



Dental Plan Summaries and Plan Highlights

2026 Plan Year



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Cigna Dental Benefit Summary

Townsquare Media, Inc.

Plan Renewal Date: 01/01/2026



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Benefit Plan Features	DPPO Total Network				Out-of-Network	
Network Options	Advantage Network		Network		See Out-of-Network Reimbursement	
Reimbursement Levels	Fee Schedule		Discount on Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	\$1,500		\$1,500		\$1,500	
Calendar Year Deductible Individual Family	\$50 \$150		\$50 \$150		\$50 \$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administered at the in-network coinsurance level.)	100% No Deductible	No Charge	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	90% After Deductible	10% After Deductible	70% After Deductible	30% After Deductible	70% After Deductible	30% After Deductible

Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$1,250	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:						
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.					
Out-of-Network Reimbursement	For services provided by an out-of-Network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider submitted amounts in the geographic area.. The dentist may balance bill up to their usual fees.					
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.					
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.					
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.					
Late Entrant Limitation Provision	Payment will be reduced by 50% for Class III and IV services for 24 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.					
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.					
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.					
Oral Health Integration Program®	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.					
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.					
Benefit Limitations:						
Oral Evaluations/Exams	2 per calendar year.					
X-rays (routine)	Bitewings: 2 per calendar year.					
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.					
Diagnostic Casts	Payable only in conjunction with orthodontic workup.					
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.					
Fluoride Application	1 per calendar year for children under age 19.					
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.					
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.					
Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.					
Denture and Bridge Repairs	Reviewed if more than once.					
Denture Relines, Rebases	Covered if more than 6 months after installation.					
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.					

Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: bite registrations; splinting;
- Prosthodontic: precision or semi-precision attachments;
- Implants: implants or implant related services;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers | Cigna under Dental Forms.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

Have your ID card handy?

With myCigna, the answer is always yes



Big news: You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.¹

Accessing your digital ID cards is easy.



Log in to **myCigna.com**® or the **myCigna App**.²



Click or tap "ID Cards."



View your card(s) as well as any dependents' cards



Email cards directly to doctors.



Save your digital ID cards in your Apple Wallet.



Not registered on myCigna yet?

It's quick and easy.

Visit **myCigna.com** or scan the QR code to download the **myCigna App** and register now.

Unlock the full value of your health plan with myCigna®.

From programs that help you improve your health to tools that help you manage your health spending, there's so much you can do on **myCigna.com** and the **myCigna App**.³



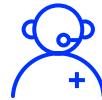
Find in-network doctors, hospitals and medical services.



Manage and track claims.



See cost estimates for medical procedures.



Use the click-to-chat feature to connect with a live Cigna HealthcareSM representative.



Compare quality-of-care information, including patient reviews.



Access a variety of health and wellness tools and resources, including an interactive health assessment.

New to Cigna Healthcare?

As a new customer, you can access your digital ID card before the plan effective date. Simply log in to **myCigna** and enter the required information.⁴

1. Digital ID cards do not apply to the following: all insured medical clients situated in Texas, New York, Florida and Colorado (ASO will be included); all medical clients situated in Minnesota regardless of funding type; all D HMO plans situated in Texas; all D HMO and D PPO plans situated in Georgia and Minnesota; all vision plans situated in Georgia, Minnesota and Texas.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
3. Actual myCigna features may vary depending on your plan and customer profile.
4. Access to digital ID cards prior to plan effective is available when Cigna Healthcare has received customer information from employers. Access to digital ID cards is not available on the myCigna App until after the plan effective date.

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So many ways to help manage your oral health.

Get to know the full value of myCigna.



Now it's easier than ever to manage your oral health and make the most of your dental plan with myCigna®.* There's so much you can do, from programs that help improve your oral health to tools that help manage your dental care spending, and more.



View, print and send ID cards



Find in-network dentists and filter by location, hours, languages and more



Compare dentists using Brighter Score™. Each score is based on factors such as affordability, patient experience and professional history**



Review coverage details and track claims



Review pricing with estimated costs for common procedures



Use the click-to-chat feature to connect with a live Cigna HealthcareSM rep

Visit [myCigna](#) today. Not registered yet? [Start here.](#)***



Download the myCigna App for your mobile device. Disponible en Español.



