Valley Schools Dental Benefit Option

A Guide to your Cigna Dental Care® (DHMO) Plan

Sponsored by Valley Schools | 2026

VALLEY SCHOOLS

For employees of Valley Schools and their covered dependents.

cigna healthcare

Offered by Cigna Health and Life Insurance Company, or its affiliates

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Important plan information

We are pleased to provide information about the Cigna Dental Care® (DHMO[1]) plan. This plan offers a full range of benefits through a network of plan dentists.

Important details

During open enrollment, you will need to select a Cigna Dental Care Access Network General Dentist. If you or covered family members would like to change your general dentist, you can do so following the instructions in this brochure. For children under the age of 13 you may choose a network pediatric dentist. If you need assistance in changing your dentist, contact Cigna Healthcare® at **800.Cigna24**.

- You will pay the copay amount listed on your Patient Charge Schedule (PCS) for covered dental services performed by your network dentist.
- If your Network General Dentist does not perform the specialty care procedure you need, he/she can direct you to a participating network specialist.
- Procedures not listed on your PCS are not covered and are the patient's responsibility at the dentist's usual fees.
- Referrals are required for specialty care services, except for pediatric dentists for children under 13 and orthodontics.
- Remember: If you seek covered services from a dentist who does not participate in the Cigna Dental Care Access network, your plan will not pay except in the case of an emergency, or as required by law.

What's covered

You can save money on a wide range of services, including:

- **Preventive care** – cleanings, fluoride, sealants, bitewing x-rays, full-mouth x-rays and more.
- **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam).
- **Major services** – crowns, bridges, dentures, root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more.
- **Specialty care** – referrals are required for specialty care, except for pediatric dentists for children under 13 and orthodontics.
- **Orthodontic care** – coverage for braces for children and adults.
- **General anesthesia** – when medically necessary.
- **Temporomandibular joint (TMJ)** – diagnosis and treatment procedures, including cone beam x-ray and appliance.

Plan features:

- **No deductibles** – you don't have to reach a certain level of out-of-pocket expenses before your coverage kicks in.
- **No calendar year maximums** – your coverage isn't limited by a calendar year maximum.
- There are **no claim forms** to file when using network dentists and **no waiting periods** for coverage.
- Coverage for dental conditions that exist at the time you enroll in the plan are not excluded if they are otherwise covered under your PCS. Treatment started before your coverage begins will generally not be covered. If you or a family member started orthodontic treatment before you joined the Cigna Dental Care plan, your plan may help pay for covered costs. See page 6 for more information.

Your Questions Answered

Q: How does the Cigna Dental Care (DHMO) Plan work?

A: When you enroll in the Cigna Dental Care (DHMO) plan, you will be able to select a Cigna Dental Care Access Network General Dentist during open enrollment. You then receive a Patient Charge Schedule, or PCS, that lists the specific dental procedures covered by the plan and the amount you will pay the dentist (your copays). These copays apply only when you receive treatment from the dentists or dental specialists in our Cigna Dental Care Access network.

If a dental procedure is not listed on your PCS, it is not covered and you will have to pay according to the dentist's regular fees. If you receive a covered service from a dentist who does not participate in the Cigna Dental Care Access network, your dental benefits may not be covered at all. You can take your PCS to dental appointments to discuss treatment options and costs with your dentist (but it is not required).

Q: How do I change my Network General Dentist?

A: You can find a Cigna Dental Care Access network dentist by visiting **Cigna.com**® or go to your personalized website at **myCigna.com**® after you sign up. If you need help finding a dentist, you can call the customer service number below and request to have a list of providers mailed, emailed or faxed to you. You can change your network dentist at any time; changes made by the 15th of the month will go into effect the first of the following month. Remember, if you visit a non-network dentist, your treatment may not be covered at all.

If you'd like to speak with someone, call customer service at **800.Cigna24**. You can also follow the phone prompts to use our automated Dental Office Locator. The automated system will speak the names of the dentists in your area, mail, email or fax a list of dentists to you.

Q: If I'm new to the Cigna Dental Care Plan, can I keep my current dentist?

A: That depends. If your current dentist participates in the Cigna Dental Care Access network, you can choose him/her as your Network General Dentist. You can look online at **Cigna.com** to find out, or ask your dental office directly. Sometimes, Cigna Healthcare's online Dental Office Directory may show that your dental office is not accepting new patients. If this happens, please contact customer service at **800.Cigna24** for assistance.

Q: Do I need a referral to visit a dental specialist?

A: Yes. If you require specialty care, your Network General Dentist will refer you to a network dental specialist – and handle any paperwork. Referrals are required for all network specialists, except orthodontists and pediatric dentists.

Q: Do I need to show my ID card when I arrive at the dentist's office?

