

Partners for Health Dental Benefit Option

A Guide to Your Cigna Dental Care® DHMO

Sponsored by Partners for Health, the State Group Insurance Program | 2027

PARTNERS FOR HEALTH

cigna healthcare

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Offered by Cigna Health and Life Insurance Company or its affiliates

Important plan information

We are pleased to provide information about the Dental Health Maintenance Organization-Prepaid Provider plan. This plan offers a full range of benefits through a network of participating dentists. Cigna Healthcare® is providing your DHMO benefit.[1]

Highlights for the DHMO-Prepaid Provider

- Implant Coverage Benefit
- Orthodontics Coverage for All
- Teledentistry Benefit

Details

You must select a network general dentist who will manage your overall dental care. Covered family members can choose their own network general dentists near home, work or school. You may choose a network pediatric dentist for children under the age of 13.* Pediatric dentists are considered specialists in the DHMO plan. If you need assistance in selecting a dentist, contact Cigna Healthcare at **800.997.1617**.

- You will pay the copay amount listed on your patient charge schedule for covered dental services performed by your network dentist.
- If you need more advanced care, you will be responsible for your copay and any related dental lab charges. Many dentists use dental labs to make crowns, bridges and dentures. Dentists and labs set their own prices for lab work, so to avoid surprises, ask for an estimate before scheduling any major restorative work.
- An office visit copay applies per patient, per office visit and is in addition to any other applicable patient charges. Please refer to the patient charge schedule. Visit Cigna.com/stateoftn and click on the dental plan tab to find a copy of the PCS.
- If your network general dentist does not perform the specialty care procedure you need, he or she can direct you to a participating network specialist.
- Procedures not listed on your PCS are not covered, and you are responsible for the dentist's usual fees.
- The American Dental Association may periodically change codes on dental procedures and names. The PCS is subject to annual changes accordingly.
- **Remember**: If you seek covered services from a dentist who does not participate in the Cigna dental network for Partners for Health, your plan will not pay except in the case of an emergency, or as required by law.

Participation Requirements:

If you are working for an agency participating in the State Group Dental Insurance Program or have retired and meet the eligibility for retiree dental, you may participate in the Partners for Health voluntary dental program. You may request to enroll when you are first eligible, if you acquire new dependents or if you lose other group dental coverage. Participation in Partners for Health health plan is not required, but you can only enroll eligible dependents in the dental program if you are enrolled in the dental program yourself. Once enrolled, coverage will continue until Dec. 31 of the enrollment year, subject to continued eligibility. You may request to cancel coverage for individual members if that person (1) loses eligibility, (2) becomes newly eligible for other group dental coverage, or (3) there is no participating network general dentist within 25-mile driving distance of your home address. During the program's annual enrollment period, you can make coverage changes for the beginning of the next calendar year.

* Subject to state regulatory approval

The DHMO plan for Partners for Health is not available in all states.

What's covered

You can save money on a wide range of services, including:

- **Preventive care** – cleanings, fluoride, sealants, bitewing X-rays, full-mouth X-rays and more.
- **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam).
- **Major services** – crowns, bridges, dentures, implants, root canals, oral surgery, extractions, treatment for gum disease and more.
- **Specialty care** – provided at the specialist copay listed on your PCS only when performed by your network specialist dentist.
- **Orthodontic care** – all plans include coverage for braces for children and adults.[2] Check your plan materials. Plan materials can be found at **Cigna.com/stateoftn**.
- **General anesthesia** – when medically necessary.
- **Temporomandibular joint** – TMJ diagnosis and treatment procedures, including cone beam X-ray and appliance.

For more details, review your enrollment materials at **Cigna.com/stateoftn**.

Plan features:

- **No deductibles** – you don't have to reach a certain level of out-of-pocket expenses before your insurance kicks in.
- **No dollar maximums**[3] – you don't have to worry about your coverage running out after your covered expenses reach a certain dollar amount.
- There are **no claim forms** to file when using network dentists and **no waiting periods** for coverage.
- Coverage for dental conditions that exist at the time you enroll in the plan is not excluded if the conditions are otherwise covered under your PCS. Treatment started for crowns/bridges, dentures or root canals before your coverage begins will not be covered.[4]
- There is a $10 office visit fee that you are required to pay in addition to any other copay outlined on your PCS.
- Teledentistry is available to members at a $0 copay with no frequency limit.

