



**City of Waterbury
Voluntary Dental Plan**

Cigna's Dental Health Maintenance Organization (DHMO) – Frequently Asked Questions

Q – Is this Voluntary Dental Plan too good to be true?

A – Dental Health Maintenance Organization (DHMO) programs are common in the dental marketplace and Cigna has managed one for over 30 years. This particular DHMO has been successfully offered to the City of Waterbury's active employees since 2019.

These DHMO programs offer a ***narrower dental provider network***. With a narrower network, each participating in-network dentist has a greater concentration of patients and as a result, in general, they accept more deeply discounted reimbursements from Cigna. This allows for you, as the patient to receive more covered services that you would have typically paid completely out-of-pocket.

Q – What is my premium for this Voluntary Dental Plan?

A – If you decide to participate in this Voluntary Dental plan you will pay the full cost of the premium on a **monthly** basis.

DHMO Rates: Retiree - \$33.29, Retiree+1Spouse - \$86.54, Retiree +2 dep - \$106.49

Q – Do the premium costs on this Voluntary Dental Plan increase year to year?

A – Rate changes are determined during the City's annual fiscal year renewal process and take effect on the first of July for the coming plan year. Of note, the City of Waterbury introduced this plan in 2019 to our active employees and there have been no renewal increases to date.

Q – I am not familiar with this type of dental program. How long has it been around?

A – These DHMO programs are common in the dental marketplace and Cigna has managed one for over 30 years. This particular voluntary dental plan has been successfully offered to the City of Waterbury's active employees since 2019.

Q – My dentist is not in this Voluntary Dental Plan network. Will Cigna pay for *anything* if I stay with my current dentist?

A – This is a “give and take” situation. When you enroll in this voluntary DHMO you *may* have to select a new dentist but in exchange it may allow you coverage for expensive procedures you are now paying for completely out-of-pocket. This Voluntary DHMO has no cap and includes a much wider array of covered benefits. This plan may not be for everyone, but for those who are looking at major dental expenses this plan will serve that purpose.

Q – Why do I have to select a dentist to participate in this Voluntary Dental Plan?

A – This Voluntary Plan is a dental HMO and when you sign up for this kind of plan, you are linked to a primary, general dentist. Each dentist has an **ID NUMBER** and you will need to have it available when listing your dentist on the Special Election Form.

Q- If I elect to participate, does my spouse need to participate too?

A – Yes, participation is required of both the retiree and their spouse if the spouse is currently enrolled in the City of Waterbury’s medical coverage.

Q – Are my spouse and I required to use the same general dentist or can we each select our own?

A – Each of you can select a different general (primary care) dentist or go to the same in-network general dentist; that is up to you and your personal preferences.

Q – What if my general dentist cannot perform certain work or treatments? What do I do then? (like implants)

A – Your in-network general dentist is required through his contract with Cigna to send you to an in-network specialist for care he/she cannot provide.

Q- Where do I find the General Dentist’s ID number?

A – You can call Cigna’s dedicated Dental Service Center at [1-800-564-7642](tel:1-800-564-7642) and enlist the help of a pre-enrollment dental specialist or if it is easier, you can go online to www.cigna.com, and obtain the ID number of the dentist you wish to use.

Reminder: You will need to list both the dentist and their ID# on your election form.

Q – How do I know the in-network dentist will take new patients?

A –You can call the dentist’s office directly to ask if they are accepting new patients, you can look for this information on the Cigna website or you can call Cigna at [1-800-564-7642](tel:1-800-564-7642) to speak with a pre-enrollment specialist who would be happy to assist. If you like, they can even help you make an appointment with your new Dentist.

Q – Where do I get the LIST of available in-network dentists?

A – You can call the dedicated Cigna Dental Customer Service Center at **1-800-564-7642** and ask a pre-enrollment specialist or find an in-network dentist at your leisure by logging onto www.cigna.com and searching by your zip code.

As you know, provider practices may experience changes to their office location, a provider might retire or a new provider may join a practice so it is virtually impossible for any insurance carrier to “print and publish” their provider directories as they would immediately be out of date. The best and most up to date source is a Cigna Customer Service Representative or the website.

Q – What if I don’t immediately select a general dentist?

A – Selecting a general dentist is a requirement of the plan in order to participate. We cannot accept your election form without you listing a general dentist. If for any reason you need to update your selection after one is made you will need to notify Cigna as-soon-as-possible. ANY change of a dental provider will become effective the first of the month following your request to change.

Q – How much time do I have to pick a general dentist?

A – For the City’s January 1, 2022 effective date, **you will need to submit your election form to us by November 22, 2021. If you wish to participate but aren’t sure of your final selection, we** recommend you pick a general dentist so we can process your election form and get you enrolled. You can always make a change if you need to at a later date. Just remember any change will become effective the following month of the date the change was received.

Q – Will I get a dental ID card from Cigna and when?

A – Yes, you will receive a Cigna Dental ID Card and if you have a spouse, then two (2) Cigna Dental ID cards will be issued.

If you elect to participate in this one-time Voluntary Dental Plan offering, we anticipate your DHMO ID cards will be in your mailbox on or around December 15, 2021

Q – The DHMO Network is a NARROWER Network, does this affect the quality of care?

