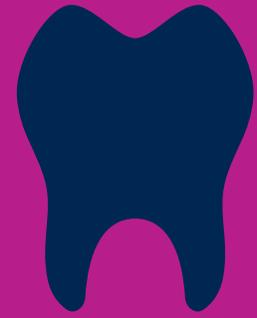


WHICH CIGNA DENTAL PLAN IS RIGHT FOR YOU?



Selecting between the Cigna Dental Care (DHMO) plan* and the Cigna Dental PPO (DPPO) plan is an important decision. The following questions can help you determine which dental plan features are most important to you and your family, and make your decision process easier.

For each question listed below, check “yes” or “no.” Then refer to the information on the second page when you are finished.

For each question below, check either “yes” or “no”

Do you prefer a plan that tells you the exact dollar amount you will pay for each procedure, so you don't have to calculate percentages?	Yes	No
Do you prefer a dental plan that has no dollar maximums , so you don't have to worry about your benefits running out if you reach a certain amount?	Yes	No
Do you prefer a dental plan with no deductibles , so your benefits kick in right away, rather than waiting to reach a certain level of out-of-pocket expenses first?	Yes	No
Would you change dentists if it meant spending less out-of-pocket for your dental care costs?	Yes	No
Would you be willing to select a primary care network dentist to manage all your dental care needs?	Yes	No
Number of answers you checked in each column:	_____	_____

See reverse side for more details



GO YOU®



**Do you have more checks in the “yes” column?
Then the DHMO** plan may be right for
you because:**

- There are no dollar maximums
- There are no deductibles
- Your benefits start right away: No waiting periods
- There are no claim forms to file
- You select a DHMO network general dentist to manage all your dental health care needs and he/she will refer you to visit any network specialist (prior authorization may be required for certain specialty care treatments)
- Your dentist may already participate in the Cigna DHMO Network; visit our online directory to verify!

**Do you have more checks in the “no” column?
Then the DPPO plan may be right for
you because:**

- You have the freedom to visit any licensed dentist or specialist
- You do not need a referral to visit any specialist
- Your dental plan will cover eligible dental expenses after you meet any applicable waiting periods and meet any deductibles
- Your plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services

We encourage you to review your enrollment information in detail, such as brochures, the Dental Fee Overview (DHMO), or benefit summary (DPPO) before enrolling in a Cigna plan. If you still have questions after reviewing your enrollment information, you can call 800.238.5834 to speak to one of our helpful customer service representatives. You can also visit our website at: Cigna.com.

*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.

** Minnesota Residents: If you enroll in the Cigna Dental Care (DHMO) 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: DHMO 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.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna’s network are independent contractors solely responsible for the treatment provided, and are not agents of Cigna.



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