* Actual myCigna features may vary depending on your plan and customer profile.

** Actual features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.

*** Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

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Healthy mouth. Healthy body. Happy face.

Get to know the Cigna Dental PPO (DPPO) plan.



The power of preventive dental care

When you enroll in the Cigna Dental PPO (DPPO) plan, certain preventive dental care services like cleanings, oral exams and routine x-rays are covered at no additional cost when you use a network dentist.¹ And those visits are about more than brightening your smile — they're important for maintaining your overall health, too.

\$484

People with chronic conditions who receive routine preventive care save an average of \$484 per year.²

23%

People who get regular preventive care are **23 percent less likely to need care at an emergency room or urgent care center.**²

Your plan includes other features and benefits to help make getting dental care simple and affordable, including:



Enhanced flexibility

The Cigna DPPO plan allows you to choose any licensed dentist for care. However, you'll save more by using a dentist in the Total DPPO network. The Total DPPO network offers convenient access to highly rated dentists all across the country and savings on covered dental services.¹



Savings and convenience

Network dentists have agreed to reduce their fees for Cigna Healthcare® customers. They will also file claims for you and they cannot "balance bill" you for the difference between their regular fees and the reduced fees they have agreed to accept from Cigna Healthcare.



Preventive care that pays

Your plan includes Cigna Dental WellnessPlus®. With WellnessPlus, you can earn increases to your plan's benefits when you get routine preventive dental care. Once your benefits are effective and you've activated your myCigna.com account³, you can learn more by logging on to myCigna®.



What is balance billing?

Balance billing happens when a dentist who isn't in your plan's network charges more than your plan pays. Balance billing is a risk when you get services from an out-of-network dentist, so it helps to understand the difference between in-network and out-of-network dentists.

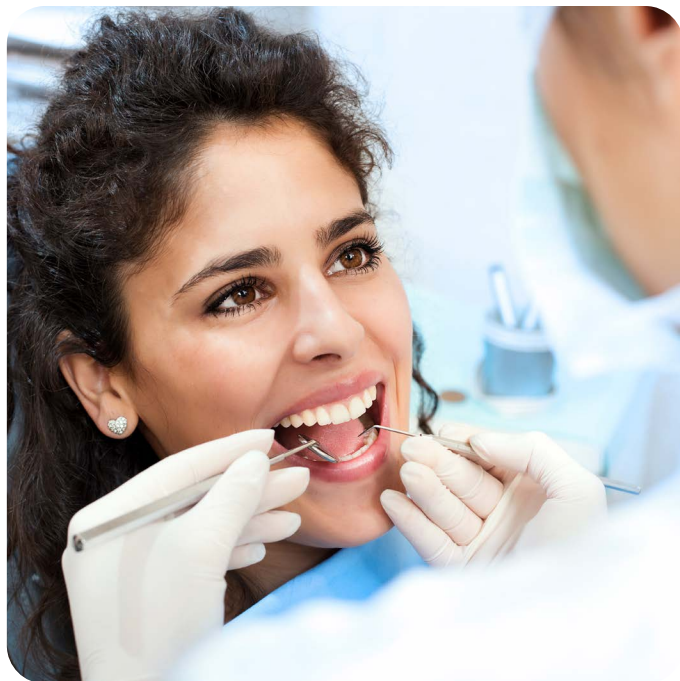


Find dentists in the Total DPPO network.

You can search for network dentists before your benefits become active by visiting Cigna.com.

- Select “Find a Doctor, Dentist or Facility”
- Follow prompts to search by type of dentist or by dentist name.
- When prompted to select a plan, choose “DPPO/EPO > Total DPPO”

Once your benefits become active, you can use your myCigna.com® account to access enhanced search tools including verified patient reviews, Brighter Scores® and a treatment cost estimator that shows costs specific to your plan.



No ID card needed!

You don't need an ID card to receive care from network dentists. Simply make your appointment and provide identification to the office staff. They can verify your coverage with Cigna Healthcare. You can also access a digital ID card after your benefits are effective and you have activated your myCigna.com account.



