



A dental plan that fits your needs

The Cigna Dental Care® Plan¹ P7IVX

Regular dental care keeps your smile and body healthy. Our dental plans offer comprehensive, affordable dental, and are easy to use. This overview shows a sampling of covered services with an estimate of cost with and without Cigna Dental Care coverage. More information is available any time by calling by Customer Service at 800.Cigna24 (800.244.6224) and choosing the Pre-enrollment prompt.

Offered by Cigna Health and Life Insurance Company, 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., Cigna Dental Health of Kansas, Inc., 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.



The value you need. The coverage you deserve.

Our plans cover most preventive services care at no cost to you, encouraging healthy habits to keep your smile brighter.

Nobody likes unexpected costs. That's why each Cigna Dental Care Plan has a Patient Charge Schedule (PCS), that list covered services with the pre-determined amount patients owe. The copayment amounts listed on the PCS are never subject to **a deductible, annual maximum, benefit waiting period, missing tooth, or pre-existing limitation**. You have the freedom to choose any network general dentist available where and when you need one to perform the covered services listed on the PCS.

Remember, there is no provider liability for covered service once the pre-determined fee(s) listed on the PCS are paid. This is an important consideration when dependents covered by our plan have a dual coverage dental option available.



Value-added services such as teledentistry are included with your plan at no additional cost. You may also be eligible to enroll in the Cigna Dental Oral Health Integration Program® to better manage medical conditions through specialized preventive dental care.

What You May Pay

\$ 5 co-payment applies to each office visit

Common Dental Procedures	With Cigna Dental Care Plan	Without Dental Coverage ²	Benefit Limitations and Exclusions See the Patient Charge Schedule for more detailed information.
Oral Exam	\$0	\$45–\$159	Oral evaluations are limited to a combined total of 4 comprehensive or periodic evaluations during a 12 consecutive month period
Bitewing X-ray	\$0	\$37–\$84	Not applicable
Panoramic Films X-ray	\$0	\$93–\$211	Panoramic X-rays are limited to 1 every 3 years
Cleaning	\$0	\$59–\$173	Cleanings are limited to 2 per year; additional cleanings per year are available at the co-pay listed on your Patient Charge Schedule.
Fluoride Topical	\$0	\$31–\$70	Topical application of fluoride varnish is limited to 2 per year; additional fluoride treatments per year are available at the co-pay listed on your Patient Charge Schedule
Sealant (per tooth)	\$12.00	\$46–\$105	No age or treatment limit
Filling – Composite – 1 Anterior surface	\$0	\$132–\$301	Not applicable
Extraction of Erupted Tooth	\$6.00	\$38–\$214	Not applicable
Removal/Extraction Erupted Tooth with Bone Removal	\$40.00	\$355–\$532	Not applicable
Molar Root Canal (excluding restoration)	\$305.00	\$936–\$2,133	Not applicable
Periodontal – Scaling and Root Planing	\$50.00	\$206–\$461	Limited to once per 4 quadrant per consecutive 12 months
Periodontal Maintenance	\$40.00	\$119–\$271	Periodontal maintenance limit 4 per calendar year only covered after active periodontal therapy
Ceramic Crown – Porcelain Fused to High Noble Metal*	\$270.00	\$900–\$2,130	Replacement limit 1 every 5 years. Porcelain/ceramic substrate crowns on molar teeth are not covered.
Removable Partial Denture	\$240.00	\$1,000–\$3,000	Not applicable
Periodic Orthodontic Visit - Child 24 Month Treatment Fee	\$1,608.00	\$3,000–\$6,000	24 months of comprehensive treatment. Cases beyond 24 months require an additional payment by the patient
Occlusal Appliance By Report (for treatment of TMJ)	\$200.00	\$814–\$1,852	Limit 1 per 24 months; in conjunction with Temporomandibular Joint (TMJ) treatment only
Implant Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture*	\$740.00	\$1,203–\$2,740	Limited to 1 every 5 years
Surgical Implant Body Within Jawbone	\$1,025.00	\$1,657–\$3,774	Limited to 1 implant(s) per calendar year with a replacement of 1 per 10 years

*The co-payments for fixed and removable restorations (crowns, bridges, implant/abutment supported prosthetics, complete and partial dentures) do not include additional charges for material upgrades (such as gold/high noble metal or porcelain used in molar restorations), CAD/CAM services, or complex rehabilitation or characterizations (for dentures). Any additional allowable charge for these upgrades is the patient's responsibility as specifically outlined in your Patient Charge Schedule (PCS). For questions regarding these charges you may contact Customer Service at 800.Cigna24 (800.244.6224). Please refer to your PCS for full details.

Is the Cigna Dental Care Plan right for me?	
Is a network general dentist available in my area?	Log onto Cigna.com to ensure a provider is available for coverage. Select Employer or School > Doctor Type > General Dentist > Zip Code
What criteria should I use to select a dentist?	We recommend limiting the search to 25 miles from your home address but the choice is yours. Each family member can have their own dentist.
Are referrals required to see a specialist?	A network general dentist will refer you to endodontists and periodontists. No referral is required to see an orthodontist or pediatric dentist for children up to age 13.
How do I change or select a new general dentist?	You can change your dentist anytime. Simply visit mycigna.com, contact customer service, or visit a new in-network dentist accepting new patients.

If any law requires coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) does not apply.

The contract plan booklet (certificate) and/or patient charge schedule include a complete list of covered services along with any service(s) required to be covered for residents of a state, when applicable. These documents may be available digitally on myCigna.com or mailed direct. The information in the contract booklet and/or patient charge schedule takes precedence over any difference stated here.

- 1. "Cigna Dental Care" is the brand name used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid (including Dental HMO) plans, managed care plans, and plans with open access features. Cigna Dental Care plans are not available in all states.
 - 2. Estimates of patient cost without insurance are based on an aggregate of the national area averages as of July 2023. Actual charges can vary based on geographic location and a dentist's actual charges.
- Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna Healthcare.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative. Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT.) (CHLIC), 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 Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK – HP-POL891 et al., POL 115; OR – HP-POL862 et al., HP-POL121 04-10; TN – HP-POL767/HCDFB-CVR28 et al., HP-POL134/HC-CER17V1 et al.