Savings you can see

MONTHLY PREMIUMS FOR 2027					
State Government & Higher Education Employees					
Active Employee	**Total Premium**	**Employer Share**	**Member Share**	**Retiree**	
Employee Only	$14.69	$7.35	$7.34	Retiree Only	$16.32
Employee + Spouse	$26.03	$13.02	$13.01	Retiree + Spouse	$28.93
Employee + Child(ren)	$30.50	$15.25	$15.25	Retiree + Child(ren)	$33.88
Employee + Spouse + Child(ren)	$35.79	$17.90	$17.89	Retiree + Spouse + Child(ren)	$39.74

Local Education & Local Government Agency Employees			
Active Employee		**Retiree**	
Employee Only	$14.69	Retiree Only	$16.32
Employee + Spouse	$26.03	Retiree + Spouse	$28.93
Employee + Child(ren)	$30.50	Retiree + Child(ren)	$33.88
Employee + Spouse + Child(ren)	$35.79	Retiree + Spouse + Child(ren)	$39.74

Costs are subject to change.

Your Questions Answered

Q: How does the Cigna Dental Care® DHMO-Prepaid Provider plan work?

A: When you sign up in the DHMO plan, you must select a network general dentist who will handle your dental care needs. You then receive a patient charge schedule that lists the specific dental procedures covered by the plan and the amount you will pay the dentist. These copays apply only when you receive treatment from your selected dentist or dental specialists in the Cigna Healthcare network for Partners for Health. You may be billed lab fees for certain procedures and upgrades to any materials.

If a dental procedure is not listed on your PCS, it is not covered, and you will have to pay according to the dentist's regular fees. If you receive a covered service from a dentist who does not participate in the Cigna Dental Care® DHMO network for the Partners for Health plan, your dental benefits may not be covered at all except in the case of an emergency or where required by law.[4] You can take your PCS to dental appointments to discuss treatment options and costs with your dentist, but it is not required.

Q: Are the dentists that I find in the online provider search subject to change?

A: When searching for a participating dentist found at **Cigna.com/stateoftn**, please note that the list of providers who accept DHMO coverage and are seeing new patients are only for present day. A dentist who shows up on the provider search at one time does not guarantee participation in the future. A provider or dental office leaving the network is not a qualifying event that allows for canceling or changing your enrollment in the DHMO-Prepaid Provider plan.

Q: How do I choose a dentist when I sign up for the plan? Can I change my network general dentist later on?

A: You can find a network dentist by visiting **Cigna.com/stateoftn**. Instructions are posted on how to access the pre-effective **myCigna.com** log-on process. This will allow you to view dental network information specific to the **Cigna Dental Care® DHMO plan**. If you are already a member, you can go to your personalized **myCigna.com** account. If you need help finding a dentist, you can call customer service at **800.997.1617** and request to have a list of providers mailed, emailed or faxed to you.

You can change your network dentist at any time; changes made by the 15th of the month go into effect the first of the following month. If you need an immediate change, customer service can help 24/7. Remember, if you visit a non-network dentist, your treatment may not be covered at all.[5]

If you'd like to speak with someone, call customer service at **800.997.1617**. You can also follow the phone prompts to use our automated Dental Office Locator. The automated system will speak the names of the dentists in your area, mail, email or fax a list of dentists to you.

Q: If I'm new to the Cigna Dental Care® DHMO-Prepaid Provider plan, can I keep my current dentist?

A: That depends. If your current dentist participates in the Cigna Dental Care® DHMO network for the Partners for Health plan, you can choose him/her as your network general dentist. You can look online at **Cigna.com/stateoftn** to find out, or ask your dental office directly. When calling a dental office directly, please be sure to notify the dentist that you are in the Cigna Dental Care DHMO state of Tennessee network. Sometimes, Cigna Healthcare's online Dental Office Directory may show that your dental office is not accepting new patients even when their office says they are. If this happens, please contact customer service at **800.997.1617** for assistance.

Q: Do I need a referral to visit a dental specialist?

A: Yes. If you require specialty care, your network general dentist will refer you to a network dental specialist and handle any paperwork. Referrals are required for all network specialists except orthodontists and pediatric dentists for patients up to age 13. Coverage for treatment by a pediatric dentist ends on your child's 13th* birthday. Effective on your child's 13th* birthday, dental services generally must be obtained from a network general dentist.

Q: Do I need to show my ID card when I arrive at the dentist's office?

A: No. ID cards are not required to use the plan. When you call to schedule your appointment, just let your selected network dental office know you are covered under the Cigna Dental Care® DHMO plan. If for some reason the dental office does not see your name on its list of Cigna Dental Care® DHMO plan members, they can call us to verify. You can also call customer service at **800.997.1617** if you need more help.

Q: When do I have to pay the dentist?

