

Cigna Dental Oral Health Integration Program®

customers
who need more,
get more

For eligible Cigna Dental customers.

The Cigna Dental Oral Health Integration Program was first to enhance dental coverage for people with diabetes, heart disease and for pregnant women – because research shows that oral health may have an impact on overall health. And as the associations between oral and overall health continue to grow, so does our program. We've added certain procedures for specialized dental needs at no additional cost to you – and other perks too!



More coverage – medical conditions associated with oral health

Cigna Dental continues to follow current clinical research indicating associations between oral health and medical conditions. As a result, we've enhanced our Program to

reflect the latest medical and dental research. If you have any of the medical conditions below, you qualify for 100 percent reimbursement of your copays or coinsurance for certain related dental procedures. There's no additional charge for the Program – if you qualify, you get reimbursed!*

Covered Medical Condition	Did You Know...
Maternity	One study showed that pregnant women with untreated chronic gum disease during the second trimester were up to eight times more likely to give birth prematurely. ¹
Stroke <i>NEW!</i> & Cardiovascular Disease	80 million, or one in three, adults in the U.S. have cardiovascular disease. Those with gum disease may be at greater risk for heart disease and stroke. ²
Diabetes	Gum disease can be a risk factor for complications of diabetes, and it can also put diabetics at a higher risk for additional gum problems. ³ Some studies show that gum disease may also make it more difficult for diabetics to control their blood sugar. ⁴
Head and Neck Cancer Radiation <i>NEW!</i>	Head and neck radiation can harm normal cells, including cells in the mouth such as the soft, moist lining of your mouth, jaw bones, and glands that make saliva. The radiation could cause the mouth to be dry which in turn could cause increased risk for tooth decay and gum disease. ⁵
Organ Transplants <i>NEW!</i>	Organ transplant patients need specialized dental care. The compromised health and immune system of transplant patients could place them at increased risk for systemic as well as oral infections, including tooth decay and gum disease. ⁶
Chronic Kidney Disease <i>NEW!</i>	Researchers found that subjects with gum disease and those with missing teeth were nearly twice as likely to have chronic kidney disease compared with those without these risk factors. Patients with acute kidney disease may also have an increased risk of tooth decay because of a dry mouth. ⁷



1. Journal of the American Dental Association, July 2001 "Oral Health During Pregnancy: An Analysis of Information"
2. American Academy of Periodontology, www.perio.org, Feb. 2002
3. American Academy of Periodontology, April 2006
4. Journal of the American Dental Association, October 2003
5. "Head and Neck Radiation Treatment and Your Mouth," U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, July 2008
6. Dental Management of the Organ Transplant Patient. National Institutes of Health. National Institute of Dental and Craniofacial Research. NIH Publication No. 10-6270. Reprinted October 2009.
7. Colgate World of Care. Reviewed by the Columbia University College of Dental Medicine. Retrieved 12/31/09. www.colgate.com.

* Deductible does not apply. Reimbursement counts toward maximum for DPPO/indemnity plans.

More coverage – dental services for customers with associated medical conditions

The table below shows covered dental services by medical condition.

Covered Dental Services	Cardio	Stroke	Diabetes	Maternity	Chronic Kidney Disease	Organ Transplants	Head & Neck Cancer Radiation
Periodontal Treatment & Maintenance (D4341, D4342, D4910 ¹)	✓	✓	✓	✓	✓	✓	✓
Periodontal Evaluation (D0180)				✓			
Oral Evaluation (D0120 ² , D0140 ² , D0150 ²)				✓			
Cleaning (D1110 ³)				✓			
Emergency Palliative Treatment (D9110 ⁴)				✓			
Fluoride – topical application & varnish (D1203 ⁵ , D1204 ⁵ , D1206 ⁵)					✓	✓	✓
Sealants (D1351 ⁵)					✓	✓	✓

1. Four times per year.

2. One additional evaluation.

3. One additional cleaning.

4. No limitations.

5. Age limits removed, all other limitations apply.

More savings

Your dental care doesn't just happen at the dentist's office. You floss, brush and rinse. But sometimes you need more. When you submit a Reimbursement Form for a covered procedure, we'll give you up to 50 percent off average retail prices on the following prescription dental products through Cigna Home Delivery Pharmacy – no matter who your pharmacy carrier is. These products are specifically made to treat and reduce the risk for gum disease and tooth decay.