A – No, that is a misconception. All of the dentists who participate in this Voluntary Dental Plan are established, community-based providers and many of them participate in other similar dental programs/networks. Cigna follows industry standards and performs quality reviews every three years on its dental network providers.

Q – Are there any in-network dentists outside the State of Connecticut?

A – Yes, like our Cigna medical plan’s network, this is a national Cigna dental network. There are, however, a few States that do not currently participate; Maine, New Hampshire & Vermont. If you live in one of these States you will not be able to participate in this DHMO at this current time.

Q – Is this Cigna Voluntary DHMO Program exclusive to Waterbury or do other municipalities have the same program?

A – This is a fully insured program through Cigna and there are many other municipalities who offer the Cigna DHMO Program. The City of Waterbury is currently offering this plan to our active City employees and the State of Connecticut also offers this to their employees.

Q – How/where do I make a change to my dental provider after my initial selection?

A – There are two (2) ways to make the change:

- The fastest way to make the change is to register at www.mycigna.com which is your personal page for all things Cigna and make the change there, yourself or
- Post Enrollment--Call Cigna Customer Service at **1-855-511-6366**

Note: any changes to your dental provider will become effective the first of the month following the date your request to change has been received.

Q – Are “white fillings” covered or just “metal fillings”?

A – White fillings (called composite fillings) are covered by this DHMO plan. Cost/Coverage is in the **Patient Charge Schedule (PCS)** and available by calling Cigna Dental at **1-800-564-7642** or viewing the reference copy posted on the City of Waterbury Pensions & Benefits webpage.

Q – What about Periodontal care? What, if anything, is covered?

A – Periodontal maintenance with active periodontal therapy is paid at 100% of the provider’s contracted fee, up to 4 visits per year. If additional periodontal maintenance is needed beyond the covered 4 per year, there is a \$50 charge per treatment.

Q – How do I pay the premium for this Voluntary Dental Plan?

A – The City of Waterbury will arrange for the premiums to be automatically deducted from your pension check as is currently offered for your Cigna medical coverage premiums. If you do not receive a pension from the City, the Pension and Benefits office will coordinate payments of the premiums due from you through Benefit Strategies, the City’s TPA.

Q – Since the procedure(s) I want to get done are so expensive, how will I be able to know EXACTLY how much I will owe after Cigna pays?

A – Although it may be difficult to get down to the “penny” with your out-of-pocket expense, once you are participating you can ask your dentist for a “PRE-TREATMENT ESTIMATE” from Cigna.

Your dental provider will send Cigna your proposed treatment plan. Cigna will follow up with a summary of what can be billed, what is discounted, what the plan will pay and what you will owe. This will also be posted for your review on www.myCigna.com.

Q – Are dentures or partial dentures a covered benefit?

A – Yes, dentures are covered by this DHMO plan. Reference the **Patient Charge Schedule (PCS)** by calling Cigna Dental at **1-800-564-7642** or view the reference copy posted on the City of Waterbury Pensions & Benefits webpage

Q – Can I disenroll and then re-enroll into this Voluntary Dental Plan at a later date?

A – No, once coverage for this Voluntary Dental Plan terminates, it cannot be re-instated. There is no annual enrollment for retirees with the City’s medical or dental coverage.

Q – How does participation in this Voluntary Dental Plan impact my/our Cigna medical coverage?

A – Participation in this Voluntary Dental Plan does not impact your Cigna medical coverage. If you choose not to participate in this plan or elect to dis-enroll at a later date, it will not disrupt or terminate your Cigna medical coverage.

Q – How do I know what is covered in this Voluntary Dental Plan?

A – Many diagnostic, preventive and restorative procedures are covered with no, or minimal, out-of-pocket expense. When procedures require an out-of-pocket payment, you pay only the charge described in the **Patient Charge Schedule (PCS)**. As a general rule, if the procedure is listed, it is covered subject to plan limitations. If the procedure is not listed in the PCS, you are responsible for the dentist's regular fee.

Cigna and or your dental office can tell you which procedures are covered.

In addition, for your convenience, the PCS is posted on the City of Waterbury Pensions & Benefits webpage.

Q – If there is a cost to a procedure, when do I know and how is it handled?

A – Certain procedures require payment as described in the **Patient Charge Schedule (PCS)**. If this is the case, payment is due at the time the service is provided. Your dentist should make you aware of any additional costs involved with the procedure.

Q – What do I do in an emergency?

A – Under this plan, a dental emergency is when you have excessive bleeding, acute infection or severe pain. First contact your DHMO network general dentist. He/she should handle all emergencies within 24 hours. If you are outside your service area or unable to contact your DHMO network general dentist, you can see any dentist and you will be reimbursed up to \$50.00 for immediate relief after the copay for the procedure (unless otherwise noted in your plan). You should return to your DHMO network dentist for follow-up treatment.

Q – What is the Oral Health Integration program?

A – This is a very valuable program if you or your spouse have one of the conditions included in the program. (Heart Disease, Stroke, Diabetes, Pregnancy, Chronic Kidney Disease, Organ Transplants, Head & Neck Cancer Radiation).

Serious health conditions often require additional dental work, deep cleanings, sealants and other treatments in order to keep down the spread of bacteria and infection. Since there is no cap on the DHMO benefits these treatments will be paid by the plan but subject to some limitations.

Contact Cigna Dental on the back of your Dental ID Card once enrolled if you have more specific questions about a particular condition and/or treatment.