A: Typically copays are due at the time services are received. However, it depends on the financial arrangement between you and your network dentist. We encourage you to discuss costs and payment arrangements for dental treatment with your dentist before you receive care. Most dentists will work with their patients to arrange payment plans for more costly treatments.

Q: Will my network dentist submit a claim to Cigna Healthcare after I receive treatment?

A: No. There are no claim forms required when receiving care from a network dentist.

Q: Are braces covered?

A: Yes. A maximum benefit of 24 months of interceptive and/or comprehensive orthodontic treatment is covered as shown on your PCS. Cases beyond 24 months may require additional payments by the patient. If you or your family member started treatment before you joined the Cigna Dental Care® DHMO plan (called "orthodontics in progress"), please contact Cigna Healthcare customer service for more information related to coverage available.

Q: Are dental implants covered?

A: Yes. Surgical placements of implants are covered as shown on your PCS. It is limited to one implant per calendar year with a replacement of one every 10 years.

Q: What if I have a dental emergency and can't get treatment from my network general dentist?

A: **Emergency services:** If you are out of your service area or unable to contact your network general dentist, you may receive emergency services by any licensed dentist for unexpected but necessary services. Emergency services are limited to relieving severe pain, controlling excessive bleeding and eliminating serious and sudden infection. Routine restorative procedures or definitive treatment (such as a root canal) are not considered emergency care and you should return to your network general dentist for these procedures.

Emergency care out of your service area: For emergency covered services, you will be responsible for the patient charges listed on your PCS. Cigna Dental will reimburse you the difference, if any, between the dentist's usual fee for emergency covered services and your patient charge, up to a total of $50 per incident (this amount may vary by state). To request reimbursement, send the dentist's itemized statement to Cigna Dental at the address listed for your state on your plan materials.

Emergency care after hours: There is a copay listed on your PCS for emergency care received after regularly scheduled office hours. This copay will be in addition to other copays that may apply.

Q: What if there are no specialists in my area?

A: Your Cigna DHMO plan may approve benefit payments to an out-of-network specialist if your general dentist refers to you to a specialist for services and there is not one in within 25 miles driving distance of your home address. When this happens, Cigna Dental may open an out-of-network referral. Out-of-network referrals are available for endodontics, pediatrics, periodontics, oral surgery and orthodontics.



How to find a dentist

It's easy to find a Cigna Healthcare network dentist or specialist.

Before you enroll, you can check to see if your dentist is in the Cigna Dental Care® DHMO network for the Partners for Health plan. Here's how.

Step 1

Visit: **https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC060**.

Step 2

Enter your Address, City or Zip.

Step 3

Select one of the three blue search category boxes to search by Doctor by Type, Doctor by Name or Health Facilities.

Step 4

From the **Search Results** page, you can further refine your results by applying the provided filters. Click on a dentist's name for more details, including multiple locations listing with map view.

Choose a dentist tools

With your Cigna Dental Care® DHMO plan, you get access to tools that make it easier to choose a dentist that's right for you.

Visit the **myCigna®** website or mobile app anytime, just about anywhere to discover:[6]

- Brighter Score® feature. Use this score to compare dentists, based on patient experience and professional history.
- Office reviews and comparisons. Read verified patient reviews and view dentist profiles, including pictures.
- Enhanced search and transparent pricing. Search by dentist or procedures to estimate out-of-pocket costs for your specific plan.

Under your plan, you have coverage for **hundreds** of dental procedures. This overview shows you a small sampling of covered services and what you will pay compared to your estimated **cost without coverage**. See savings below. You can find a full list of dental procedures on the PCS available at **Cigna.com/stateoftn**.

SAMPLING OF COVERED PROCEDURES[7]	WHAT YOU'LL PAY[8]		
	COST WITH CIGNA DENTAL CARE® DHMO PLAN		ESTIMATED COST WITHOUT DENTAL COVERAGE
	GENERAL DENTIST	SPECIALIST	
Adult cleaning (two per calendar year, additional cleaning $45)	$0	$0	$70–$136 each
Child cleaning (two per calendar year, additional cleaning $45)	$0	$15	$53–$102 each
Periodic oral evaluation	$0	$0	$40–$76
Comprehensive oral evaluation	$0	$20	$62–$118
Topical fluoride (two per calendar year)	$0	$0	$28–$53
X–rays – (bitewings) 2 films	$0	$0	$33–$63
X–rays – panoramic film	$0	$20	$84–$161
Sealant – per tooth	$10	$10	$42–$80
Amalgam filling (silver colored) – 2 surfaces	$8	$10	$118–$226
Composite filling (tooth–colored) – 1 surface, anterior	$25	$25	$120–$231
Composite filling (tooth–colored) – 1 surface, posterior	$40	$40	$150–$334
Molar root canal (excluding final restoration)	$125	$600	$852–$1,640
Periodontal (gum) scaling and root planing – 1 quadrant	$45	$60	$179–$344
Periodontal (gum) maintenance	$45	$45	$109–$209
Removal/extraction of erupted tooth	$15	$70	$120–$231
Removal/extraction of impacted tooth	$100	$120	$370–$712
Crown – porcelain fused to high noble metal	$200	$200	$849–$1,634
Crown – porcelain/ceramic	$265	$265	$849–$1,634
Occlusal appliance, by report (for treatment of TMJ)	$330	$455	$640–$1,233
Surgical placement of endosteal impant	$1,025	$1,025	$2,300–$4,000
Teledentistry	$0	$0	$45

