Porcelain fused to high noble metal | \$450.00 |
| D6241 | Pontic – Porcelain fused to predominantly base metal | \$410.00 |
| D6242 | Pontic – Porcelain fused to noble metal | \$435.00 |
| D6245 | Pontic – Porcelain/ceramic | \$455.00 |
| D6602 | Retainer inlay – Cast high noble metal, 2 surfaces | \$450.00 |
| D6603 | Retainer inlay – Cast high noble metal, 3 or more surfaces | \$460.00 |
| D6604 | Retainer inlay – Cast predominantly base metal, 2 surfaces | \$390.00 |
| D6605 | Retainer inlay – Cast predominantly base metal, 3 or more surfaces | \$400.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|---|---|----------------|
| D6606 | Retainer inlay – Cast noble metal, 2 surfaces | \$415.00 |
| D6607 | Retainer inlay – Cast noble metal, 3 or more surfaces | \$425.00 |
| D6610 | Retainer onlay – Cast high noble metal, 2 surfaces | \$440.00 |
| D6611 | Retainer onlay – Cast high noble metal, 3 or more surfaces | \$460.00 |
| D6612 | Retainer onlay – Cast predominantly base metal, 2 surfaces | \$390.00 |
| D6613 | Retainer onlay – Cast predominantly base metal, 3 or more surfaces | \$400.00 |
| D6614 | Retainer onlay – Cast noble metal, 2 surfaces | \$415.00 |
| D6615 | Retainer onlay – Cast noble metal, 3 or more surfaces | \$435.00 |
| D6624 | Retainer inlay – Titanium | \$450.00 |
| D6634 | Retainer onlay – Titanium | \$450.00 |
| D6740 | Retainer crown – Porcelain/ceramic | \$500.00 |
| D6750 | Retainer crown – Porcelain fused to high noble metal | \$460.00 |
| D6751 | Retainer crown – Porcelain fused to predominantly base metal | \$410.00 |
| D6752 | Retainer crown – Porcelain fused to noble metal | \$435.00 |
| D6780 | Retainer crown – 3/4 cast high noble metal | \$460.00 |
| D6781 | Retainer crown – 3/4 cast predominantly base metal | \$410.00 |
| D6782 | Retainer crown – 3/4 cast noble metal | \$435.00 |
| D6790 | Retainer crown – Full cast high noble metal | \$460.00 |
| D6791 | Retainer crown – Full cast predominantly base metal | \$410.00 |
| D6792 | Retainer crown – Full cast noble metal | \$435.00 |
| D6794 | Retainer crown – Titanium | \$460.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$61.00 |
| | Complex rehabilitation – Additional charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines) | \$135.00 |
| Endodontics (root canal treatment, excluding final restorations) | | |
| D3110 | Pulp cap – Direct (excluding final restoration) | \$14.00 |
| D3120 | Pulp cap – Indirect (excluding final restoration) | \$14.00 |
| D3220 | Pulpotomy – Removal of pulp, not part of a root canal | \$72.00 |
| D3221 | Pulpal debridement (not to be used when root canal is done on the same day) | \$72.00 |
| D3222 | Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development | \$72.00 |
| D3310 | Anterior root canal – Permanent tooth (excluding final restoration) | \$210.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|--|--|----------------|
| D3320 | Bicuspid root canal – Permanent tooth (excluding final restoration) | \$245.00 |
| D3330 | Molar root canal – Permanent tooth (excluding final restoration) | \$335.00 |
| D3331 | Treatment of root canal obstruction – Nonsurgical access | \$97.00 |
| D3332 | Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth | \$97.00 |
| D3333 | Internal root repair of perforation defects | \$97.00 |
| D3346 | Retreatment of previous root canal therapy – Anterior | \$300.00 |
| D3347 | Retreatment of previous root canal therapy – Bicuspid | \$345.00 |
| D3348 | Retreatment of previous root canal therapy – Molar | \$430.00 |
| D3410 | Apicoectomy/periradicular surgery – Anterior | \$275.00 |
| D3421 | Apicoectomy/periradicular surgery – Bicuspid (first root) | \$305.00 |
| D3425 | Apicoectomy/periradicular surgery – Molar (first root) | \$340.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | \$110.00 |
| D3427 | Periradicular surgery without apicoectomy | \$275.00 |
| D3430 | Retrograde filling per root | \$72.00 |
| <p>Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.</p> | | |
| D4210 | Gingivectomy or gingivoplasty – 4 or more teeth per quadrant | \$180.00 |
| D4211 | Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant | \$91.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$91.00 |
| D4240 | Gingival flap (including root planing) – 4 or more teeth per quadrant | \$235.00 |
| D4241 | Gingival flap (including root planing) – 1 to 3 teeth per quadrant | \$125.00 |
| D4245 | Apically positioned flap | \$235.00 |
| D4249 | Clinical crown lengthening – Hard tissue | \$255.00 |
| D4260 | Osseous surgery – 4 or more teeth per quadrant | \$400.00 |
| D4261 | Osseous surgery – 1 to 3 teeth per quadrant | \$240.00 |
| D4263 | Bone replacement graft – Retained natural tooth - First site in quadrant | \$290.00 |
| D4264 | Bone replacement graft – Retained natural tooth - Each additional site in quadrant | \$225.00 |
| D4266 | Guided tissue regeneration – Resorbable barrier per site | \$380.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|---|---|-------------------|
| D4267 | Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal) | \$430.00 |