A: No. ID cards are not required to use the plan. When you call to schedule your appointment, just let your selected Cigna Dental Care Access network dental office know that you are covered under the Cigna Dental Care Plan. If for some reason the dental office does not see your name on its list of Cigna Dental Care customers, they can call us to verify. You can also call customer service at **800.Cigna24** if you need more help.

Q: When do I have to pay the dentist?

A: That depends on the financial arrangement between you and your network dentist. We encourage you to discuss costs and payment arrangements for dental treatment with your dentist before you receive care. Most dentists will work with their patients to arrange payment plans for more costly treatments.

Q: Do I have to submit a claim to Cigna Healthcare after I receive treatment?

A: No. Your network dentist will do that for you. The only exceptions are emergency care received out of your service area. For details, please refer to the section concerning emergency care.

Q: Are braces covered?

A: Yes. A lifetime maximum benefit of 24 months of interceptive and/or comprehensive orthodontic treatment is covered as shown in the PCS. Cases beyond 24 months may require additional payments by the patient, which are based on the dentist's contracted fee and may be different from the copay listed in the PCS. If you or your family member started

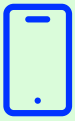
treatment before you joined the Cigna Dental Care plan (called "orthodontics in progress"), your new coverage may help pay some of your orthodontic costs. After you enroll, your orthodontist can complete a standard Orthodontics in Progress form or you can get one by calling Cigna Healthcare customer service at **800.Cigna24**. To complete the form, you must know the phase of treatment and the number of months of treatment you have left when your new Cigna Healthcare plan starts.

Q: What if I have a dental emergency and can't get treatment from my Cigna Dental Care Access network dentist?

A: Emergency services: If you are out of your service area or unable to contact your Network General Dentist, you may receive emergency services by any licensed dentist for unexpected but necessary services. Emergency services are limited to relieving severe pain, controlling excessive bleeding and eliminating serious and sudden ("acute") infection. Routine restorative procedures or definitive treatment (e.g., root canal) are not considered emergency care and you should return to your Network General Dentist for these procedures.

Emergency care out of your service area: For emergency covered services, you will be responsible for the Patient Charges listed on your PCS. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency covered services and your Patient Charge, up to a total of $50 per incident (this amount may vary by state). To request reimbursement, send the dentist's itemized statement to Cigna Dental at the address listed for your state on your plan materials.

Emergency care after hours: There is a copay listed on your PCS for emergency care received after regularly scheduled office hours. This copay will be in addition to other copays that may apply.



Virtual Dental Care*

Talk to a dentist 24/7. If you are unable to reach your regular provider, you have the option to consult with a network general dentist on **myCigna.com**

Virtual Care treatment includes:

- Dental pain
- Oral sores, swelling or infections.
- Sensitive teeth
- Medication management

How to find a dentist

It's easy to find a Cigna Dental Care Access network dentist or specialist.

Before you enroll, you can check to see if your dentist is in the Cigna Dental Care Access network. Here's how.

Visit Cigna.com

- To search for a dentist on **Cigna.com**, visit the site and click **"Find a Doctor, Dentist or Facility."**
- Under "How are you covered" click "Employer or school"
- Follow the prompts on screen and when asked to choose your plan, select "CIGNA DENTAL CARE DHMO > Cigna Dental Care Access.
- Review the lists given by specialty. Or narrow your search by typing in provider name, specialty or office name.
- Once you get your search results, you can further refine your search by:
  - Distance
  - Specialty
  - Years in practice
  - Additional languages
- Click on a dentist's name for more details. Such as office hours and location listings with map view.

Once you're enrolled, register for myCigna.com[2] to find a Cigna Dental Care Access network dentist, compare the cost of procedures and so much more.

It's easy to set up.

Visit **myCigna.com** or the myCigna® App today:[3]

- **Select** "Register"
- **Enter** your name, address and date of birth
- **Confirm** your identity with your Cigna Healthcare ID number, Social Security number, or with the myCigna security questionnaire
- **Create** a user ID and password
- **Review** then select "Submit"

Already have an ID but haven't visited in a while? That's ok! If you don't remember your ID or password, just click "forgot user ID" or "forgot password" on the registration page and we'll help you out.

You can also find a network dentist 24/7/365 by calling the number on your ID card, or 800.Cigna24.

- Use the Dental Office Locator via Speech Recognition.
- Speak with a customer service representative, who can send you a customized network directory listing via email.
- Ask coworkers. Then tell us which office you choose. Each covered family member can select his/her own Cigna Dental Care Access Network General Dentist.

Under your plan, you have coverage for **hundreds** of dental procedures. This overview shows you a small sampling of covered services and what you will pay compared to your estimated **cost without coverage**. See savings below.

