Cigna Dental Oral Health Integration Program®

A Cigna Dental Health Connect™ solution



BETTER HEALTH MAY START IN YOUR DENTIST'S CHAIR.

At Cigna, we see the whole person - not just a dental condition.

Did you know that:

There's an association between oral health and overall health. By getting the right oral health care, along with regular medical care, you may be able to improve your overall health.

The Cigna Dental Oral Health
Integration Program® can help. You
may qualify for full reimbursement*
of the costs you pay for certain
dental procedures if you have any
of these medical conditions:

- Heart disease
- Stroke
- Diabetes
- Maternity
- Chronic kidney disease
- Organ transplants
- Head and neck cancer radiation

How does it work?

Once you are enrolled, you visit your dentist and pay your usual out-of-pocket costs (deductible, copay or coinsurance). If you visit a Cigna network dentist, they will send us a claim. If you choose to see a dentist not in the Cigna network, you may need to submit the claim yourself. We review the claim and will refund your out-of-pocket costs for eligible services. Once we receive your claim, you can expect to be reimbursed in about 30 days.

You must enroll in this program prior to receiving treatment to be eligible for reimbursement.

How do I enroll?

- 1. You must fill out the online
 Registration Form found on
 myCigna.com. You can also call
 the number on the back of your
 ID card to have an enrollment
 form sent to you. You only
 need to complete the form one
 time per qualifying condition.
- 2. Once you're logged in on **myCigna.com**, go to your "Dental Coverage" page. The enrollment form is located at the bottom of the page.
- 3. Visit your dentist and pay your usual out-of-pocket cost for the covered service. We'll send your reimbursement.

Together, all the way.®



The Cigna Dental Oral Health Integration Program may not be available under your specific plan. Reimbursement under this program is subject to plan terms and conditions, including applicable calendar year maximums and exclusions and limitations. For costs and details of coverage, see your plan documents.

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^{*} If your dental plan includes a deductible, you do not have to meet your deductible to be eligible for reimbursement. All reimbursements apply to and are subject to any plan calendar year maximum as well as in-network and out-of-network reimbursement rules.