| D4270 | Pedicle soft tissue graft procedure | \$300.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | \$310.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (missing) tooth position in graft | \$310.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous (missing) tooth position in same graft site | \$155.00 |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$155.00 |
| D4341 | Periodontal scaling and root planing – 4 or more teeth per quadrant (limit 4 quadrants per consecutive 12 months) | \$83.00 |
| D4342 | Periodontal scaling and root planing – 1 to 3 teeth per quadrant (limit 4 quadrants per consecutive 12 months) | \$42.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 1 per calendar year) Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 2 per calendar year) | \$0.00 \$45.00 |
| D4355 | Full mouth debridement to allow evaluation and diagnosis (1 per lifetime) | \$65.00 |
| D4381 | Localized delivery of antimicrobial agents per tooth | \$45.00 |
| D4910 | Periodontal maintenance (limit 4 per calendar year) (only covered after active periodontal therapy) | \$53.00 |
| Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. | | |
| D5110 | Full upper denture | \$625.00 |
| D5120 | Full lower denture | \$625.00 |
| D5130 | Immediate full upper denture | \$680.00 |
| D5140 | Immediate full lower denture | \$680.00 |
| D5211 | Upper partial denture – Resin base (including clasps, rests and teeth) | \$525.00 |
| D5212 | Lower partial denture – Resin base (including clasps, rests and teeth) | \$525.00 |
| D5213 | Upper partial denture – Cast metal framework (including clasps, rests and teeth) | \$715.00 |
| D5214 | Lower partial denture – Cast metal framework (including clasps, rests and teeth) | \$715.00 |
| D5221 | Immediate maxillary partial denture – Resin base (including any conventional clasps, rests and teeth) | \$525.00 |
| D5222 | Immediate mandibular partial denture – Resin base (including conventional clasps, rests and teeth) | \$525.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|---|---|----------------|
| D5223 | Immediate maxillary partial denture – Cast metal framework with resin denture base (including any conventional clasps, rests and teeth) | \$715.00 |
| D5224 | Immediate mandibular partial denture – Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$715.00 |
| D5225 | Upper partial denture – Flexible base (including clasps, rests and teeth) | \$605.00 |
| D5226 | Lower partial denture – Flexible base (including clasps, rests and teeth) | \$605.00 |
| D5410 | Adjust complete denture – Upper | \$43.00 |
| D5411 | Adjust complete denture – Lower | \$43.00 |
| D5421 | Adjust partial denture – Upper | \$46.00 |
| D5422 | Adjust partial denture – Lower | \$46.00 |
| Repairs to prosthetics | | |
| D5510 | Repair broken complete denture base | \$88.00 |
| D5520 | Replace missing or broken teeth – Complete denture (each tooth) | \$76.00 |
| D5610 | Repair resin denture base | \$88.00 |
| D5630 | Repair or replace broken clasp - Per tooth | \$110.00 |
| D5640 | Replace broken teeth – Per tooth | \$81.00 |
| D5650 | Add tooth to existing partial denture | \$88.00 |
| D5660 | Add clasp to existing partial denture - Per tooth | \$110.00 |
| Denture relining (limit 1 every 36 months) | | |
| D5710 | Rebase complete upper denture | \$250.00 |
| D5711 | Rebase complete lower denture | \$250.00 |
| D5720 | Rebase upper partial denture | \$250.00 |
| D5721 | Rebase lower partial denture | \$250.00 |
| D5730 | Reline complete upper denture – Chairside | \$145.00 |
| D5731 | Reline complete lower denture – Chairside | \$145.00 |
| D5740 | Reline upper partial denture – Chairside | \$145.00 |
| D5741 | Reline lower partial denture – Chairside | \$145.00 |
| D5750 | Reline complete upper denture – Laboratory | \$210.00 |
| D5751 | Reline complete lower denture – Laboratory | \$210.00 |
| D5760 | Reline upper partial denture – Laboratory | \$210.00 |
| D5761 | Reline lower partial denture – Laboratory | \$210.00 |
| Interim dentures (limit 1 every 5 years) | | |
| D5810 | Interim complete denture – Upper | \$315.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|--|--|----------------|
| D5811 | Interim complete denture – Lower | \$315.00 |
| D5820 | Interim partial denture – Upper | \$280.00 |
| D5821 | Interim partial denture – Lower | \$280.00 |
| <p>Implant/abutment supported prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years.</p> | | |
| | Additional charge per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. | \$150.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$790.00 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$750.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$700.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$725.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$750.00 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | \$700.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$725.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$790.00 |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$750.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$750.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic fixed partial denture | \$790.00 |
| D6069 | Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal) | \$750.00 |
| D6070 | Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal) | \$700.00 |