Dental coverage that keeps you smiling and helps you stay healthy.

Questions?

We're here to help 24/7/365, with live customer support in over 150 languages. Call 1.800.Cigna24.



1. Not all preventive services are covered, including athletic mouth guards. Refer to the policy for a complete list of covered and non-covered preventive services. Frequency limitations apply.
2. Cigna Healthcare internal study, December 2024. Savings reflected in total medical costs. Individual results may vary.
3. Children under age 13 are not permitted to register for a personal profile at myCigna.com.

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Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC)

Part I: GENERAL INFORMATION

Plan Name: Cigna Dental Health of California, Inc.
Type of Product Line: DHMO
Effective Date: Beginning on or after 01/01/2026

Name of Product: K1-09
Plan Phone #: 1-800-Cigna24
Plan Website: www.cigna.com

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE PLAN WEBSITE www.cigna.com OR CALL 1-800-Cigna24.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

Deductible	In-Network	Out-of-Network
Dental	None	None
Orthodontia	None	None

- **There is no deductible.**
- A **deductible** is the amount you are required to pay for covered dental services each plan year before the plan begins to pay for the cost of covered dental treatment.
- **In-network services** are dental care services provided by dentists or other licensed dental care providers that contract with your plan to provide dental services.
- **Out-of-network services** are dental care services provided by dentists or other licensed dental care providers that are not contracted with your plan.

Part III: MAXIMUMS PLAN WILL PAY

Maximums	In-Network	Out-of-Network
Annual Maximum	Not applicable	Not applicable
Lifetime or Annual Maximum for Orthodontia	Not applicable	Not applicable

- **Annual maximum** is the maximum dollar amount your plan will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period. Not all services accrue to the annual maximum.
- **Lifetime maximum** means the maximum dollar amount your plan providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: A waiting period is the amount of time that must pass before you are eligible to receive benefits or services for all or certain dental treatments. **Your dental benefit package has no waiting periods for covered services, once you are enrolled.**

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

Common Dental Procedures	Category	In-Network	Out-of-Network	Benefit Limitations and Exclusions For complete coverage details, exclusions and limitations, please see your Patient Charge Schedule and your Plan Booklet.
<i>Oral Exam</i>	Preventive & Diagnostic	\$0	Not Covered	Oral evaluations are limited to a combined total of 4 comprehensive or periodic evaluations during a 12 consecutive month period.
<i>Bitewing X-ray</i>	Preventive & Diagnostic	\$0	Not Covered	Not applicable

<i>Cleaning</i>	Preventive & Diagnostic	\$0	Not Covered	Limited to 2 per year; additional cleanings per year are available at the co-pay listed on your Patient Charge Schedule.
<i>Filling</i>	Basic	\$0	Not Covered	Not applicable
<i>Extraction, Erupted Tooth or Exposed Root</i>	Basic	\$12	Not Covered	Not applicable
<i>Root Canal</i>	Basic	\$335	Not Covered	Not applicable
<i>Scaling and Root Planing</i>	Basic	\$83	Not Covered	Limited to 4 quadrants per consecutive 12 months
<i>Ceramic Crown</i>	Major	\$490	Not Covered	Not applicable
<i>Removable Partial Denture</i>	Major	\$715	Not Covered	Not applicable
<i>Extraction, Erupted Tooth with Bone Removal</i>	Basic	\$53	Not Covered	Not applicable
<i>Orthodontia</i>	Orthodontia	\$2,040	Not Covered	Co-pay reflects twenty-four (24) months of active child comprehensive treatment. Cases beyond 24 months require an additional payment by the patient.