Note: Lab fees will be charged for certain procedures.

Plan limits

PROCEDURE	LIMIT
Periodic oral evaluation, comprehensive oral evaluation and comprehensive periodontal evaluations	Combined four per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Crowns and inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Adjustments	Four within the first 6 months after installation
Temporomandibular Joint treatment	One occlusal orthotic device per 24 months
Surgical placement of implant	One implant per calender year with a replacement of 1 per 10 years
Orthodontics	Maximum benefit of 24 months on interceptive and/or comprehensive treatment

Referrals by your network general dentist are required for specialty care services except network pediatric dentists for children under age 13* and network orthodontists. The copays on your PCS also apply to covered network specialist care. If you go to a network specialist, there may be a different copay. Pediatric dentists are considered "specialists" for plan benefits.

* Subject to state regulatory approval

Listed below are the services or expenses which are NOT covered under your dental plan and which are your responsibility at the dentist's usual fees. There is no coverage for:

- Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance.
- Expenses determined to be unlawful where the person resides when the expenses are incurred or the services are received.
- Services for the charges which the person is not legally required to pay.
- Charges which would not have been made if the person had no insurance.
- Services due to injuries which are intentionally self-inflicted.
- Services not listed on the PCS.
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents).[5]
- Services related to an injury or illness 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 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.
- Services performed primarily for cosmetic reasons unless specifically listed on your PCS.
- General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS.
- Prescription medications.
- Procedures, appliances or restorations if the main purpose is to: change vertical dimension (degree of separation of the jaw when teeth are in contact); or restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction; or restore the occlusion.
- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen or damaged due to patient abuse, misuse or neglect.

- Services considered to be unnecessary or experimental in nature or that do not meet commonly accepted dental standards.
- Procedures or appliances for minor tooth guidance or to control harmful habits.
- Services and supplies received from a hospital.
- The completion of crowns, bridges, dentures or root canal treatment already in progress on the effective date of your Cigna Dental coverage.[4]
- Consultations and/or evaluations associated with services that are not covered.
- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.
- Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS.
- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.
- Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
- Services performed by a prosthodontist.
- Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service.
- Infection control and/or sterilization.
- Services to correct congenital malformations, including the replacement of congenitally missing teeth.
- The replacement of a night guard beyond one per any 24–consecutive–month period, when this limitation is noted on the PCS.
- Crowns, bridges and/or implant supported prosthesis used solely for splinting.
- Resin bonded retainers and associated artificial teeth used in a fixed bridge.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

This document outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your insurance certificate. If there are any differences between the information contained here and the certificate, the information in the certificate takes precedence.



How to enroll and how to select a dentist

Enroll today

Make sure that you don't miss your opportunity to enroll for this important benefit. All you need to do is:

1. Review your plan materials and consider your family's needs.
2. Contact your agency benefits coordinator/human resources office for enrollment instructions.
3. Select a network general dentist for yourself and every member of your family you are enrolling. Each family member may choose a different network general dentist. You may choose a network pediatric dentist for your child. Pediatric dentists are considered specialists. Children can remain with a pediatric network dentist up to their 13th birthday.* Changes made by the end of the month will become effective the first of the following month. If care is needed immediately, call **800.997.1617** and a Cigna Healthcare customer service representative will assist.

Select a network general dentist

1. Complete the Dentist Selection Form below. Be sure to include the seven-digit dental facility ID# for the network general dentist you select. The list of Cigna Dental Care® DHMO plan network dentists is available at **Cigna.com/stateoftn** or at **myCigna.com**, via our app, by calling customer service at **800.997.1617** or in the printed directory. To receive benefits from the Cigna Dental Care® DHMO plan, you must select and use a network general dentist.
2. Once completed return the signed form to the following address:

   Cigna Dental Care® DHMO Program
   Attn: Celeste Sims
   730 Cool Springs Boulevard, Suite 500
   Franklin, TN 37067

* Subject to state regulatory approval



Once you're enrolled, register for **myCigna.com** to find a dentist, access your claims, compare the cost of procedures and so much more.

