

CT Teachers' Retirement Board

Your Dental Plan

Plan year: 2024



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates. In Utah, plans are offered by Cigna Health and Life Insurance Company.

Dental Preferred Provider Organization (DPPO)



Network: Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



Specialist: See a specialist without a referral



Deductible: An annual amount that may apply to covered services before your plan begins to pay.



Coinsurance: Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will of your covered dental care costs — i.e., coinsurance.



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



Maximums: Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.





Your coverage

Percentage of covered expenses you pay

	Total Cigna DPPO	Out-of-network ¹
Class I – Preventive care	0% after deductible	0% after deductible
Class II – Basic restorative ²	20% after deductible	20% after deductible
Class III – Major restorative ²	50% after deductible	50% after deductible
Annual deductible	\$50	
Calendar-year dollar maximum	\$2,500	

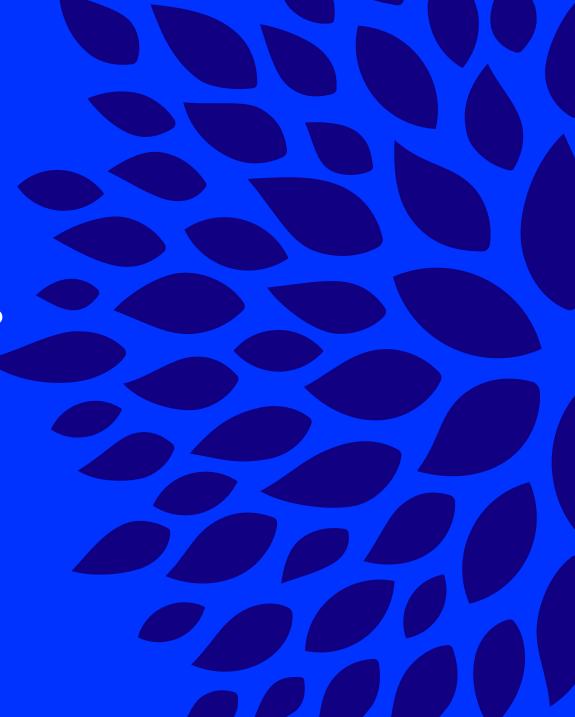
^{2.} All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.



^{1.} The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's Maximum Reimbursable Charge provisions. When visiting a dentist in the Cigna DPPO network or going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.

Programs and services for better oral health



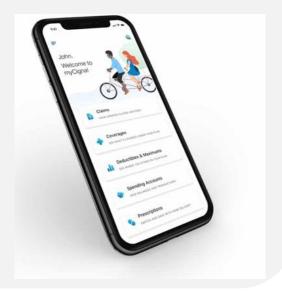


myCigna.com®

Your online home for assessment tools, plan management, updates and much more:

- Find in-network dentists
- View, print and email ID cards
- Manage and track claims, account balances and deductibles
- Compare dentist cost and quality information

- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available
- Review your coverage
- Access Dental Virtual Care





Download the **myCigna**® app and access your account.¹

- 1. For illustrative purposes only.
- 2. App/online store terms and mobile phone carrier/data charges apply. Actual myCigna® features may vary depending on your plan and individual security profile.



Estimate dental care costs

Cigna[®] dental estimator tools¹ are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and verified patient reviews



The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists



Ready to start estimating dental care costs? Log on to $myCigna^{@}$ website or $app^{2} > Find Care & Costs$

- 1. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.
- 2. App/online store terms and mobile phone carrier/data charges apply.



Cigna Dental Virtual Care¹

Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care

- Medications prescribed with guided follow-up care²
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.

To access Cigna[®] Dental Virtual Care, just log on to your myCigna.com[®] account and follow the prompts to the virtual care portal.

- 1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
- 2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.



Cigna Oral Health Integration Program® (OHIP)



Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.¹



Qualifying conditions² include:

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

- 1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.
- 2. Not a full list of conditions.



Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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 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 of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Colorado, 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 North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network., 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. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

974338 06/23 © 2023 Cigna Healthcare. Some content provided under license.

