

CIGNA DENTAL CARE (DHMO¹)/ ORTHODONTICS IN PROGRESS



Cigna Dental

In the middle of orthodontic treatment? Switching to a Cigna Dental Care[®] plan? Your new Cigna Dental Care coverage may help pay some of your orthodontic costs.

Q: What is “orthodontics in progress”?

A: It’s when you start orthodontic treatment with one carrier. Then you switch to a Cigna Dental Care plan before your orthodontic care is done. Your treatment is still “in progress.” And your Cigna plan may cover it.²

Q: Do I have coverage for orthodontics in progress under my new Cigna plan?

A: You could qualify for coverage if your teeth are being actively moved (by bands or appliances, such as braces) when your Cigna coverage starts. Your coverage depends on your specific plan’s limitations. Take a look at your Patient Charge Schedule (PCS). It will tell you if you have orthodontic coverage under your plan. Your coverage may be different from what you had under your old plan.

Please note: The terms of the contract you signed with your orthodontist don’t change. You’re still responsible for the orthodontist’s total charge.

Q: How do I find out how much coverage I have? How do I get payment?

A: After you enroll, your orthodontist can complete a standard Orthodontia in Progress form or you can get one by calling Cigna customer service at **800.Cigna24**. To complete the form, you must know:

- The phase of treatment (“active treatment” or “retention” – ask your orthodontist)
- The months of treatment you have left when your new Cigna plan starts

Submit the form to Cigna. We’ll let you know how much your plan pays for orthodontics in progress. Your plan can pay your orthodontist quarterly. If you’ve prepaid your bill, we can pay you directly.

Orthodontics in progress example³

(Based on Patient Charge Schedule K1-09)

Year One				Year Two			
			8/1	1/1			

24 months of active treatment started 8/1.

On 1/1 of the following year, your Cigna Dental Care plan takes effect.



20 months of active treatment are left

$$\text{\$24} \times 20 = \text{\$480}$$

Cigna monthly contribution for active treatment

months of remaining active treatment

$$\text{\$480} + \text{\$30} = \text{\$510}$$

Cigna orthodontic retention contribution

Combined Cigna contribution

$$\text{\$510}/20 = \text{\$25.50}$$

In this example, the plan contributes \$25.50 per month toward the monthly orthodontic payments for the 20 months of active treatment remaining.

After the 20 months, plan contributions stop because active treatment has been completed. The patient is responsible for any remaining balance owed to the orthodontist.

Q: What about non-orthodontic treatment in progress?

A: Your Cigna Dental Care plan doesn't usually cover non-orthodontic treatment in-progress.⁴

This includes:

- Root canal treatment
- Crown and bridge work
- Dentures

You should finish this treatment under the guidelines of your prior dental plan. See your plan documents for more details.

Questions?

For live, 24/7/365, customer service, call us at **800.Cigna24 (800.244.6224)**.

Or visit us at **Cigna.com**.



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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. Not all plans include orthodontic coverage. Depending on your plan design, some charges may not qualify for payment. The following services are generally not covered: incremental costs associated with optional/elective materials; orthognathic surgery and associated incremental costs; appliances to guide minor tooth movement; appliances to correct harmful habits; and services which are not typically included in orthodontic treatment. See your plan documents for details.
3. For illustrative purposes only. Your actual plan coverage and out-of-pocket costs will vary.
4. If you reside in California or Texas and are enrolled under a Cigna Dental Care (DHMO) plan, treatment already in progress on the effective date of your coverage is not excluded if otherwise covered under your PCS.

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

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