| D6071 | Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal) | \$725.00 |
| D6072 | Abutment supported retainer for cast metal fixed partial denture (high noble metal) | \$750.00 |
| D6073 | Abutment supported retainer for cast metal fixed partial denture (predominantly base metal) | \$700.00 |
| D6074 | Abutment supported retainer for cast metal fixed partial denture (noble metal) | \$725.00 |
| D6075 | Implant supported retainer for ceramic fixed partial denture | \$790.00 |
| D6076 | Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal) | \$750.00 |
| D6077 | Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal) | \$750.00 |
| D6092 | Re-cement implant/abutment supported crown | \$82.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|---|---|----------------|
| D6093 | Re-cement implant/abutment supported fixed partial denture | \$99.00 |
| D6094 | Abutment supported crown (titanium) | \$750.00 |
| D6110 | Implant /abutment supported removable denture for edentulous arch – Maxillary | \$925.00 |
| D6111 | Implant /abutment supported removable denture for edentulous arch – Mandibular | \$925.00 |
| D6112 | Implant /abutment supported removable denture for partially edentulous arch – Maxillary | \$1,015.00 |
| D6113 | Implant /abutment supported removable denture for partially edentulous arch – Mandibular | \$1,015.00 |
| D6114 | Implant /abutment supported fixed denture for edentulous arch – Maxillary | \$925.00 |
| D6115 | Implant /abutment supported fixed denture for edentulous arch – Mandibular | \$925.00 |
| D6116 | Implant /abutment supported fixed denture for partially edentulous arch – Maxillary | \$1,015.00 |
| D6117 | Implant /abutment supported fixed denture for partially edentulous arch – Mandibular | \$1,015.00 |
| D6194 | Abutment supported retainer crown for fixed partial denture (titanium) | \$750.00 |
| | Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines) | \$135.00 |
| <p>Oral surgery (includes routine postoperative treatment) - Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.</p> | | |
| D7111 | Extraction of coronal remnants – Deciduous tooth | \$12.00 |
| D7140 | Extraction, erupted tooth or exposed root – Elevation and/or forceps removal | \$12.00 |
| D7210 | Extraction, erupted tooth – Removal of bone and/or section of tooth | \$53.00 |
| D7220 | Removal of impacted tooth – Soft tissue | \$46.00 |
| D7230 | Removal of impacted tooth – Partially bony | \$91.00 |
| D7240 | Removal of impacted tooth – Completely bony | \$115.00 |
| D7241 | Removal of impacted tooth – Completely bony, unusual complications (narrative required) | \$125.00 |
| D7250 | Removal of residual tooth roots – Cutting procedure | \$53.00 |
| D7251 | Coronectomy – Intentional partial tooth removal | \$91.00 |
| D7260 | Oroantral fistula closure | \$125.00 |
| D7261 | Primary closure of a sinus perforation | \$125.00 |
| D7270 | Tooth stabilization of accidentally evulsed or displaced tooth | \$14.00 |
| D7280 | Exposure of an unerupted tooth (excluding wisdom teeth) | \$14.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$8.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|--|---|----------------|
| D7285 | Incisional biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure) | \$78.00 |
| D7286 | Incisional biopsy of oral tissue – Soft (all others) (tooth related – not allowed when in conjunction with another surgical procedure) | \$65.00 |
| D7287 | Exfoliative cytological sample collection | \$78.00 |
| D7288 | Brush biopsy – Transepithelial sample collection | \$78.00 |
| D7310 | Alveoplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant | \$58.00 |
| D7311 | Alveoplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant | \$33.00 |
| D7320 | Alveoplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant | \$78.00 |
| D7321 | Alveoplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant | \$40.00 |
| D7450 | Removal of benign odontogenic cyst or tumor – Up to 1.25 cm | \$14.00 |
| D7451 | Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm | \$14.00 |
| D7471 | Removal of lateral exostosis – Maxilla or mandible | \$14.00 |
| D7472 | Removal of torus palatinus | \$14.00 |
| D7473 | Removal of torus mandibularis | \$14.00 |
| D7485 | Reduction of osseous tuberosity | \$78.00 |
| D7510 | Incision and drainage of abscess – Intraoral soft tissue | \$14.00 |
| D7511 | Incision and drainage of abscess – Intraoral soft tissue – Complicated | \$20.00 |
| D7880 | Occlusal orthotic device, by report - (limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment) | \$330.00 |
| D7881 | Occlusal orthotic device adjustment | \$43.00 |
| D7960 | Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure | \$14.00 |
| D7963 | Frenuloplasty | \$20.00 |
| Orthodontics (tooth movement) - Orthodontic treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.) | | |
| D8050 | Interceptive orthodontic treatment of the primary dentition – Banding | \$480.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition – Banding | \$480.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition – Banding | \$500.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition – Banding | \$515.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition – Banding | \$515.00 |

