

A REASON TO SMILE.

Cigna may cover some of the cost of both traditional and invisible braces.

Everyone deserves a beautiful smile.

That's why your Cigna Dental Care® (DHMO¹) plan includes coverage for both traditional and invisible (clear) braces. Orthodontic treatment may be provided by your Network General Dentist (NGD) or a network orthodontist. And you don't need a referral to see an orthodontist.



How do traditional braces work?

Traditional braces realign teeth by applying pressure. They're usually made of small brackets cemented to your teeth, connected by a wire. It's tightened over time by your dentist or orthodontist to gradually shift your teeth and jaw.²



How do clear braces work?

Called "invisible aligners", they're a series of custom-made retainers that slip over the teeth. They're made from a clear plastic or acrylic material and can be removed for eating, brushing, and flossing. You'll get a new aligner every few weeks to continue moving the teeth into the desired position. Invisible aligners are custom-built for a tight fit, so they are best for adults or teens.³

See the difference⁴

Sue and Joe have the same Cigna Dental Care plan and they both need braces.



Sue

She and her NGD or Orthodontist have decided that traditional braces are best for her.



Joe

He and his NGD or Orthodontist have decided that clear braces are best for him.

Fee for traditional braces	\$5,000
Plan pays	\$2,254
Sue pays	\$2,746

Clear braces	\$6,000
Plan pays	\$2,254
Joe pays	\$3,746

Together, all the way.®



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



Your orthodontist or dentist will help you decide if traditional or aligners are right for you.

Then, your dental provider will create a treatment plan. Cigna will review the plan and provide an estimate of coverage. You must choose an in-network orthodontist or dentist in order to have coverage under your plan.⁵ Just go to **myCigna**® - website or app - to search for a network provider.



We're here to help, 24/7/365.

If you have questions, call the number on the back of your Cigna ID card.

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 (DHMO) product availability varies by state and is subject to change.
2. American Dental Association. "Braces". Accessed March 19, 2018, <https://www.mouthhealthy.org/en/az-topics/b/braces>
3. WebMD. "Invisible Aligners for Teeth". September 2015, <https://www.webmd.com/oral-health/guide/invisible-orthodontic-aligners#1>
4. For illustrative purposes only. Based on Cigna Dental Care network fees and national average dental charges estimated for Procedure Code D8670, Periodic orthodontic treatment visit for adult. Your costs and savings may be different based on your plan and local area charges. Not all plans include orthodontic coverage. Depending on your plan design, some charges may not qualify for payment. **The following services are generally not covered:** incremental costs associated with optional/elective materials; orthognathic surgery and associated incremental costs; appliances to guide minor tooth movement; appliances to correct harmful habits; and services which are not typically included in orthodontic treatment. See your plan materials for complete details of coverage.
5. **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.

Together, all the way.®



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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