

Your Dental Coverage Options

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Your Dental Coverage Options

Dental Coverage Options Table

CNO offers you a choice of three dental options shown on the chart below.

Dental Plan Features	CIGNA Dental Care DHMO	DeltaPreferred PPO	DeltaPreferred Passive PPO
Network coverage	CIGNA DHMO network No out-of-network coverage	DeltaPreferred network Out-of-network coverage – lower benefit levels apply	DeltaPreferred network Out-of-network coverage – benefits covered at in-network level regardless of dentist’s status in DeltaPreferred network*
PREVENTIVE AND DIAGNOSTIC <ul style="list-style-type: none"> • Oral exams (two per year) • Routine cleanings (two per year) • Full mouth X-rays (one complete set every three years) • Bitewing X-rays (two per year) • Panoramic X-rays (once every three years) • Fluoride treatments • Sealants 	100% <ul style="list-style-type: none"> • Once every six months for persons under age 19 • Reduced, fixed, preset charges for all covered services 	In-network: 100% Out-of-network: 80% after deductible <ul style="list-style-type: none"> • Twice per year for persons under the age of 19 • Covered for first molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime 	 <ul style="list-style-type: none"> • Twice per year for persons under the age of 19 • Covered for first molars through the age of 8 and second molars through the age of 13; one treatment per tooth, per lifetime
ANNUAL DEDUCTIBLE Individual Family	None None	In-network: \$50 Individual \$150 Family Out-of-network: \$100 Individual \$300 Family	\$50 Individual \$150 Family
Calendar-year maximum	Unlimited	In-network: \$1,500 per member Out-of-network: \$500 per member	\$1,500 per member
Basic restorative care	Reduced, fixed, preset charges for all covered services	In-network: 80% after deductible Out-of-network: 60% after deductible	80% after deductible
Major restorative care	Reduced, fixed, preset charges for all covered services	In-network: 50% after deductible Out-of-network: 40% after deductible	50% after deductible
Orthodontia	Reduced, fixed, preset charges for all covered services	In-network: 50% up to \$1,000 lifetime maximum for dependent children up to the age of 19 Out-of-network: 40% up to \$500 lifetime maximum for dependent children up to the age of 19	50% up to \$1,000 lifetime maximum for dependent children up to the age of 19
SEMIMONTHLY DENTAL RATES			
Associate	\$ 5.55	\$ 4.32	\$ 12.65
Associate + child(ren)	\$ 9.19	\$ 13.74	\$ 29.81
Associate + spouse	\$ 8.33	\$ 9.82	\$ 24.73
Family	\$ 15.67	\$ 26.08	\$ 51.32

How does the CIGNA Dental Care (DHMO) work?

- There are no claim forms to file.
- There is no deductible.
- There is no annual benefit maximum.
- Covered exams, X-rays and routine cleanings are available at no cost to you and your dependents.
- Specialty care is available with a referral.
- No out-of-network benefits are available.

You must select a primary care dentist with this option. For a list of member dentists, visit cigna.com or contact CIGNA at (800) 367-1037.

The availability of network providers is limited. You must verify the availability of participating dentists and confirm that they are taking new patients before you enroll in this option. (If you are not an existing patient of the dentist you choose, consider scheduling an appointment for a simple cleaning as soon as possible to ensure you're on the patient roster. Otherwise, you risk not being able to get in with a DHMO dentist when you need care.) When enrollment ends, you can't change your dental plan option until the next Annual Enrollment period unless you experience a qualifying event, even if you later find that a DHMO network provider is not available in your area.

Accessing Your Cigna Dental Care DHMO Benefits

1. **Go to cigna.com** and click on "Provider Directory" to locate in-network dentists.
2. Note the six-digit dental office number from your dentist's record on this site, this number is required during enrollment. Whether or not you have the same primary care dentist, you'll need to enter a dental office number for each enrolled dependent.
3. Make an appointment with the dentist listed on your card. To change your dentist, you first must:
 - Verify that the new dentist is in the DHMO network and is accepting new patients.
 - Contact CIGNA to make the company aware of the change.

4. Verify that your ID card has the correct provider information before you receive services.
5. Present your card to the dentist at the time of service.

How does the DeltaPreferred PPO work?

- You have the freedom to select any licensed dentist. Your benefits are greater if you see a DeltaPreferred PPO dentist.
- A deductible applies for basic or major restorative care. The plan pays a percentage of covered charges after the deductible. (See the Dental plan features table on the previous page.)
- You don't need to designate a primary care dentist.
- There is no referral requirement for specialty dental work.
- Pretreatment reviews, or predeterminations, are recommended but not required for certain procedures to avoid unplanned expenses.

You must verify the availability of participating dentists before you enroll in this option. When enrollment ends, you can't change your dental plan option until the next Annual Enrollment period, unless you experience a qualifying event.

Accessing Your DeltaPreferred PPO Benefits

1. You can locate in-network providers by calling Delta Dental at (800) 524-0149, or going to www.deltadentalin.com. Search in the DeltaPreferred network to find participating dentists.
2. Make an appointment with the dentist of your choice.
3. Inform the dentist that you are a DeltaPreferred participant.
4. Make sure that your dentist uses your correct Social Security number to verify eligibility and for you and/or your spouse or dependents. Your coverage levels are based on whether or not your dentist is a PPO dentist.
5. If you see a dentist who is not contracted with either the DeltaPreferred PPO or DeltaPreferred Passive PPO, you may have to file a claim form. You don't need to designate a primary care dentist; you can refer yourself to a specialist.



How does the DeltaPreferred Passive PPO work?

- You may visit any licensed dentist or specialist of your choice.
- Your coinsurance percentages are the same regardless of the dentist you visit. However, if you visit a DeltaPreferred dentist, your fees are discounted, reducing your out-of-pocket expense.
- The plan pays a percentage of covered charges, up to the usual and customary rates (UCR) in your area.
- A deductible must be met for basic or major restorative care. The plan pays a percentage of covered charges after the deductible. (See the Dental plan features table on page 2 of this section.)
- You can see any licensed dentist. If you see a dentist who is contracted under DeltaPreferred, the dentist will not bill you for any charged amount that exceeds Delta's UCR limits and you will not have to file a claim form.
- If you see a dentist who is not contracted with DeltaPreferred, your coverage levels remain the same. However, you will be billed by the dentist for all charges and are responsible for any amounts over Delta's UCR limit. In most cases, you will have to file a claim form.
- Pretreatment reviews, or predeterminations, are recommended (but not required) for certain procedures to avoid unplanned expenses.

When enrollment ends, you can't change your dental plan option until the next Annual Enrollment period unless you experience a qualifying event.

Accessing Your DeltaPreferred Passive PPO Benefits

1. Follow steps 1 and 2 in the DeltaPreferred PPO instructions.
2. Inform the dentist that you are a DeltaPreferred participant.
3. Your coverage levels are the same no matter what licensed dentist you see, but with DeltaPreferred contracted dentists, you will not be billed for any amount that exceeds Delta's UCR limits in your area and you will receive discounted fees. You may be required to file a claim form. If you see a dentist who is not contracted with DeltaPreferred, you are responsible for paying any claim amount that exceeds Delta's UCR limit and you'll have to file your own claim form. You don't need to designate a primary care dentist, and you can refer yourself to a specialist.

Make sure your dentist uses your correct Social Security number to verify eligibility and benefits for you and/or your spouse or dependents. Your coverage levels are based on whether or not your dentist is contracted with DeltaPreferred.