| CODE | PROCEDURE DESCRIPTION | PATIENT CHARGE |
|--|---|--|
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$67.00 |
| D8670 | Periodic orthodontic treatment visit Children – Up to 19th birthday: 24-month treatment fee Charge per month for 24 months Adults: 24-month treatment fee Charge per month for 24 months | \$2,040.00 \$85.00 \$2,376.00 \$99.00 |
| D8680 | Orthodontic retention – Removal of appliances, construction and placement of retainer(s) | \$345.00 |
| D8681 | Removable orthodontic retainer adjustment | \$0.00 |
| D8999 | Unspecified orthodontic procedure – By report (orthodontic treatment plan and records) | \$195.00 |
| General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or IV sedation when used for the purpose of anxiety control or patient management. | | |
| D9223 | Deep sedation/general anesthesia – Each 15 minute increment | \$95.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – Each 15 minute increment | \$95.00 |
| Emergency services | | |
| D9110 | Palliative (emergency) treatment of dental pain – Minor procedure | \$0.00 |
| D9440 | Office visit – After regularly scheduled hours | \$55.00 |
| Miscellaneous services | | |
| D9940 | Occlusal guard – By report (limit 1 per 24 months) | \$205.00 |
| D9941 | Fabrication of athletic mouthguard (limit 1 per 12 months) | \$110.00 |
| D9943 | Occlusal guard adjustment | \$0.00 |
| D9951 | Occlusal adjustment – Limited | \$40.00 |
| D9952 | Occlusal adjustment – Complete | \$210.00 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays (all other methods of bleaching are not covered) | \$165.00 |
| This may contain CDT Dental Procedure Codes and/or portions of, or excerpts from the Code on Dental Procedures and Nomenclature (CDT Code) contained within the current version of the “Dental Procedure Codes”, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication. | | |