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic and Major Services for illustrative purposes and to compare this product to other dental products you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist	Sam Needs a Tooth Filled	Maria Needs a Crown
New patient exam, x-rays (full-mouth x-ray) and cleaning	Resin-based composite – one surface, posterior	Crown – porcelain/ceramic substrate

Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Total Cost of Care	In-network: \$400 Out-of-network: \$550	Total Cost of Care	In-network: \$150 Out-of-network: \$200	Total Cost of Care	In-network: \$1,300 Out-of-network: \$1,750
Deductible	In-network: Not applicable Out-of-network: Not Covered	Deductible	In-network: Not applicable Out-of-network: Not Covered	Deductible	In-network: Not applicable Out-of-network: Not Covered
Annual Maximum (Plan Will Pay)	In-network: Not applicable Out-of-network: Not applicable	Annual Maximum (Plan Will Pay)	In-network: Not applicable Out-of-network: Not applicable	Annual Maximum (Plan Will Pay)	In-network: Not applicable Out-of-network: Not applicable

Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Patient Cost (copayment or coinsurance)	In-network: \$0 Out-of-network: \$550	Patient Cost (copayment or coinsurance)	In-network: \$47 Out-of-network: \$200	Patient Cost (copayment or coinsurance)	In-network: \$490 Out-of-network: \$1,750
In this example, Dana would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$0 Out-of-network: \$550	In this example, Sam would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$47 Out-of-network: \$200	In this example, Maria would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$490 Out-of-network: \$1,750

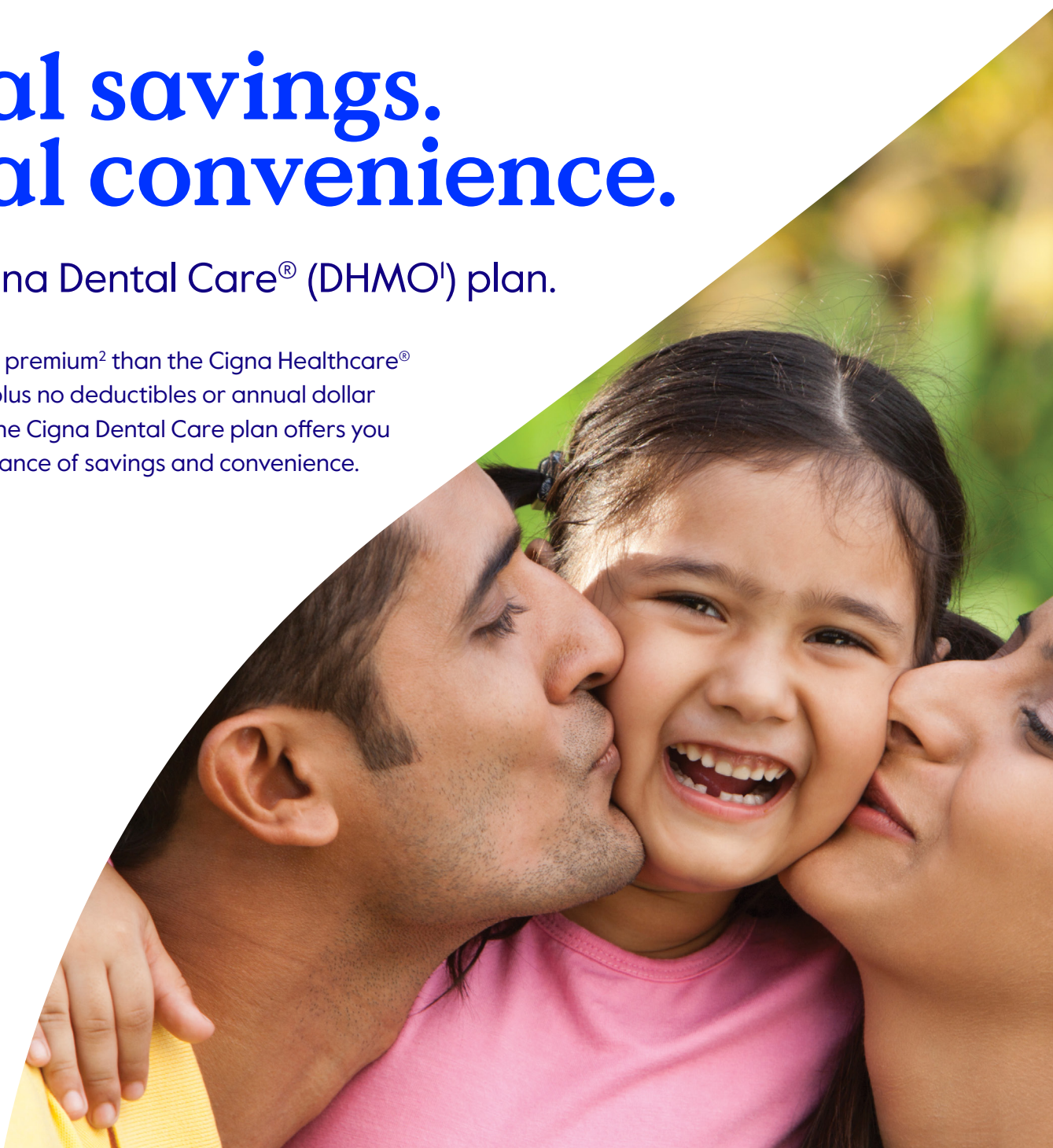
Summary of what is not covered or subject to a limitation:	Oral evaluations are limited to a combined total of 4 comprehensive or periodic evaluations during a 12 consecutive month period. A complete series of full mouth X-rays are limited to 1 every 3 years. Cleanings are limited to 2 per year; additional cleanings per year are available at the co-pay listed on your Patient Charge Schedule.	Summary of what is not covered or subject to a limitation:	Not Applicable	Summary of what is not covered or subject to a limitation:	Not Applicable
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Real savings. Real convenience.

