

# Orthodontics in Progress

Read on to find out how much your plan will pay...



“Orthodontics in Progress” refers to orthodontic treatment that began under a different insurance carrier and continues into the new Cigna coverage period. Contributions may be available for patients whose teeth are being actively moved by bands or appliances (such as braces) at the time their Cigna dental coverage becomes effective.

**The example below demonstrates how the Cigna Dental Plan coverage would be applied to Orthodontics in Progress under the DHMO plan. Orthodontia is not covered under the DPPO plan being offered.**

*Please note, the example below is for illustrative purposes only. See your Evidence of Coverage or contact Cigna’s customer service at (800) 238-5834 to obtain coverage information specific to your Orthodontia in Progress benefits.*

Orthodontics in Progress Example	DHMO Plan		DPPO Plan
	In-Network (Dental Care Network)	In-Network (Advantage)	Out-of-Network
Orthodontia Treatment began	1/1/2014	Orthodontia Not Covered	Orthodontia Not Covered
Total Case Fee for 24 Months of Treatment	\$3,500	Orthodontia Not Covered	Orthodontia Not Covered
Cigna Dental Plan Benefits Effective Date	1/1/2015	Orthodontia Not Covered	Orthodontia Not Covered
Remaining Months of Active Treatment (Ortho. in Progress)	12	Orthodontia Not Covered	Orthodontia Not Covered
First Month Initial Payment	\$175	Orthodontia Not Covered	Orthodontia Not Covered
Cigna Contribution for Ortho. in Progress Per Month (for 11 months)	\$65	Orthodontia Not Covered	Orthodontia Not Covered
Cigna Total Contribution	\$890 \$175 + (11 x \$65)	Orthodontia Not Covered	Orthodontia Not Covered
Member Remaining Contribution	Total case fee less any fees paid for services by: Member and Cigna Dental	Orthodontia Not Covered	Orthodontia Not Covered



See the reverse side for Orthodontics in Progress FAQ’s



**Q: What is “Orthodontics in Progress”?**

**A:** Are you or your dependent getting “active orthodontic treatment” that will not be finished until after your plan under Cigna takes effect? “Active treatment” means the orthodontist has started to make your teeth move by putting bands around your teeth, and/or by putting an orthodontic appliance (such as braces) in your mouth. If so, this is called “Orthodontics in Progress.”

**Q: Do I have coverage for Orthodontics in Progress under the Cigna DHMO plan?**

**A:** Your Cigna DHMO Patient Charge Schedule (“PCS”) describes the orthodontic coverage under your plan. Your coverage with Cigna may be different from the coverage you had under your old plan. Keep in mind, enrolling in the new Cigna plan does not change the terms of the contract you signed with your orthodontist when your treatment began. You are still responsible for the orthodontist’s total case fee.

**Q: Will I need to change my orthodontist when I switch over to the Cigna DHMO?**

**A:** The DHMO is an in-network only plan, however, under most circumstances you may stay with your current orthodontist.

**Q: How do I find out how much coverage I have and get payment?**

**A:** After you enroll, you or your orthodontist can complete a standard ADA claim form. You can get one by calling Cigna Customer Service at **1.800.238.5834**. To complete the form, you must know:

- The phase of treatment (“active treatment” or “retention” – ask your orthodontist to explain).
- The number of months of orthodontic treatment you still have to go after your new Cigna plan becomes effective.

Once you or your dentist return a completed form to Cigna, we can let you know how much your plan will pay for orthodontics in progress. Your plan can pay your orthodontist quarterly. Or, if you paid for your entire orthodontic treatment plan before you enrolled, we can pay you directly.

**Q: What about non-orthodontic treatment in progress?**

**A:** “Non-orthodontic treatment in progress” may include root canal treatment, crown and bridge work, and dentures. Generally, your Cigna DHMO plan does **not** cover dental treatment that isn’t finished before your new Cigna plan takes effect. This means you should pay your dentist or specialist for that treatment based on what your old plan covered; not based on what your new Cigna plan covers. **See the “exclusions and limitations” section on your PCS for details.**

**Q: Will the patient charge for retention on the Patient Charge Schedule apply?**

**A:** No. Cigna’s contribution level takes the cost of retention into consideration.

## Questions? Call 1.800.238.5834

<sup>1</sup> The term “DHMO” 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. <sup>2</sup> The Cigna Dental PPO is underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc., and certain of its operating subsidiaries, including Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Health Care of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, and not by Cigna Corporation. All models are used for illustrative purposes only. © 2012 Cigna. Some content provided under license.