It's easy to set up.

Visit **myCigna.com** or download* the **myCigna App** today:

- **Select** "Register"
- **Enter** your name, address and date of birth
- **Confirm** your identity with your Cigna Healthcare ID number, Social Security number or with the myCigna security questionnaire
- **Create** a user ID and password
- **Review** then select "Submit"

Already have an ID but haven't visited in a while? That's OK! If you don't remember your ID or password, just click "forgot user ID" or "forgot password" on the registration page, and we'll help you.



You can also find a dentist 24/7/365 by calling the number on your ID card, or **800.997.1617.**

- Use the Dental Office Locator via speech recognition.
- Speak with a customer service representative, who can send you a customized network directory listing via email for the Cigna Dental Care® Network for the Partners for Health plan.
- Tell us which office you choose. Each covered family member can select his/her own network general dentist.

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

Dentist Selection Form

Partners for Health DHMO Plan – 2027

Please check one box to indicate Active ☐ or ☐ Retiree

Please print

Name _____
Last First Middle

Subscriber (Employee/Retiree) Edison identification number _____

Phone number _____

Dentist facility number _____

Date _____ Signature _____

If eligible family members have a different dentist selection from yours, list the information below:

First name	MI	Last name (if different)	Dentist facility ID#



Need more? Get more.

Cigna Dental Oral Health Integration Program®

What is the Cigna Dental Oral Health Integration Program?

It's a program that reimburses out-of-pocket costs for specific dental services used to treat or help prevent gum disease and tooth decay. The program is for people with certain medical conditions that may be impacted by dental care. There's no additional cost for the program – if you qualify, you get reimbursed!

Do I qualify?

If you have a Cigna dental plan, you're eligible for the program. It doesn't matter if you have Cigna health insurance or not. The only requirement is that you're currently being treated by a doctor for:

- Heart disease
- Stroke
- Diabetes
- Head and neck cancer radiation
- Maternity
- Chronic kidney disease
- Organ transplants

How does it work?

Once you register for the program, when you visit your dentist you will pay your usual copay. As a reminder, your copay is the fixed amount you pay for covered services. Next, your dentist will send Cigna Healthcare your information, and we will review the claim and refund your copay for eligible services. Once we receive your claim, you can expect to be reimbursed in about 30 days.

Using the program is as easy as 1, 2, 3!

Together, we can make sure proper dental care is given to those who need it most.

1. Participants fill out the online Registration Form on **myCigna.com**. This is required only one time per qualifying medical condition. You can also call the number on your ID card or policy.
2. Once you're logged in on **myCigna.com**, click "Review my Coverage" then select "Dental" from the drop down menu. Next, from the "Related Links" section on the right side of the page, select "Cigna Dental Oral Health Integration Program Registration Form."
3. Program participants simply visit their network general dentist for the covered service and pay the dentist their usual copay amount for that procedure. We'll send reimbursement in about 30 days.

Special notice

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call **615.532.9617**.

1. Cigna Dental Care® product designs may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans (including Dental HMO plans), and plans with open access features. The Cigna Dental Care® Prepaid plan for the State Group Insurance Program may not be available in every state. There are no out-of-network benefits, except for emergencies or where required by law.
2. Refer to your plan materials to see if your plan includes orthodontic coverage. The following orthodontic services are generally not covered: incremental costs associated with optional/elective materials; orthognathic surgery applicances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment.
3. A maximum benefit of 24 months of interceptive and/or comprehensive orthodontic treatment is covered.
4. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your patient charge schedule.
5. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
6. Actual features may vary by dentist. Online appointment scheduling is not available with network general dentists or pediatric dentists. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.
7. You may be billed separate for lab fees.
8. NetMinder. DHMO data as of March 2019 and 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. These are examples used for illustrative purposes only. Your actual costs and plan coverage will vary. Plan limitations and exclusions may apply. See your plan materials for details.

Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided to their patient. They are not agents of Cigna Healthcare. All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care® plans are insured 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. (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 other states, Cigna Dental Care® plans are insured by Cigna Health and Life Insurance Company or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: HP-POL134 (TN). The Cigna name, logo and other Cigna marks are owned by Cigna Intellectual Property, Inc. Brighter Score is a trademark of Brighter, Inc. a Cigna Company.

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Discrimination is against the law
Dental Coverage

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422, 877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224 （聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1.800.244.6224 (TTY: wybierz 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224（TTY: 711）まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شمارهگیری کنید).