The Cigna Dental Care[®] (DHMO¹) plan.

With a lower premium² than the Cigna Healthcare[®] DPPO plan, plus no deductibles or annual dollar maximums, the Cigna Dental Care plan offers you a unique balance of savings and convenience.



Offered by Cigna Health and Life Insurance Company, Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc.

It's easy to use.



It's easy to find
a dentist, too –
24/7/365.

\$0 deductible

Choosing a dentist.

Finding a dentist nearby is easy with **Cigna.com®**.
Use our online directory to:

- > Search by location—find dentists near your home, office, or anywhere in between.
- > Filter by language—choose providers who speak your preferred language.
- > Review credentials—view professional education, years of experience, and more.

Visit Cigna.com today and take the guesswork out of finding the right dental care.

When you select Cigna Dental Care, you gain access to enhanced provider information through the Brighter Score®, a feature that includes:³

- > Verified patient reviews
- > Provider ratings
- > Detailed professional profiles

Your chosen dentist will manage your routine care and coordinate any necessary referrals for specialty services

No referral is needed to visit:

- > An orthodontist (for adults or children)
- > A pediatric dentist for children under age 13.

Even better, the Cigna Dental Care plan offers the flexibility for every enrolled family member to have their own primary network dentist - whether you need a pediatric dentist, a college student away at school, or a spouse who prefers a provider different than yours.

Knowing what you'll owe.

Nobody likes unexpected costs. That's why the Cigna Dental Care plan provides you with a detailed list of covered services with the patient cost share. Your Patient Charge Schedule (PCS) allows you to see ahead of time what your visit may cost. Plus, the Cigna Dental Care plan has no deductible. This means your out-of-pocket costs are limited to what is shown on the PCS, which helps with budgeting and planning for a variety of dental services.

Getting care when you need it, with no calendar year or lifetime dollar maximums.

When your Cigna Dental Care plan becomes effective, your benefits start immediately. There are no waiting periods for any covered services. And, you never need to worry about running out of coverage because the Cigna Dental Care plan has no calendar year or lifetime dollar maximums.

Is your dentist in the Cigna Dental Care [Access / Access Plus] Network?

Before you enroll, check to see if your dentist is in the Cigna Dental Care [Access / Access Plus] Network by visiting Cigna.com and selecting "Cigna Dental Care [Access / Access Plus] Network" in the search tool.

If your dentist is in the network, you can select him or her as your primary dentist and begin seeing them for care immediately.

If your dentist is not in the network, you will need to select another provider to serve as your primary dentist. Once enrolled, you can nominate non-network dentists to join the Cigna Dental Care [Access / Access Plus] Network by submitting a request on myCigna.com®.

Need help locating a dentist in the Cigna Dental Care [Access / Access Plus] network?

If you prefer, you may call us 24/7/365 at [800.Cigna24], and a Cigna Healthcare® representative will be happy to help you find a primary dentist that meets your needs.