We Give You More Reasons to Smile!

Cigna Dental makes it easier for children under seven to seek dental care.

Another benefit enhancement to the ***Prepaid Plan - Pediatric Dentist Simplification Plan**

- You can now select a participating pediatric dentist as a primary care dentist for your dependent child(ren) under age seven. You can locate a participating pediatric dentist by visiting www.cigna.com, www.mycigna.com or by calling the number on your ID card and speaking with a representative.
- Because of this benefit enhancement, you no longer need a referral for your dependent child(ren) to receive dental care from a network pediatric dentist. In addition, preauthorization is not required.
- If your network general dentist refers your dependent child(ren) under age seven to a network pediatric dentist, your child(ren) will be automatically transferred to the pediatric dentist as his/her primary care dentist.
- If a network pediatric dentist is not available in your area, you must contact Cigna Dental prior to starting a new treatment plan. We will advise you if a network pediatric dentist has been added to your area because coverage will then be available from the network pediatric dentist.
- You have the option to transfer back to any network general dentist or you may select another network pediatric dentist.
- The pediatric dentist can provide dental examination and treatment without sending the treatment plan to Cigna Dental for prior payment authorization.
- As always, your standard co-payment will apply for each visit your dependent child(ren) will make to a pediatric dentist.
- Review your Patient Charge Schedule carefully so you will know what procedures are covered and what your financial responsibilities are.
- Once your dependent child(ren) reaches their seventh birthday, they will be transferred to your participating network general dentist.

*Prepaid 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.

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CALL OR CLICK TO FIND A NETWORK DENTIST

It's easy with Cigna Dental Care (DHMO)*

Finding a Cigna Dental Care® network dentist or specialist is quick and easy. And how you do it is up to you. You can search online or call to speak with a customer service representative. **Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.**

Here's how

From myCigna.com – the easiest way

Once you enroll in a Cigna Dental Care plan, register at **myCigna.com**. Then the site will give you information for your specific dental plan. You can search for a dentist using your location, dentist name or procedure. Results can be further narrowed down using the prompts on the results page.

On the go? Not a problem. This information is also on the **myCigna® App**.**

We're with you every step of the way. To help you find better savings, better health and a better experience. From full-service to self-service, Cigna has your dentist search covered.

From Cigna.com

- To search for a dentist on **Cigna.com**, visit the site and click **"Find a Doctor, Dentist or Facility."**
- Follow the prompts on screen and when asked to choose your plan, select "CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus."
- Review the lists given by specialty. Or narrow your search by typing in provider name, specialty or office name.
- Once you get your search results, you can further refine your search by:
 - Distance
 - Years in practice
 - Specialty
 - Additional languages
- Click on a dentist's name for more details. Such as office hours and location listings with map view.

Call us at 800.Cigna24 (800.244.6224)

Need help finding a Cigna Dental Care network dentist or specialist? Just give us a call. You can use the automated Dental Office Locator. Or, you can speak directly with a customer service representative. You can also ask for a directory customized by dentist type and location.

Call your current dentist

Your current dentist could be in-network. Call the office and ask if they participate in the Cigna Dental Care Access Plus network.

* The term DHMO ("Dental HMO") 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.

** The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Together, all the way.®



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What is the Cigna Dental Oral Health Integration Program?

It's a program that reimburses out-of-pocket costs for preventive dental treatments to combat dental issues such as gum disease and tooth decay. The program is for people with certain medical conditions with a higher risk of oral health issues. There's no additional cost for the Oral Health Integration Program – if you qualify, you get reimbursed.*

Friendly customer support

Get guidance on everything from overcoming dental-related anxiety to understanding the impact of tobacco.

