



HELP PROTECT YOUR ORAL HEALTH AND YOUR BUDGET

2021 Cigna Dental Care® Prepaid Plan

- › **NO** claim forms to file when using network dentists
- › **NO** deductible to pay before you can use your plan
- › **NO** calendar year dollar maximums to limit benefits
- › **NO** ID cards required to receive care
- › **NO** paperwork required
- › **NO** additional charge for second opinions

Participation Requirements:

An agency must be participating in the State of Tennessee Sponsored Group Health Plan in order to qualify for participation in the State of Tennessee Voluntary Dental Program. Employee, Retiree and/or Dependent participation in the State Sponsored Group Health Plan is not required to participate in the State Dental Program. Employee or Retiree participation in the Prepaid Dental Program is required for participation of eligible Dependents. Participation by those enrolled in the Prepaid Dental Program is on a calendar year basis, and enrollment may only be dropped by the Members during the Annual Enrollment Period for the beginning of the next calendar year or due to a special qualifying event. We will also allow dropping of your Prepaid enrollment if there is no participating general dentist within a 25-mile radius of your home.

*subject to state regulatory approval

1. 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 Prepaid plan is not available in all states. There are no out-of-network benefits, except for emergencies or where required by law.
2. 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.
3. Refer to your plan materials to see if your plan includes orthodontic coverage. The following orthodontic services are generally not covered: orthodontic treatment already in progress; incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment. 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.
4. Not all preventive care services are covered. For example, prescription medications are generally not covered. In general, cleanings are limited to two (2) per calendar year and intraoral/panoramic x-rays are limited to one (1) every three calendar years. See your Patient Charge Schedule for a complete list of covered services and any frequency limitations.

All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, see your enrollment materials.

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided to their patient. They are not agents of Cigna. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) 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. TN policy form: HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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It's time to learn about your dental plan options for next year.

You are eligible to choose the Cigna Dental Care (DHMO¹) Prepaid plan. This fall, you can enroll in and make benefits changes for most programs during these dates:

- › State and higher education employees:
October 1 to October 16, 2020. Enrollment ends on October 16, 2020, at 4:30 pm (CT).
- › Local education and local government employees:
October 1 to October 30, 2020. Enrollment ends on October 30, 2020, at 4:30 pm (CT).
- › Retirees:
October 1 to October 30, 2020. Enrollment ends on October 30, 2020, at 4:30 pm (CT).

Together, all the way.®



Cigna Health and Life Insurance Company or its affiliates

Selecting a dental plan is an important decision.

NEW THIS YEAR.

Dental Implant benefit added
Teledentistry – No Charge

Consider the 2021 Cigna Dental Care Prepaid Plan

Dental care needs can be hard to predict. You can prepare now by selecting a General Dentist from the Cigna Dental Care network for the State of Tennessee plan. The plan works much like a medical HMO, in which you select a Primary Care Provider to manage your care. The Cigna Dental Care Prepaid plan is designed to help keep dental expenses affordable, while providing quality care to you and your family.

The checklist below can help you decide what's most important for you and your family. Simply check "yes" or "no," and then read the instructions below the chart.

Is the Cigna Dental Care Prepaid Plan right for you?

CIGNA DENTAL CARE PREPAID PLAN FEATURE	WHAT IT MEANS TO YOU	IMPORTANT TO YOU?	
Fixed copays	When you enroll in a Cigna Dental Care (DHMO) Prepaid Plan, you receive a Patient Charge Schedule, or "PCS." The PCS lists the specific dental procedures covered by the plan and the amount you pay the dentist. These copays apply even if you see a specialist.*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Access to a Cigna Dental Care dentist in the State of Tennessee plan where you need one	Cigna Dental Care has a network of available providers for the State of Tennessee plan. This helps you and each of your enrolled family members choose a network dental office that's convenient to your home, work or school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No deductibles or waiting periods	There is no amount you have to pay, no period of time you have to wait, before your coverage begins. Instead, you can visit a network dentist immediately after your coverage begins and pay only the copay listed on your PCS. ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No annual or lifetime dollar maximums	If your benefits include a plan maximum and the plan pays that maximum amount, you would have to pay 100% for all dental work needed for the rest of the plan year. With the Cigna Dental Care Prepaid plan, "no maximums" means that your coverage is not limited to a certain dollar amount.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No paperwork	Since you simply pay the copay when you visit the network dental office, there are no claim forms to file. If you need to see a specialist, your chosen network general dentist will fill out the specialty referral paperwork for you. Referrals aren't required for network pediatric dentists for your children under 13 years old or for network orthodontists if you or your family member need braces. ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orthodontic Care	Cigna's plan includes coverage for braces for children and adults. ³ Check your plan materials at Cigna.com/sites/stateoftn	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental implant coverage	Implant Coverage Benefit (surgical placement of implants) limited to one implant per calendar year with a replacement of 1 every 10 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Count the boxes you checked "yes" and "no." If more boxes are checked "yes," the Cigna Dental Care Prepaid plan may be the right option for you!		_____	_____

The Cigna Dental Care Prepaid plan for the State of Tennessee Group Insurance Plan may not be available in every state. There are no out-of-network benefits for the Cigna Dental Care Prepaid plan, except where required by law.²

The Cigna Dental Care Prepaid plan is not currently offered in Alaska, Idaho, Maine, Montana, New Hampshire, New Mexico, North Dakota, Puerto Rico, South Dakota, Vermont, West Virginia, Wyoming, and US Virgin Islands.

* Make sure to confirm that your current dentist is in the Cigna Dental network for the State of Tennessee plan if you want if you want to continue receiving treatment from them and receive the most from your plan benefits.

Why choose the 2021 Cigna Dental Care Prepaid Plan?

It's easy to use.

- ▶ Prior to enrolling in the Cigna Dental Care Prepaid plan you can find a network dentist at [Cigna.com/sites/stateoftn](https://www.cigna.com/sites/stateoftn).
- ▶ When signing up, you must choose a Cigna network general dentist in the State of Tennessee plan who will handle all of your dental care. If you need assistance in selecting a dentist, contact Cigna at 800.997.1617.
- ▶ Once enrolled with the Cigna Dental Care Prepaid plan, you can find or change dentists on [myCigna.com](https://www.mycigna.com) (registration required) or by calling State of TN customer service at 1.800.997.1617.
- ▶ After you sign up, Cigna will mail you a Patient Charge Schedule (or "PCS") that lists the copays for covered services. You can also view/download a copy on [myCigna.com](https://www.mycigna.com).
- ▶ ID cards, even though not required, will be issued. You can also request or print one anytime at [myCigna.com](https://www.mycigna.com).
- ▶ There are no claim forms to submit when using network dentists. When your PCS lists a copay, pay that amount to the dentist directly after you receive care.
- ▶ If you need to see a network dental specialist, your network general dentist will handle the referral paperwork for you. Children can see a pediatric

dentist up to age 13. Referrals are required for all network specialists except orthodontists and pediatric dentists. 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 than for your general dentist.

- ▶ If you want a second opinion, you can get one at no additional charge. Our knowledgeable, friendly customer service representatives can provide the details.

And it's budget friendly

- ▶ No additional charge for most preventive services⁴. (A copay for the office visit is required.)
- ▶ When there is a cost, you'll pay a set amount (copay) for services covered by your plan.
- ▶ Network dentists aren't allowed to charge you more than the copay amount for covered services. There may be an additional charge for lab fees that you will be required to pay.



Saving money is simple.

NO extra charge for most preventive services such as exams, x-rays and routine cleanings⁴

