At Cigna, we don't just provide dental plans. We provide information, resources and support to help you stay informed and maintain your dental health. Below you'l find answers to some of the most common questions.

**Why are regular dental checkups important?**
Regular, or preventive, dental checkups can help catch and prevent health problems before they become serious and costly to treat. And that's not just true for preventing oral health problems like gum disease. It's also true for your overall health - because research has associated gum disease with other diseases, such as diabetes and heart disease.

**How often should you see the dentist?**
Seeing a dentist every six months can help reduce your risk of tooth loss and gum disease.

**What age should children start seeing a dentist?**
It is recommended that you bring children to the dentist as soon as they have teeth or no later than their first birthday.

**What is gum disease?**
Nearly half of all adults aged 30 years or older show signs of gum disease. Periodontal disease, also known as gum disease, is caused when bacteria in plaque (a sticky, colorless film that forms in the mouth) builds up between the gums and teeth. When the bacteria begin to grow, the gums around your tooth can become swollen.

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**At-home dental care at a glance**

- Brush teeth twice a day for two minutes
- Use fluoride toothpaste
- Clean between teeth daily
- Eat a healthy diet that limits sugary beverages and snacks

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Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.
What are considered preventive dental care services?
Preventive dental care services include:
- Regular oral exams
- Cleanings
- Fluoride treatments
- X-rays

Most preventive services are covered at low cost or no cost to you when received in network.5

What are not considered preventive dental care services?
If your dentist determines that you have an issue, he or she may recommend additional services beyond regular preventive care.

These can include:
- Fillings
- Root canals
- Crowns and bridges
- Oral surgery
- Orthodontics

Coverage for these services varies depending on your plan. Check your plan materials for details about your specific coverage and the provider directory for a list of dentists in your plan’s network.

5. Network requirements may vary depending on your specific dental plan. Frequency limitations apply and may vary. Review your plan documents for a complete list of covered and non-covered services. In general, the following frequency limitations apply to most dental plans: two (2) exams and cleanings per calendar year; two (1) fluoride treatment per calendar year for people under age 14; one (1) bitewing x-ray every five (5) calendar years; one (1) panorex x-ray every five (5) calendar years. In general, the following frequency limitations apply to Cigna Dental Care® (DHMO) plans: two (2) exams, cleanings and fluoride treatments per calendar year; one (1) full mouth x-ray every three (3) calendar years; one (1) panorex x-ray every three (3) calendar years.

Together, all the way.*

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.

Product availability may vary by location and plan type and is subject to change. Coverage is subject to plan terms, including any applicable deductible, coinsurance, copayment, and calendar year and lifetime requirements. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.


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