Here's what's covered.

Preventive care is covered at low cost or no extra cost to you when you see a dentist in the Cigna Dental Care network. Some examples include:

- > Cleanings
- > Bitewing x-rays
- > Fluoride
- > Full mouth x-rays
- > Sealants (no age limit)
- > Oral cancer screenings

It's also important to know that only procedures that are medically necessary and listed on your plan's PCS are covered when performed by a network general dentist.

Basic care

Tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam).

Major services

Crowns, bridges/dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease [, [surgical implants](#)] and more.

Orthodontic care

Orthodontic care is available for both adults and children on plans that include this benefit. To confirm if your plan covers orthodontic services, please refer to your plan materials. Dependents age 19 and older are subject to the fee for adult treatment.

Teeth whitening

When you use take-home bleach trays.

Athletic mouth guard

Includes creation and adjustments.

General anesthesia

When medically necessary.

Temporomandibular joint (TMJ)

Diagnosis and treatment, including cone beam x-ray and appliance. Alternate coverage provisions may apply for covered services if noted on your PCS.⁴ Review your enrollment materials for more details.

Know what's included in your dental plan.

Every dental plan has its own set of features, so here are some things you should be aware of with the Cigna Dental Care plan.

- > In most states, services must go through a primary dentist for coverage to apply. If you see a dentist outside the Cigna Dental Care [Access / Access Plus] Network, coverage may not be available unless it's an emergency.⁵
- > You are responsible for the provider's usual fees for non-covered services.

Some services are not covered under the plan.

Examples include:⁶

- > Experimental or cosmetic dentistry.
- > Treatments or surgery associated with a poor or hopeless diagnosis.
- > Treatment that began under a different plan and continues into the new Cigna Healthcare plan coverage period. Includes crowns, bridges, dentures, root canal treatment or implant supported prostheses.⁷

Review your plan documents to see what other exclusions may apply on your specific plan.

**No annual
maximums**





Get added support designed to help you thrive.

Through the Cigna Dental Health Connect[®] feature you'll have access to proactive and personalized support that helps make taking care of your oral health – and your overall health – easier and more affordable. These programs are included with your plan at no additional cost to you.

The Cigna Dental Oral Health Integration Program[®]

Offers enhanced dental coverage for customers with specific medical conditions to reduce the impact of dental conditions like gum disease. If you qualify, you will be reimbursed for eligible out-of-pocket costs for certain dental procedures.⁸

Onsite dental care

If offered by your employer, we can bring in-network dental care providers right to where you work, making getting a dental cleaning more convenient than ever.

Safe prescribing measures

We work together with dental providers through monitoring, coaching and safe prescribing protocols, helping to protect you and your family from misuse, addiction and overdose.

You'll also have access to trained professionals 24/7/365 to help answer your questions about dental treatment and clinical symptoms.

Cigna Dental Care is a unique plan that fits your budget and your busy life. Ready to enroll?

Follow your employer's enrollment instructions and be sure to select a primary dentist for yourself and any covered family members. Choosing a provider early helps ensure it to be easy to make an appointment as soon as you need to.

Your Patient Charge Schedule (PCS) and other plan materials will be mailed to your home. If you need to access your ID card information or PCS before they arrive by mail, you can log on to myCigna.com or the myCigna[®] App and download the materials.





1. The term DHMO ("Dental HMO") 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 plan is not available in all states. Actual costs and savings will vary.
2. Compared to average costs for DPPO. Per Employee Per Month costs are based on Cigna Book of Business average costs as of year-end 2024. Actual costs will vary.
3. Actual features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.
4. Covered services may cost less than alternative services suggested by the dentist. You can receive the dental procedure of your choice. However, if you choose the higher cost procedure, you will be responsible for paying the Patient Charge for the covered procedure plus the difference in cost between the dentist's usual charges for the less costly procedure and higher cost procedure.
5. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
6. This is not a complete list of limitations and exclusions. Actual terms of coverage may vary by state. For a more complete list of both covered and not covered services, including benefits required by your state, refer to the rest of your enrollment materials or call 800.Cigna24 (800.244.6224) if you have questions or need more information.
7. California and Texas residents: Treatment already in progress on the effective date of your coverage is not excluded if otherwise covered under your PCS.
8. You must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable annual benefits maximum. See your plan documents for program details.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT) (CHLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). CHLIC policy forms: OK – HP-POL899 et al., POL115; OR – HP-POL862 et al., HP-POL121 04-10; TN – HP-POL767/HCDFB-CVR28 et al., HP-POL134/HC-CER17V1 et al.

