



City of Springfield

DENTAL & VISION PLAN OPTIONS

Plan year: 2023-2024



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

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UNDERSTANDING TERMS IN YOUR DENTAL PLAN

Deductible:

An annual dollar amount you must pay before your dental plan begins to pay for covered dental care costs.

Annual dollar maximum:

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

Coinsurance:

The percentage of the cost that you are responsible for paying toward covered dental care services. Your share of the cost of your covered dental care services.

Copay:

A preset dollar amount you pay for each service covered by your plan.

In-network:

Dentists and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). When you use a network dentist, you can take advantage of these discounts and save on covered dental services.

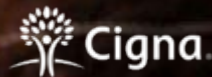
Out-of-network:

A dentist or facility that doesn't participate in your Cigna plan's network and doesn't provide services at a discounted rate. Using an out-of-network dental care professional or facility will usually cost you more.





DENTAL PLAN OPTIONS





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



YOUR ACCESS: THOUSANDS OF DENTISTS, ONE DIRECTORY



With the **Total Cigna DPPO network**, you have a choice of more than 150,000 dentists nationwide.¹



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

1. NetMinder. DPPO data as of March 2019, reflecting Total Cigna DPPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.



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[®] (DHMO)



Coverage with no deductibles or waiting periods¹

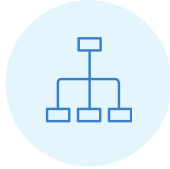
Examples of covered services¹

- ✓ 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.¹



Search for providers in the **Access Plus Network**.

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

YOUR COVERAGE

PERCENTAGE YOUR PLAN PAYS

	DPPO Base Plan (In & out of network coverage)	DPPO Buy-Up Plan (In & out of network coverage)	Dental Care Buy-Up Plan (In network only coverage)
Class I – Preventive care	100%	100%	100%
Class II – Basic restorative ²	80% after deductible	80% after deductible	100%
Class III – Major restorative ²	N/A	50% after deductible	50%
Class IV – Orthodontia ²	N/A	50% after deductible	50%
Class V – TMJ ²	N/A	N/A	50%
Annual deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	N/A
Calendar-year dollar maximum	\$500	Year 1: \$1,000 ³ Year 2: \$1,100 ³ Year 3: \$1,200 ³ Year 4: \$1,300 ³	N/A
Lifetime maximum: Orthodontia	N/A	\$1,500	1 treatment per lifetime

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.**

3. Subject to increase over the next four years dependent on receiving preventative care with Cigna WellnessPlus





PROGRAMS AND SERVICES FOR BETTER ORAL HEALTH



CIGNA DENTAL WELLNESSPLUS®



Receive preventive care services during your plan year, and your annual dollar maximum will increase the following plan year



Remain enrolled and keep receiving preventive care services, and your annual dollar maximum level will continue to increase¹



If you don't receive preventive care services, your annual dollar maximum will stay the same the following year



Your annual dollar maximum will never drop below the starting amount¹

DPPO Buy-Up Plan Only

1. This provides the highlights of the Cigna Dental WellnessPlus program. Increases in your annual maximum are subject to the amount specified in your plan documents. Review your plan documents or contact your employer to determine if your plan includes this program. The specific terms of your dental plan as selected by your employer will always determine your actual coverage.



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 October 28, 2021.
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					●	●	●	●	●	●	●	●	●	●



MORE THAN JUST DENTAL BENEFITS



Cigna Healthy Rewards^{®1}

Discounts on a range of health and wellness programs and services

1. Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. **A discount program is NOT insurance, and you must pay the entire discounted charge.**



CIGNA DENTAL VIRTUAL CARE¹

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, swelling, bleeding and more
- Identifies whether more involved procedures are needed, and helps guide care
- If necessary, prescribes medication² to be filled at your local pharmacy
- 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)

To access Cigna Dental Virtual Care, just log on to your [myCigna.com](https://mycigna.com)[®] account and follow the prompts to the virtual care portal.

1. Cigna 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.
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.



YOUR VISION PLAN OPTIONS



YOUR VISION PLAN



Choose your own eye doctor but save more when you stay in the **Cigna Vision Network**



If you choose to see an eye doctor who is out-of-network, you'll pay the full cost of the service at the time of the appointment, then submit a claim form to get reimbursed for covered charges¹



You're responsible for your copay(s), any amount over the plan allowances and costs of non-covered services



You may enjoy additional savings if your eye doctor participates in the **Healthy Rewards[®] Vision Network Savings Program.**²

1. Your Cigna Vision plan coverage is based on the plan chosen by your employer. Be sure to review your plan benefit summary for details on covered and non-covered services. Plan deductibles, co-insurance, copays and materials allowances may apply.
2. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.



YOUR VISION BENEFITS

	In-network ¹	Out-of-network ¹	Frequency Period ²
Exam copay	\$5	N/A	12 months
Exam allowance	Covered at 100% after Copay	Up to \$45	12 months
Materials copay	\$20	N/A	12 months
Single vision lenses	Covered at 100% after Copay	Up to \$32	12 months
Lined bifocals lenses	Covered at 100% after Copay	Up to \$55	12 months
Lined trifocals lenses	Covered at 100% after Copay	Up to \$65	12 months
Lenticular lenses	Covered at 100% after Copay	Up to \$80	12 months
Frames	Up to \$130	Up to \$71	24 months
Elective contact lenses	Up to \$140	Up to \$105	12 months
Therapeutic contact lenses	Covered at 100%	Up to \$210	12 months

1. Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.

2. Your Frequency Period begins on the 1st of your plan renewal month (Contract year basis)



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 monitor 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 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.
- Review** your Dental Fee Overview for specific Cigna Dental Care® plan details.



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

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.



APPENDIX C

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.

