Selecting between the Cigna Dental Care® (DHMO)* and the Cigna Dental PPO (DPPO) plans is an important decision. Take the quick quiz below to help you see which dental plan features are most important to you and your family. Then, read the information on the second page when you're done.

**FIND THE PLAN THAT'S RIGHT FOR YOU.**

We can help with this Cigna Dental Plan Guide

CHECK EITHER “YES” OR “NO” FOR EACH QUESTION BELOW.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tr>
<td>I prefer a plan that tells me the exact dollar amount I will pay for each procedure, so I don't have to calculate percentages.</td>
<td></td>
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<tr>
<td>I prefer a dental plan that has no dollar maximums, so I don't have to worry about my benefits running out if I reach a certain amount.</td>
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<tr>
<td>I prefer a dental plan with no deductibles, so my benefits kick in right away, instead of waiting to reach a certain level of out-of-pocket expenses first.</td>
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<tr>
<td>I am willing to select a primary care network dentist even if it means switching dentists.</td>
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Add up the number of answers you checked in each column:

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I answered “yes” the most. The DHMO** plan may be right for me because:

› There are no dollar maximums.
› There are no deductibles.
› My benefits start right away with no waiting periods.
› There are no claim forms to file.
› I select a DHMO network general dentist to manage all of my dental health care needs who will refer me to any network specialists. (Prior authorization may be required for certain specialty care treatments.)

Visit Cigna.com to see if your dentist is in the Cigna DHMO Network.

I answered “no” the most. The DPPO plan may be right for me because:

› I have the freedom to visit any licensed dentist or specialist.
› I don’t need a referral to visit any specialist.
› My dental plan will cover eligible dental expenses after I meet any applicable waiting periods and meet any deductibles.
› My plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services.

See the other side for more details.

Together, all the way."
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.

**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.

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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