Call or click to find a network dentist.

It's easy with Cigna Dental Care (DHMO).*

Finding a Cigna Dental Care® network dentist or specialist is quick and easy. And how you do it is up to you. You can search online or call to speak with a customer service representative. **Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.**

Here's how

From myCigna.com – the easiest way

Once you enroll in a Cigna Dental Care plan, register at **myCigna.com**. Then the site will give you information for your specific dental plan. You can search for a dentist using your location, dentist name or procedure. Results can be further narrowed down using the prompts on the results page.

On the go? Not a problem. This information is also on the **myCigna® App**.**

We're with you every step of the way. To help you find better savings, better health and a better experience. From full-service to self-service, Cigna HealthcareSM has your dentist search covered.

From Cigna.com

- To search for a dentist on **Cigna.com**, visit the site and click **"Find a Doctor, Dentist or Facility."**
- Follow the prompts on screen and when asked to choose your plan, select **"CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus."**
- Review the lists given by specialty. Or narrow your search by typing in provider name, specialty or office name.
- Once you get your search results, you can further refine your search by:
 - Distance
 - Years in practice
 - Specialty
 - Additional languages
- Click on a dentist's name for more details. Such as office hours and location listings with map view.

Call us at 800.Cigna24 (800.244.6224)

Need help finding a Cigna Dental Care network dentist or specialist? Just give us a call. You can use the automated Dental Office Locator. Or, you can speak directly with a customer service representative. You can also ask for a directory customized by dentist type and location.

Call your current dentist

Your current dentist could be in-network. Call the office and ask if they participate in the Cigna Dental Care Access Plus network.



* The term DHMO ("Dental HMO") 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.

** The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Connecticut, Inc. situated in Connecticut, and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. Policy forms: OK – HP-POL99/HP-POL-388, POL115; OR – HP-POL68/HP-POL352, HP-POL121 04-10; TN – HP-POL69/HC-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al.

QUESTIONS? WE'VE GOT ANSWERS.

Cigna Dental Care® DHMO plan

Q: How does the Cigna Dental Care (DHMO¹) plan differ from DPPO?

A: With the Cigna Dental Care plan:

- › You must choose a Network General Dentist (NGD) who will manage your overall dental care. You won't be covered if you go to a dentist who's not in our network.²
- › No deductibles. You don't have to reach an out-of-pocket cost before your insurance starts.
- › No calendar year/lifetime maximums. Your coverage isn't limited by a dollar amount.
- › No claim forms. No forms to file when using network dentists and no waiting periods for coverage.
- › Referrals are required for some specialty care services. Exceptions are pediatric dentists for children under age 7 and orthodontists.³
- › Your share of out-of-pocket costs is clearly listed on your Patient Charge Schedule (PCS). Only covered procedures are listed.

Q: How does the Cigna Dental Care plan work?

A: When you enroll, you will choose a NGD. You can choose a different NGD for each covered family member. Next, you get a PCS mailed to your home. Your PCS lists the dental procedures covered by the plan. It also shows your part of the dental charges – depending on your plan, either:

- › Fixed amount (copay) or
- › Percentage (coinsurance)

These copays/coinsurance apply only when you get care from dentists in our Cigna Dental Care network.

If a dental procedure is not listed on your PCS, it's not covered. You will have to pay the dentist's normal fees. You must use a dentist in the Cigna Dental Care network for services to be covered. If you see a dentist outside the Cigna Dental Care network, your care won't be covered (unless it's an emergency).²

If you have questions, you can take your PCS with you to dental appointments. You can use it to discuss treatment options and costs with your dentist.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company or its affiliates.

Q: How do I choose a dentist when I sign up for the plan?

