Why Cigna Dental?

Answers to Frequently Asked Questions

Q: Which of the 3 Cigna plans is most similar to the coverage that I used to have with my AT&T group plan?
A: The myCigna Dental 1500 plan offers the most comparable benefits to what you are used to under your former Cigna group plan with AT&T.

Q: What is the difference between a Medicare Advantage plan that includes Dental benefits and the standalone dental plans that Cigna offers?
A: Medicare benefits vary depending on the insurance provider. But, in general, Medicare does not cover preventive dental services like routine exams and cleanings. Medicare only provides dental benefits in specific instances like: tooth removal as part of a procedure already covered by Medicare, certain tooth extraction procedures, and dental exams prior to kidney transplants.

Cigna offers a range of plans with varying coverage levels so that you can choose the option that best meets your needs. The myCigna Dental Preventive plan covers preventive services while more comprehensive plans such as myCigna Dental 1000 and myCigna Dental 1500 - include more extensive coverage for services like crowns, bridges, dentures, and more.

Q: If I don’t like the dental benefits offered under Medicare Advantage, can I enroll in a Cigna plan?
A: Yes, you can purchase a Cigna dental plan as a supplement to existing Medicare coverage or you can purchase a Cigna dental plan as a standalone plan.

Q: How do I find out if my dentist is included in the Cigna network?
A: You can find out if your dentist is in our network by using our online directory at Cigna.com/ifp-providers or by calling 800.Cigna24 (1.800.244.6224).

Q: Can I see a dentist outside of the Cigna network?
A: Yes, you can see a dentist outside of the Cigna network. In general, you will pay less if you see a dentist in our network. However, your coinsurance rates will remain the same whether you see a dentist in our outside of the Cigna network. For example, you will pay 20% for a basic restorative service like a simple extraction regardless of whether you see a dentist in or outside of the Cigna network.

Q: Do I need a referral to see a dentist?
A: No, Cigna dental plans do not require referrals.

Q: Are there waiting periods for Cigna dental coverage?
A: No, there are no waiting periods for customers that are transitioning from prior AT&T group coverage.

Q: What is the calendar year maximum for a Cigna plan?
A: The calendar year maximum, or the maximum amount that Cigna will pay towards your benefits in a given calendar year, is $1,000 for the myCigna Dental 1000 plan or $1,500 for the myCigna Dental 1500 plan.

Q: Do Cigna plans cover major restorative services?
A: Yes, the myCigna Dental 1000 and myCigna Dental 1500 plans provide coverage for most major restorative services like crowns, bridges, and dentures.

Q: Do Cigna plans include coverage for periodontal services?
A: Yes, the myCigna Dental 1000 and myCigna Dental 1500 plans include coverage for periodontal services.
Q: If my spouse and I enroll in a Cigna Dental Plan, do we need to enroll in the same dental plan?
A: You have the option to enroll in the same plan or to enroll individually in different plans. If you enroll in the same plan, you get the benefit of a 15% premium discount for any family member enrolled in the plan.

Q: If my spouse and I enroll in a Cigna Dental Plan, do we need to go to the same provider?
A: No. Each family member has the option to see a different provider.

Q: Can I change my Dental plan at any point during the year?
A: No, you can only enroll in a Dental plan once a year during your enrollment window and must wait until your annual plan renewal cycle begins to switch plans.

Q: Do Cigna plans vary by state?
A: Yes, Cigna plan benefits are different in North Carolina and in Maryland. Please see the attached “Benefits” documents posted to the website for plan details in these two states. Cigna does not currently offer plans in Washington or in New York.

Q: Will I get an ID card after I am enrolled?
A: Yes, once you have enrolled, you can print an electronic ID card online at myCigna.com. Please note that an ID card is not necessary in order to start using your benefits – your dentist’s office should call Cigna to verify your participation in a Cigna Dental plan.

Q: Does Cigna provide ongoing support and service for customers that enroll in a Cigna dental plan?
A: Yes, Cigna provides 24/7/365 customer service. Call 1.800.Cigna24 (1.800.244.6224).

Dental plans are insured by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. Rates may vary based on age, family size, geographic location (residential zip code), and plan design. Rates are subject to change upon prior notice in accordance with state law. Some dental plans apply waiting periods to covered dental care services. Some covered services are determined by age: topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. Plans do not pay for replacement of teeth that are missing prior to coverage. In MD and OH, if the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage. This limitation no longer applies after 12 months of continuous coverage.

Dental insurance policies have exclusions, limitations, reduction of benefits and terms under which policies may be continued in force or discontinued. For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 1-866-GET-Cigna. (1-866-438-2446). This ad is not intended for New Mexico residents.

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