Who qualifies?

If you have a Cigna dental plan, you're eligible for the program. You do NOT have to be enrolled in a Cigna medical plan to be eligible for this program. You must be treated by a doctor for any of the following 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 to enroll?

To get reimbursed, you first have to enroll in the Cigna Dental Oral Health Integration Program by either:

- › Going to **myCigna.com**, selecting Coverage > Dental and filling out the registration form online
- › Calling the number on the back of your Cigna ID card and asking for a mailed registration form

What is the reimbursement process?

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 eligible dental services in about 30 days.

What dental services are covered under the Cigna Dental Oral Health Integration Program?:¹

| Condition | 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 | ALS | Huntington's disease | Opioid misuse and addiction |
|---|---------------|--------|----------|-----------|------------------------|-------------------|------------------------------------|----------------------|--------------------|-------|---------------------|-----|----------------------|-----------------------------|
| Gum treatment ^{1,2} D4341 D4342 D4910 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gum evaluation ^{1,3} D0180 | | | | ✓ | | | | | | | | | | |
| Oral evaluation ^{1,3} D0120 D0140 D0150 | | | | ✓ | | | | | | | | | | ✓ |
| Cleaning ^{1,4} D1110 | | | | ✓ | | | | | | | | | | |
| Deep cleaning and plaque removal ^{1,4} D4346 | | | | ✓ | | | | | | | | | | |
| Emergency pain relief treatment ^{1,5} D9110 | | | | ✓ | | | | | | | | | | |
| Fluoride and fluoride varnish ^{1,6} D1206 | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fluoride (no varnish) ^{1,6} D1208 | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sealants ⁶ D1351 | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sealant repair ⁶ D1353 | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Interim caries arresting medicament application D1354 | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Caries preventive medicament application D1355 | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

1. Eligibility, reimbursement and coverage for eligible services are subject to plan year maximums. 2. Two additional treatments per year than the plan covers. 3. One additional evaluation. 4. One additional cleaning. 5. Unlimited visits. 6. Open to all ages, but plan limits apply.



**Questions?
Reach out to us 24/7 at
800.Cigna24 (800.244.6224).**

* You do not have to meet your DPPO or indemnity deductible to receive reimbursement for these services. However, reimbursement will apply to and is subject to your annual benefits maximum for traditional indemnity and DPPO plans as well as plan rules for visits to network dentists and out-of-network dentists.

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



The Cigna Dental Oral Health Integration Program may not be available under your specific plan. Reimbursement under OHIP is subject to plan terms and conditions, including applicable annual benefit maximums and other exclusions and limitations. For costs and details of coverage, contact your Cigna representative or see your plan documents.

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HEALTHY CHOICES

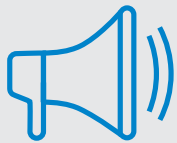
DESERVE

HEALTHY DISCOUNTS

Start saving today with Cigna Healthy Rewards®.*

Get discounts on the health products and programs you use every day. Just use your ID card when you pay and let the savings begin.

Real brands. Real discounts. Real awesomeness.



To start saving today, visit myCigna.com or call 800.244.6224.

*Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third-party providers and not by Cigna. Cigna assumes no responsibility for any circumstances arising out of the use, misuse, or application of any of the goods, services, discounts or information made available through such third-party providers.



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Cigna Dental Care - Limitations on covered services

Listed below are limitations on services covered by the Dental Plan:

Frequency — The frequency of certain covered services, such as cleanings, is limited. The Patient Charge Schedule lists any limitations on frequency.

Specialty Care — Payment authorization is required for coverage of services by a Network Specialist.

Pediatric Dentistry — Coverage to a Pediatric Dentist ends on an enrolled child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. The Network General Dentist shall provide care after the child's 7th birthday.

Oral Surgery — The surgical removal of an impacted wisdom tooth is not covered if the tooth is not diseased or if the removal is only for orthodontic reasons.