You can find a full list of dental procedures on the PCS available from your employer.

Sampling of covered procedures	What you'll pay[4]	
	Cost with Cigna Dental Care General Dentist	Estimated cost without dental coverage
Adult cleaning (two per calendar year, additional cleaning $45)	$0	$74–$160 each
Child cleaning (two per calendar year, additional cleaning $30)	$0	$57–$123 each
Periodic oral evaluation	$0	$43–$93
Comprehensive oral evaluation	$0	$68–$147
Topical fluoride (two per calendar year)	$0	$30–$65
X–rays – (bitewings) 4 radiographic images	$0	$51–$111
X–rays – panoramic film (one every three years)	$0	$89–$193
Sealant – per tooth	$17	$45–$96
Amalgam filling (silver colored) – 2 surfaces	$22	$106–$229
Composite filling (tooth–colored) – 1 surface, Anterior	$22	$127–$275
Molar root canal (excluding final restoration)	$530	$896–$1,939
Periodontal (gum) scaling and root planing – 1–3 teeth per quadrant	$64	$149–$322
Periodontal (gum) maintenance	$78	$114–$246
Removal/extraction of erupted tooth	$53	$134–$291
Removal/extraction of impacted tooth – soft tissue	$125	$268–$580
Crown – porcelain fused to high noble metal	$470	$886–$1,918
External bleaching for home application, per arch; includes materials and fabrication of custom trays	$165	$110–$237
Occlusal orthotic device, by report (for treatment of TMJ)	$455	$730–$1,580

Chart is for illustrative purposes only.

Summary of Limitations

Procedure	Limit
Oral evaluations	Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
X-rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex1 every 3 calendar years
Periodontal root planning and scaling	Limit 4 quadrants per consecutive 12 months
Periodontal maintenance	Limited to 4 per year and (only covered after active periodontal therapy)
Crowns, dentures and partials	Replacement 1 every 5 years
Orthodontic treatment	If covered, maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months may require an additional payment by the patient
Relines	One every 36 months
Denture adjustments	Four within the first 6 months after installation
Prosthesis over implant	If covered, replacement limited to once every 5 years if unserviceable and cannot be repaired
Surgical placement of implant	If covered, surgical placement of implants (D6010, D6012, D6040, and D6050) have a limit of 1 implant per calendar year with a replacement of 1 per 10 years
Temporomandibular Joint (TMJ) treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One athletic mouth guard per 12 months
General anesthesia/ IV sedation	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule (PCS). IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment.
Fluoride treatments	Two treatments per year covered at 100%

Specialty treatment plans may require payment authorization for services to be covered. Before treatment starts, you should verify with your network specialty dentist that your treatment plan has been authorized for payment by Cigna Healthcare. Depending on your plan, if more than one professionally accepted and appropriate method of treatment can be used to treat a dental condition, coverage may be limited to the less costly covered service. If you choose the more costly service, the fee listed on the Patient Charge Schedule may not apply. Review your plan documents for the details of your employer's specific dental plan.

EXCLUSIONS: Listed below are the services or expenses which are NOT covered under your Dental Plan. You will be responsible for these services at the dentist's usual fees.

- Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit
- Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- Services received to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- Services for the charges which the person is not legally required to pay
- Charges which would not have been made if the person had no insurance
- Services received due to injuries which are intentionally self-inflicted
- Services not listed on the PCS
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)[5]
- Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of wars[6]
- Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- General anesthesia or IV sedation when used for the purpose of anxiety control or patient management
- Prescription medications

- Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction
- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen or damaged due to patient abuse, misuse or neglect
- Surgical implant of any type unless specifically listed on your PCS
- Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards
- Procedures or appliances for minor tooth guidance or to control harmful habits
- Services and supplies received from a hospital
- Services to the extent you or your enrolled dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy[7]
- The completion of crowns, bridges, dentures or root canal treatment already in progress on the effective date of your Cigna Dental coverage[8]
- The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental Coverage, unless specifically listed on your PCS[8]
- Consultations and/or evaluations associated with services that are not covered
- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- Services performed by a prosthodontist
- Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy

- Any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service
- Infection control and/or sterilization
- The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- Services to correct congenital malformations, including the replacement of congenitally missing teeth
- The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- Crowns, bridges and/or implant supported prosthesis used solely for splinting
- Resin bonded retainers and associated pontics
- As to orthodontic treatment: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

This document outlines the highlights of your plan. For a complete list of both covered and non-covered services, including benefits required by your state, see your insurance certificate or plan description. If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.

How to enroll and how to change your general dentist

Enroll today

Make sure that you don't miss your opportunity to enroll for this important benefit. All you need to do is:

1. Review your plan materials and consider your family's needs.
2. Contact your Human Resources benefits coordinator for enrollment instructions.
3. Select your Network General Dentist. If you wish to change your dentist, you can do so by following the instructions below.

