



BRUSH UP ON DENTAL HEALTH

Cigna is here to help.

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'll find answers to some of the most common questions.

Why are regular dental check-ups important?

Regular, or preventive, dental check-ups 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 such as 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.¹

How often should you see the dentist?

Seeing a dentist every six months can help reduce your risk of tooth loss and gum disease.²





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.³

What is gum disease?

Nearly half of all adults age 30 and older show signs of gum disease.⁴ 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 begins to grow, the gums around your tooth can become swollen.²

At-home dental care at a glance

-  Brush teeth twice a day for two minutes²
-  Use fluoride toothpaste²
-  Clean between teeth daily²
-  Eat a healthy diet that limits sugary beverages and snacks²

Together, all the way.®



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.

1. American Academy of Periodontology. Preventing Periodontal Disease. Accessed May 3, 2018. <https://www.perio.org/consumer/prevent-gum-disease>
2. American Dental Association. Home Oral Care Recommendations to Reduce the Risk of Caries and Gingivitis. https://www.ada.org/~media/ADA/Science%20and%20Research/Files/SCI_HomeOralCareGuide_Jan2018_Web_FINAL.pdf?la=en
3. Mouth Healthy, American Dental Association. Your Baby's First Dental Visit. Accessed May 3, 2018. <https://www.mouthhealthy.org/en/babies-and-kids/first-dental-visit>
4. Centers for Disease Control and Prevention. Adult Oral Health. Last updated October 23, 2017. <https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html>
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; one (1) fluoride treatment per calendar year for people under age 14; one (1) bitewing x-ray per calendar year; one (1) full mouth 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, copay and calendar year and lifetime maximum 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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Questions?

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