Exclusions - Cigna Dental Care

Listed below are the services or expenses which are NOT covered under the Dental Plan and which are the Covered Person's responsibility at the dentist's Usual Fees. There is no coverage for:

- Services not listed on the Patient Charge Schedule.
- Services provided by a non-Network Dentist without Cigna Dental Health's prior approval (except emergencies as described in Plan Documents).
- Services related to an injury or illness covered under workers' compensation, occupational disease or similar laws. (FL — This exclusion relates to such services paid under Workers' Compensation, occupational disease or similar laws.)
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program other than Medicaid.
- Services relating to injuries which are intentionally self-inflicted.
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance).
- General anesthesia, sedation and nitrous oxide, unless specifically listed on your dental fee overview.
- Prescription drugs.
- Procedures, appliances or restorations if the main purpose is to: (1) change vertical dimension (degree of separation of the jaw when teeth are in contact) or (2) diagnose or treat abnormal conditions of the temporomandibular joint, except as specifically listed on the Patient Charge Schedule.
- The completion of crown and bridge, dentures or root canal treatment already in progress on the date Covered Person becomes covered by the Dental Plan.
- Replacement of fixed and/or removable prosthodontic appliances that have been lost; stolen; or damaged due to patient abuse, misuse or neglect.
- Services associated with the placement or prosthodontic restoration of a dental implant.
- Services considered to be unnecessary or experimental in nature.
- Procedures or appliances for minor tooth guidance or to control harmful habits.
- Hospitalization, including any associated incremental charges for dental services performed in a hospital.
- Services to the extent the Covered Person is compensated for them under any group medical plan, no-fault auto insurance policy, or insured motorist policy.
- Crowns and bridges used solely for splinting.
- Resin bonded retainers and associated pontics.

Frequently Asked Questions

What if I need to see a specialist?

If you require specialty care, your network general dentist will refer you to a network specialist. You do not require a specialty referral to visit a network orthodontist or network pediatric dentist. You are responsible for paying the network dentist/specialist the applicable co-payments listed on your Patient Charge Schedule (PCS).

Are braces covered?

Yes, both for children and adults. For orthodontic treatment started before you joined the Cigna Dental Care plan, call Customer Service to determine if any benefit is available.

How do I choose a dentist?

There are over 3,577 general dentists in Florida who serve State employees. More than 73% of you will have access to two or more dental offices within ten miles of your home. Select your dentist by visiting www.cigna.com. For your convenience, we encourage members to register at www.mycigna.com. The automated Dental Office Locator always gives you the most up-to-date network information, available 24 hours a day. Customer Service and the Dental Office Locator are available at 1.800.CIGNA24.

Can I change dentists?

Yes! Just call 1.800.CIGNA24 and use the Quick Transfer automated service available 24 hours a day or speak with a representative during business hours. The change will take effect on the first day of the following month. Transfers take approximately five days to process.

Can family members use different dentists?

Yes! Covered family members can select their own network dentists.

How much will I pay for covered services?

When there is a charge, your Patient Charge Schedule in your post-enrollment kit will tell you what the charge will be for covered procedures. Cigna Dental Care members know exact amounts, not just a percentage of what the dentist would usually charge, so they are able to budget accordingly.

What about pre-existing conditions?

Treatment in progress prior to the effective date of coverage is not covered.

Do I have to select a Network General Dentist?

As a Prepaid member, you are required to select and visit a network general dentist (provider) for all your dental care needs.

What happens if I do not select a dentist from the Cigna Prepaid Network?

If you receive covered service from a dentist who does not participate in the Prepaid network, your benefits may be significantly reduced or the services received may not be covered at all. At the time of enrollment in the Prepaid plan, you are required to select a network general dentist. If the dentist you choose is not available, then Cigna Dental will select one for you.

Did you know that you can access information about your dental benefits information online by visiting myCigna.com?

Register at myCIGNA.com to:

- View your personalized dental benefits information
- Download a Patient Charge Schedule
- Request an I.D. card
- Print a temporary I.D. card
- Change your network general dentist
- Learn more about dental health topics

Want to learn more?
Simply visit www.myCigna.com
<http://www.myCigna.com> and register.



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