Change your Network General Dentist

1. The list of Cigna Dental Care Access network dentists is available at **Cigna.com**, via our mobile app or by calling customer service at **800.Cigna24**. To receive the most benefits from the Cigna Dental Care Plan you must select and use a Cigna Dental Care Access Network General Dentist.
2. Contact your Human Resources Benefits department.

Need more? Get more

Cigna Dental Oral Health Integration Program®

What is the Cigna Dental Oral Health Integration Program[9]?
It's a program that reimburses out-of-pocket costs for specific dental services used to treat or help prevent gum disease and tooth decay. The program is for people with certain medical conditions that have been found to be associated with gum disease. There's no additional cost for the program – if you qualify, you get reimbursed!

Do I qualify?
If you have a Cigna dental plan, you're eligible for the program. You do NOT have to be enrolled in a Cigna Healthcare medical plan to be eligible for this program. You must currently be under treatment by a doctor for any of the following conditions:

- Rheumatoid Arthritis
- Heart disease
- Stroke
- Diabetes
- Head and neck cancer radiation
- Maternity
- Chronic kidney disease
- Organ transplants
- Sjogren's Syndrome
- Lupus
- Parkinson's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Huntington's Disease
- Opioid Misuse and Addiction

Using the program is as easy as 1, 2, 3!
Together, we can make sure proper dental care is given to those who need it most.

1. You must fill out the online registration form found on myCigna.com. You can also call the number on the back of your ID card to have an enrollment form sent to you. You only need to complete the form one time per qualifying condition, except for maternity.
2. Once you're logged in on myCigna.com, click "Review my Coverage" then select "Dental" from the drop down menu. Next, from the "Related Links" section on the right side of the page, select "Cigna Dental Oral Health Integration Program Registration Form." Fill out the form and click "Submit".

3 Visit your dentist and pay your usual out-of-pocket cost for the covered service. We'll send your reimbursement.

How does it work?

When you visit your dentist, you will pay your usual out-of-pocket costs (deductible, copay or coinsurance amount). As a reminder, your copay is the fixed amount you pay for covered services, and your coinsurance is the percentage of costs you pay for covered services. Next, your dentist will send Cigna Healthcare a claim. We review the claim and will refund your out-of-pocket costs for eligible dental services. Once we receive your claim, you can expect to be reimbursed in about 30 days. You must enroll in this program prior to receiving treatment to be eligible for reimbursement.

Healthy Rewards

As a Cigna Healthcare member, you have access to discounts on the health products and programs you use every day for:**

- Nutritional Meal Delivery Service
- Fitness Memberships and Devices***
- Vision Care, Lasik Surgery, Hearing Aids
- Alternative medicine
- Yoga Products and Virtual Workouts***

Real brands. Real discounts. Real easy.

Log into **myCigna.com** and navigate to Healthy Rewards Discount Program or call **800.870.3470**.

Get Valley Schools Cigna Dental (DHMO) Plan electronic guide.

The guide can help:

- Explain how the plan works
- Explore the plan network
- View patient charge schedule
- Learn about the Oral Health Integration Program
- View the Valley Schools plan brochure

SCAN ME

Visit http://view.ceros.com/cigna/valley-schools/p/1 or scan the QR code for access.

*Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service.

**Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.

***Fitness Membership and Devices along with Yoga Products and Virtual Workouts can only be accessed by login into myCigna.com and navigating to Healthy Rewards Discount Program.

1. The term "DHMO" refers to group dental products that may differ by the state an enrollee lives in. This can include prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care (DHMO) plan is not available in all states.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
3. App/online store terms and mobile phone carrier/data charges apply.
4. Charges are based on 2019 claim data and projected for 2020 and is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using. These are examples used for illustrative purposes only. Your actual costs and plan coverage will vary. Plan limitations and exclusions may apply. See your plan materials for details.
5. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
6. **Oklahoma residents**: This exclusion is replaced by the following: War or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
7. **Arizona and Pennsylvania residents**: This exclusion does not apply. **Kentucky and North Carolina residents**: Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. **Maryland residents**: Services compensated under group medical plans are not excluded.
8. C**alifornia and Texas residents**: Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.
9. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable annual benefits maximum. See your plan documents or contact Cigna Healthcare for complete program details.

Product availability may vary by location and plan type and is subject to change. All group dental plans and insurance policies have exclusions and limitations. For costs and complete details of coverage, see your plan documents. The dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided to their patients. Dentists are not agents of Cigna Healthcare.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), or their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc. including Cigna Dental Health Plan of Arizona, Inc., Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).

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