- Chlorhexidine Prescription Anti-bacterial Rinses
- Fluoride Prescription Toothpaste
- Fluoride Prescription Rinses
- Fluoride Prescription Gel

Program participants can also request free samples and discounted non-prescription dental products developed for patients with a higher risk for gum disease and cavities.

More wellness

Your oral health and your overall well-being are connected. Stress, tobacco use and fear of going the dentist can all negatively impact your oral health. When you submit a Reimbursement Form for a covered procedure, you can choose to get information on how these behavioral conditions can affect your oral and overall health. But more importantly, we'll tell you what you can do to overcome these destructive behaviors.

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

1. Simply visit your dentist for the covered service and pay the dentist your usual copay or coinsurance amount for that procedure.
2. Fill out the Reimbursement Form. Be sure to check off any additional information you may want about Cigna Home Delivery Pharmacy discounts and/or behavioral articles. You can find the form on **myCigna.com**, **Cigna.com** or by calling **1.800.Cigna24**.
3. Mail in your completed form AND required documentation (proof of payment, itemized receipt from dentist, EOB, OR dentists' completed claim form) to Cigna at the address listed on the Reimbursement Form.



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Cigna Dental Oral Health Integration Program® Reimbursement Form



INSTRUCTIONS: Complete sections A-G.

- Checklist of items required for reimbursement:**
- Completed Cigna Dental Oral Health Integration Program Reimbursement Form
 - Proof of Payment
 - Dental Explanation of Benefits (EOB) OR Itemized Receipt from Dentist OR, Completed Claim Form (primary and secondary if applicable)

Mail completed form and attachments to: Cigna Dental
P.O. Box 188044
Chattanooga, TN 37422-8044

A. INSURED/SUBSCRIBER INFORMATION			
INSURED/SUBSCRIBER NAME: <i>(Last, First, Middle Initial)</i>			SSN OR CIGNA CUSTOMER ID:
ADDRESS: <i>(Street)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip Code)</i>
TELEPHONE NUMBER:	E-MAIL ADDRESS:	EMPLOYER NAME:	EMPLOYER GROUP NUMBER:
B. OTHER COVERAGE INFORMATION			
OTHER DENTAL OR MEDICAL COVERAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		PATIENT'S RELATIONSHIP TO POLICYHOLDER/SUBSCRIBER: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
POLICYHOLDER/SUBSCRIBER NAME: <i>(Last, First, Middle Initial)</i>			DATE OF BIRTH:
C. PATIENT INFORMATION			
PATIENT NAME:			PATIENT DATE OF BIRTH:
D. DENTIST INFORMATION			
DENTIST NAME:			TELEPHONE NUMBER:
DENTIST ADDRESS: <i>(Street)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip Code)</i>
E. CLAIM INFORMATION			
DATE(S) OF DENTAL SERVICE:		AMOUNT PAID TO DENTIST:	
<p>Please check the appropriate procedure(s) for which you are requesting reimbursement:</p> <p>Cardiovascular, Cerebrovascular (Stroke) and Diabetes:</p> <p><input type="checkbox"/> D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant</p> <p><input type="checkbox"/> D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant</p> <p><input type="checkbox"/> D4910 - Periodontal Maintenance*</p> <p>Chronic Kidney Disease, Organ Transplants and Head and Neck Cancer Radiation:</p> <p><input type="checkbox"/> D1206 - Topical Application of Fluoride Varnish***</p> <p><input type="checkbox"/> D1208 - Topical Application of Fluoride</p> <p><input type="checkbox"/> D1351 - Sealant - One Tooth***</p> <p><input type="checkbox"/> D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant</p> <p><input type="checkbox"/> D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant</p> <p><input type="checkbox"/> D4910 - Periodontal Maintenance</p> <p>Maternity:</p> <p><input type="checkbox"/> D0120 - Periodic Oral Evaluation**</p> <p><input type="checkbox"/> D0140 - Limited Oral Evaluation**</p> <p><input type="checkbox"/> D0150 - Comprehensive Oral Evaluation**</p> <p><input type="checkbox"/> D0180 - Periodontal Evaluation</p> <p><input type="checkbox"/> D1110 - Prophylaxis - Adult (Cleaning)**</p> <p><input type="checkbox"/> D4910 - Periodontal Maintenance*</p> <p><input type="checkbox"/> D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant</p> <p><input type="checkbox"/> D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant</p> <p><input type="checkbox"/> D9110 - Palliative Treatment</p> <p>* Limited to four times per year. ** One additional cleaning and one additional exam per year. *** Age limitations removed, all other limitations apply.</p>			
F. ADDITIONAL PERKS AVAILABLE FOR CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM CUSTOMERS			
I would like information e-mailed at no charge to me at the e-mail address above under Section A on the following topics:			
<input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Fear of the Dentist <input type="checkbox"/> Stress and the Impact on Oral Health			
I would like information on how to get free samples and discounts for non-prescription dental products developed for patients with a higher risk of oral health problems. By indicating yes, I authorize Cigna Dental to only release my name and address for one-time use only to outside companies so they may provide me with products and information. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I would like information on how I can obtain discounts on my prescription dental products from Cigna Home Delivery Pharmacy. <input type="checkbox"/> Yes <input type="checkbox"/> No			
G. CERTIFICATION			
I certify that checking the box(es) below indicates that I am eligible for this additional dental coverage based on the criteria set by my employer. I understand this submission does not guarantee payment and that plan maximums may apply. I also understand Cigna has the right to check my medical records to confirm my medical condition.			
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Cerebrovascular (Stroke) Disease	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Head and Neck Cancer Radiation	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Organ Transplants	
MEDICAL PHYSICIAN'S NAME:		TELEPHONE NUMBER:	MEDICAL CARRIER:
PATIENT SIGNATURE: <i>(Required)</i>			DATE:

Frequently Asked Questions about Getting Reimbursed for Cigna Dental Oral Health Integration Program® Coverage

What is the reimbursement process?

To get reimbursed for your coinsurance or copay amount, complete the information on the reverse side of this form and mail it to the address at the top of the form. It typically takes 2-4 weeks from receipt of the Reimbursement Form for you to get payment. Please keep in mind that all requests for reimbursement will be reviewed and only requests eligible under the Cigna Dental Oral Health Integration Program guidelines will be granted.

What is the difference between a claim form and a Cigna Dental Oral Health Integration Program Reimbursement Form?

A claim form is typically submitted by your dentist. Once we receive the claim form from the dentist, we pay him/her for their services. With the Cigna Dental Oral Health Integration Program, you pay the dentist your normal coinsurance or copay (depending on your plan) at the time of service, and then you submit a Reimbursement Form for the amount of your coinsurance or copay.

Who submits the claim form and who submits the Cigna Dental Oral Health Integration Program Reimbursement Form?

Your dentist will submit the claim form in most cases, and you should submit the Cigna Dental Oral Health Integration Program Reimbursement Form (see question above).

If I'm a dependent (spouse, partner or child), do I provide my ID number or the person who is the primary insured individual?

Please provide the ID number of the person who is the primary insured individual on the policy.

Where can I find my Employer Group Number?

Please check a previous Explanation of Benefits, your dental page on mycigna.com, call 1.800.Cigna24 and follow the prompts to get your Employer Group Number. You can also provide your ID and/or social security number and a Customer Service Representative will identify your Employer Group Number for you. If you have a Cigna Medical or Dental ID card the Employer Group Number is listed on the cards.

What does "Other Coverage" mean?

Please complete the Other Coverage section if you have additional insurance from a separate policy (sometimes referred to as secondary insurance), typically through your spouse or partner.

If I don't have an e-mail address but still want information on discounted prescription products, discounted non-prescription products or information on behavioral conditions affecting my oral health, how can I get the information?

Please include a note when you submit your Cigna Dental Oral Health Integration Reimbursement Form indicating the address where you would like the information mailed and it will be sent through the U.S. Postal Service.

Do I have to include anything that proves I have a condition and does Cigna have the right to verify my condition?

You do not have to include any documentation with your Reimbursement Form that proves you have a specific condition. However, at the bottom of the form you must sign your name verifying that you have the condition and acknowledge that Cigna reserves the right to request medical records or check with your physician prior to reimbursement.

If I have questions about the Cigna Dental Oral Health Integration Program or how to complete and submit the Reimbursement Form who do I call?

Please call 1.800.Cigna24 with any questions you may have.