A: Finding a dentist is easy:

- › Go to **Cigna.com** before you sign up.
- › Visit **myCigna®** – online or through the app – after you enroll.
- › Call customer service 24/7/365 at **800.Cigna24 (800.244.6224)**. We'll help you find a network dentist near you. Or you can follow the phone prompts to use our automated Dental Office Locator.

Remember to always pick a NGD who's within 25 miles of your location to ensure adequate access.

Q: Can I change my NGD later on?

A: You can change your network dentist at any time. Changes must be made by the 15th day of the month for the change to take effect on the first of the following month.

Q: I'm new to the Cigna Dental Care plan. Can I keep my current dentist?

A: That depends. Is your current dentist in the Cigna Dental Care network? If so, you can choose him/her as your network general dentist. You can look online at **Cigna.com** before you enroll to find out. Or, ask your dental office directly. Cigna's online directory may show that your dental office is not taking new patients. If your office says they are, contact customer service. Call **800.Cigna24 (800.244.6224)** for help 24/7/365.

Q: Do I need a referral to visit a dental specialist?

A: Yes. If you need specialty care your general dentist doesn't perform, your network general dentist will refer you to an in-network specialist and handle the paperwork. Referrals are needed for all specialists, except pediatric dentists for children under age 7 and orthodontists (if your plan includes orthodontic benefits).

Q: Do I need to show my ID card at the dentist's office?

A: No. ID cards are not needed to use the plan. When you make your appointment, tell the dental office that you have Cigna Dental Care. The dental office can call us to verify coverage, if needed. You can also call **800.Cigna24 (800.244.6224)** 24/7/365 if you need help. While you do not need an ID card to receive care you can print one from **myCigna.com** anytime after you enroll.

Q: When do I have to pay the dentist?

A: That depends on the financial arrangement between you and your network dentist. You should talk about cost and payment with your dentist before you get care. Most dentists will work with their patients to arrange payment plans.

Q: Are braces covered?

A: Braces may be covered, depending on your plan. The plan documents in your enrollment kit will explain if your plan includes orthodontic coverage. If you or your family member started orthodontic treatment before joining Cigna Dental Care, this is called "orthodontics in progress." And if your plan covers orthodontics, you may qualify for coverage. Call customer service to learn more.

Q: What if I have a dental emergency and can't see my Cigna Dental Care network dentist?

A: Emergency services. If you're away from home or not able to contact your network general dentist, you may get emergency care from any licensed dentist. This is for unexpected but necessary services only. Emergency services are limited to:

- › Relieving severe pain
- › Controlling excessive bleeding
- › Eliminating serious and sudden (acute) infection

Routine restorative procedures or definitive treatment (root canal) are not considered emergency care. You should return to your network general dentist for these procedures.

Emergency care away from home. For covered emergency services, you're responsible for the copays/coinsurance listed on your PCS. After your appointment, you can request payment from Cigna. You can ask for the difference between the fee and your normal copay/coinsurance. Up to a total of \$50 per incident. (This amount may vary by state.) To make a request, send the dentist's itemized bill to Cigna Dental. Contact customer service for help.

Emergency care after hours. See your PCS for the copay/coinsurance for emergency care received after regularly-scheduled hours. This cost will be in addition to other copays/coinsurance that may apply.

Q: What if I'm in the middle of dental treatment when my new Cigna Dental Care plan starts?

A: Typically, these in-progress procedures aren't covered under the Cigna Dental Care plan:⁴

- › Root canal treatment
- › Dentures
- › Crown and bridge treatment

You should finish these procedures under your prior insurance plan. Depending on your plan, other types of treatment in-progress may not be covered. Such as implant supported prosthesis (including crowns, bridges and dentures). However, many Cigna Dental Care plans do give coverage for orthodontics in progress. Refer to your plan's exclusions and limitations for more details.



Have more questions? We're here to help 24/7/365. Call us at **800.Cigna24 (800.244.6224)** or the number on the back of your ID card.



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2. **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.

3. Coverage for treatment by a pediatric dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services generally must be obtained from a network general dentist. Check your plan materials to see if your plan includes coverage for orthodontia.

4. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.

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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