

Cigna Dental 3000/100 plan highlights.

See plan details online for additional covered services and coinsurance percentages.

	PLAN PAYS	IN-NETWORK	OUT-OF-NETWORK
DENTAL \$3,000 maximum for Class I, Class II and Class III services per calendar year \$100 individual deductible Check to see if your dentist is in-network at Cigna.com/ifp-providers	For Class I: Preventive/Diagnostic services, such as oral exams, cleanings and X-rays ¹	100% ¹ (after deductible)	100% of the contracted fee ² (after deductible)
	For Class II: Basic restorative services, such as fillings and simple extractions	50% (after deductible) Note: 6-month waiting period applies. ³	50% of the contracted fee ² (after deductible) Note: 6-month waiting period applies. ³
	For Class III: Major restorative services, such as crowns, dentures and bridges	50% (after deductible) Note: 12-month waiting period applies. ³	50% of the contracted fee ² (after deductible) Note: 12-month waiting period applies. ³

See plan details for additional covered services and coinsurance percentages. As a reminder, you save the most money when you see in-network providers.

Make the most of your plan with these perks.

The Cigna Dental 3000/100 plan gives you the benefits and convenience you're looking for. You'll also get access to Cigna HealthcareSM Healthy Rewards[®], which offers exclusive discounts on health and wellness programs and services.⁴

Enjoy discounts on all plan-covered dental services when you see an in-network dentist, plus:

- One of the largest dental networks available, with 129,000+ dentists and specialists conveniently located nationwide.⁵
- Coverage for around \$1/day.⁹
- 24/7/365 customer service.
- One-stop plan access and help choosing the right dentist with the Brighter Score[®] feature⁶ on [myCigna.com](https://www.myCigna.com)⁷ or the [myCigna App](https://www.myCigna.com).⁸
- Waiting periods that may be waived for select procedures if you have had prior similar dental coverage.³

1. Not all preventive services are covered. Frequency limitations apply. For more information, review plan documents.

2. You may pay more for out-of-network charges if the dentist's charges exceed the amount Cigna Healthcare reimburses for billed services. Refer to the policy for more details.

3. Waiting periods may vary by state; refer to the policy for more details. Waiting Periods for Class 2 and 3 may be waived at the individual member level if the application indicates that there were 12 months or more of prior dental coverage that included coverage for Class 3, Major Restorative services, and not more than 63 days have lapsed between the prior coverage and this plan. Any prior dental insurance plan that did not include Class 3 services will not count toward waiting period waiver. Orthodontia and implant waiting periods are not eligible for waiver.

4. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

5. Zelis Network360 data as of November 2023. Subject to change.

6. Brighter 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.

7. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://www.myCigna.com).

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

9. Sample daily rate is based on a single person and represents the Cigna Healthcare national average rate for all plans (all ages and geographic locations) and reflects rates valid as of July 2023. Subject to change.

Cigna Dental 3000/100 plan (AL, CO, CT, DE, HI, IA, IL, IN, ND, PA, WV and WY: HC-NOT11 et al., AK: HC-NOT53 et al., AR: HC-NOT36 et al., AZ: INDDENPOLAZ, DC: HC-NOT42 et al., FL: HC-NOT15 et al., GA: INDDENPOLGA1, ID: HC-NOT51 et al., IN: HC-NOT23 et al., KS: HC-NOT49 et al., KY: HC-NOT44 et al., LA: INDDENPOLLA, ME: INDDENPOLME, MI: INDDENPOLMI, MO: INDDENPOLMO, MS: HC-NOT48 et al., MT: INDDENPOLMT, NC: HC-NOT18 et al., NE: HC-NOT47 et al., NH: INDDENPOLNH, NM: INDDENPOLNM, NJ: HC-NOT46 et al., NV: HC-NOT39 et al., OH: INDDENPOLOH, OK: HC-NOT26 et al., RI: INDDENPOLRI, SC: INDDENPOLSC1022, SD: HC-NOT59 et al., TN: HC-NOT20 et al., TX: HC-NOT21 et al., UT: HC-NOT50 et al., VA: INDDENPOLVA, VT: HC-NOT56 et al., WI: HC-NOT54 et al.) have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued. Cigna Dental 3000/100 plan is not available in CA, MA, MD, MN, NY, OR and WA.

Product availability may vary by location and plan type and is subject to change. All 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 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 and Cigna Dental Health, Inc. In Texas, the Dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO Advantage network. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA-compliant pediatric dental coverage.

In Utah, plans are offered by Cigna Health and Life Insurance Company.

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