Get the dental services you need for your medical condition. Enroll in the Cigna Dental Oral Health Integration Program today.

What is the Cigna Dental Oral Health Integration Program?

It’s a program that reimburses out-of-pocket costs for specific dental services used to treat gum disease and tooth decay. The program is for people with certain medical conditions that have been found to be associated with gum disease. There’s no additional cost for the program – if you qualify, you get reimbursed!* 

Do I qualify?

If you have a Cigna dental plan, you’re eligible for the program. You do NOT have to be enrolled in a Cigna medical plan to be eligible for this program. You must currently be under treatment by a doctor for any of the following conditions:

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

How does it work?

In order to receive benefits through this program, you must first enroll to participate. Once you’ve registered, you visit your dentist and pay your usual copay or coinsurance amount. 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 copay or coinsurance for eligible dental services. Once we receive your claim, you can expect to be reimbursed in about 30 days.

What else does the Oral Health Integration Program include?

You can ask us for information on issues that affect your oral health and your overall wellness – such as fear of going to the dentist. Or the impact of stress or tobacco products. We’ll also give you guidance on how to overcome these behaviors.

Together, all the way.*
How do I enroll and use the program?

1. Fill out the online registration form found on myCigna.com. You can also download a fillable form from Cigna.com or 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. Visit your dentist and pay your usual out-of-pocket cost for the covered service. Once we have received your claim, we will send your reimbursement.

What dental services are covered under the Cigna Dental Oral Health Integration Program?

Check the chart below to see which dental services are covered for each qualifying medical condition.

<table>
<thead>
<tr>
<th>Dental Services</th>
<th>Heart Disease</th>
<th>Stroke</th>
<th>Diabetes</th>
<th>Maternity</th>
<th>Chronic Kidney Disease</th>
<th>Organ Transplants</th>
<th>Head and neck cancer radiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal Treatment &amp; Maintenance</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Periodontal Evaluation (D0180)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Evaluation (D0120, D0140, D0150)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning (D1110)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scaling in the presence of inflammation – Full Mouth (D4346)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Treatment (D9110)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical application of fluoride &amp; Topical application of fluoride varnish (D1206)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical application of fluoride – excluding varnish (D1208)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants (D1351)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealant Repair – per tooth (D1353)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Conditions (check mark indicates covered dental service*)

1. Eligibility, reimbursement and coverage for eligible services are subject to plan year maximums. 2. Four times per year subject to plan guidelines. 3. One additional evaluation. 4. One additional cleaning. 5. No limitations. 6. Age limits removed, all other limitations (including frequency limitations) apply.

Questions?

If you have questions about the Cigna Dental Oral Health Integration Program, or the impact that oral health can have on some medical conditions, please call us 24/7 at 800.Cigna24.

* You do not have to meet your DPPO or indemnity deductible to receive reimbursement for these services. However, reimbursement will apply to and is subject to your annual benefits maximum for traditional indemnity and DPPO plans as well as plan rules for visits to network dentists and out-of-network dentists.

The Cigna Dental Oral Health Integration Program may not be available under your specific plan. Reimbursement under OHIP is subject to plan terms and conditions, including applicable annual benefit maximums and other exclusions and limitations. For costs and details of coverage, contact your Cigna representative or see your plan documents.