

# Cigna Dental Care® (DHMO<sup>1</sup>) or Cigna Dental PPO (DPPO<sup>2</sup>)

## Which Cigna Dental Plan is Right for You?



As a retiree of the County of San Bernardino or another participating employer in SBCERA, selecting between the **Cigna Dental Care®** (DHMO<sup>1</sup>) plan and the **Cigna Dental PPO** (DPPO<sup>2</sup>) plan is an important decision. The following questions can help you determine which dental plan features are most important to you and your family, and make your decision process easier. For each question listed below, check “yes” or “no.” Then read the instructions on the reverse side when you are finished.

For each question below, check either “yes” or “no”		
Do you prefer a plan that tells you the <b>exact dollar</b> amount you will pay for each procedure, so you don’t have to calculate percentages?	<input type="checkbox"/> <b>yes</b>	<input type="checkbox"/> <b>no</b>
Do you prefer a dental plan that has <b>no annual dollar maximums</b> , so you don’t have to worry about your benefits running out if you reach a certain amount?	<input type="checkbox"/> <b>yes</b>	<input type="checkbox"/> <b>no</b>
Would you be willing to get a referral for some <b>specialty care</b> ?	<input type="checkbox"/> <b>yes</b>	<input type="checkbox"/> <b>no</b>
Would you change dental plans if it meant <b>spending less</b> out-of-pocket for your dental care costs?	<input type="checkbox"/> <b>yes</b>	<input type="checkbox"/> <b>no</b>
Would you be willing to select a <b>primary care network dentist</b> to manage all your dental care needs?	<input type="checkbox"/> <b>yes</b>	<input type="checkbox"/> <b>no</b>
<b>Number of answers you checked in each column:</b>	_____	_____

### Do you have more checks in the “yes” column? Then the DHMO plan may be right for you because:

- There are no annual dollar maximums
- There are no claim forms to file
- You select a DHMO network general dentist to manage all your dental health care needs and he/she will refer you to visit any network specialist
- Your dentist may already participate in the Cigna DHMO network; visit our online directory to find out!

### Do you have more checks in the “no” column? Then the DPPO plan may be right for you because:

- You have the freedom to visit any licensed dentist or specialist
- You do not need a referral to visit any specialist
- Your plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services



Continue for more details



## Cigna Dental Care® (DHMO)

- The network general dentist you choose will manage your overall dental care.
- Covered family members can each select their own network dentist.
- Your Evidence of Coverage will list your fixed copays for each covered procedure.
- The DHMO is an in-network plan only.
- No claim forms to file.
- No annual dollar maximums, so you don't have to postpone any treatment.
- Access to a large credentialed national network of independent dentists.
- Specialty care available, with a referral approved for payment.
- Orthodontic coverage for eligible children and adults. No referral required to see a participating orthodontist.
- No age limits on sealants.
- Teeth whitening using take home bleaching trays is covered.

## Cigna Dental PPO (DPPO)

- Save the most money when you visit general dentists or specialists from our large national PPO Advantage Network or visit any dentist you choose.
- No referral necessary to see a specialist.
- Plan includes annual deductibles of \$50 per individual and \$150 per family for in-network and out-of-network treatment.
- In-network or not, you'll be reimbursed for all or part of costs for covered procedures up to your annual dollar maximum of \$1,000 per calendar year.
- Most network dentists file claim forms for members; members must file claims for out-of-network care.
- Orthodontia not covered.
- Savings on non-covered services when you visit an in-network dentist (procedure must be listed on that provider's fee schedule).
- Savings apply even when maximums, frequency limitations and missing tooth limitations have been exceeded.
- Family members can each select their own network dentist.

Please refer to the plan summaries and dental comparison chart included in your Retiree Benefits Guide to obtain more information on your plan, including a sampling of covered and non-covered procedures, and fees.

If you still have questions after reviewing your enrollment information, you can call **1.800.238.5834** to speak to one of our helpful customer service representatives, **24/7**. You can also visit our website at **[www.cigna.com](http://www.cigna.com)**.

<sup>1</sup> 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. <sup>2</sup> The Cigna Dental PPO is underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc., and certain of its operating subsidiaries. In Texas, the Dental PPO product is referred to as the Cigna Dental Choice Plan. "Cigna" is a registered service mark, and the "Tree of Life" logo and "Cigna Dental" are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries, including Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, and not by Cigna Corporation. Cigna Dental refers to the following operating subsidiaries of Cigna Corporation: Connecticut General Life Insurance Company, Cigna Life and Health Insurance Company and Cigna Dental Health, Inc., and its operating subsidiaries and affiliates. The Cigna Dental Care plan is provided by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, the Cigna Dental Care plan is underwritten by Connecticut General Life Insurance Company or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc. All models are used for illustrative purposes only.