



How do you decide which dental plan option to select?

CIGNA Dental Care[®] (DHMO¹) Decision Guide



State Personnel Administration 2010 Annual Enrollment is October 9 - November 10, 2009.

Use the following checklist to help you decide what's most important for you and your family. Simply check "yes" or "no", and then read the instructions below the grid.

CIGNA DHMO Feature	What It Means to You	Important to You?	
Fixed copays	When you enroll in a DHMO plan, you receive a Patient Charge Schedule, or "PCS." The PCS lists the specific dental procedures covered by the plan and the amount you pay the dentist. These copays apply even if you see a specialist. Most preventive services such as cleanings, x-rays and exams are covered in full.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Access to a DHMO dentist where you need one	CIGNA has one of the largest, national dental HMO-type networks in the country. This means you and each of your enrolled family members can choose a network dental office that's most convenient to home, work, or school.*	<input type="checkbox"/> yes	<input type="checkbox"/> no
No deductibles or waiting periods	There is no amount you have to pay, and no period of time you have to wait, before your coverage begins. Instead, you can visit a network dentist immediately after your coverage begins and pay only the copay listed on your PCS.	<input type="checkbox"/> yes	<input type="checkbox"/> no
No annual or lifetime dollar maximums	If your benefits include a plan maximum and the plan pays that maximum amount, you would have to pay 100% for all dental work needed for the rest of the plan year. With the DHMO plan, "no maximums" means that no matter how much dental treatment you need, you don't ever have to worry about your coverage running out.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Quality management program	Your network dental office is required to participate in our quality management program which helps ensure that CIGNA's high standards for quality, appointment availability, and patient satisfaction is met. In fact, each dental office is visited every year by our network staff.	<input type="checkbox"/> yes	<input type="checkbox"/> no
No paperwork	Since you simply pay the copay when you visit the network dental office, there are no claim forms to file. If you need to see a specialist, your assigned network general dentist will fill out the specialty referral paperwork for you. Referrals aren't required for pediatric dentists for your children under seven years old or for orthodontists if you or your family member needs braces.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Count the boxes you checked "yes" and "no." If more boxes are checked "yes," the CIGNA Dental Care[®] DHMO plan may be the right option for you!		—	—

*Your dentist may already participate in our network! Visit www.cigna.com or call **1.800.CIGNA24** to verify, or to locate other network dentists and specialists in your area - 24/7/365! Please note that CIGNA Dental Care[®] (DHMO) members require referrals to receive care from network specialists except for orthodontists and pediatric dentists (members under age 7). Therefore, online results are provided only for general dentists, orthodontists, and pediatric dentists.

Questions? Call 1.800.642.5810 to speak with a customer service representative 24/7/365!

Or, visit us online at www.cigna.com, there are new pricing tiers for family coverage!

For family coverage in 2010, please enroll your dependents by completing a Dental Selection form.

Enroll online at <http://www.spa.ga.gov>.

*The CIGNA DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY. Out-of-network benefits are not available with the CIGNA DHMO plan. ¹The 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. CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental Care[®] plan is provided by CIGNA Dental Health Plan of Arizona, Inc., CIGNA Dental Health of California, Inc., CIGNA Dental Health of Colorado, Inc., CIGNA Dental Health of Delaware, 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. (Kansas and Nebraska), CIGNA Dental Health of Kentucky, Inc., CIGNA Dental Health of Maryland, Inc., CIGNA Dental Health of Missouri, Inc., CIGNA Dental Health of New Jersey, 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., and CIGNA Dental Health of Virginia, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company or CIGNA HealthCare of Connecticut, Inc. and administered by CIGNA Dental Health, Inc.. 08/09 © 2009 CIGNA

