

# Cigna Dental Oral Health Integration Program® Registration Form



**INSTRUCTIONS:** Please complete the entire form to ensure registration.  
For questions on the program, please refer to back page.

**Mail or fax the completed form to:** Cigna Dental  
P.O. Box 188037  
Chattanooga, TN 37422  
859-550-2662

**CLEAR FORM**

## A. PRIMARY CUSTOMER INFORMATION

Primary Customer Name: <i>(Last, First, Middle Initial)</i>		SSN or Cigna Customer ID	
<input type="text"/>		<input type="text"/>	
Address: <i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number:	Email Address:	Employer Name:	Employer Group Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. PATIENT INFORMATION

Patient Name: <i>(Last, First, Middle Initial)</i>	Patient Date of Birth:
<input type="text"/>	<input type="text"/>
Patient's Relationship to the Primary Customer:	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other <input type="text"/>	

## C. MEDICAL INFORMATION AND ELIGIBLE PROCEDURES

**By checking the box(es) below, I confirm that on the basis of the terms of my plan, I have one or more of the conditions listed and am eligible for this enhanced coverage. I understand the filling out and mailing of this form does not guarantee payment and that plan maximums, limitations and exclusions may apply.**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Maternity	<input type="checkbox"/> Stroke
<input type="checkbox"/> Radiation for head or neck cancers	<input type="checkbox"/> Organ transplants	Due Date: <input type="text"/>	<input type="checkbox"/> Chronic kidney disease
<input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Sjogren's syndrome	<input type="checkbox"/> Lupus	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> Amyotrophic lateral sclerosis (ALS)	<input type="checkbox"/> Huntington's disease	<input type="checkbox"/> Opioid misuse and addiction	

## D. CERTIFICATION OF MEDICAL CONDITION

**I also understand that Cigna has the right to check my medical records and contact my dentist and/or physician to confirm my medical condition. This authorization shall remain in effect while I am enrolled in the Cigna Dental Oral Health Integration Program. I understand that I may revoke this authorization at any time by writing to the address listed on the form.**

Medical Physician's Name:	Telephone Number:	Medical Carrier:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient's Signature: <i>(Required)</i>		DATE:
<input type="text"/>		<input type="text"/>

Participation in the Cigna Dental Oral Health Integration Program does not guarantee coverage and is subject to the terms of your plan documents which shall prevail.

## What conditions make me eligible for this program?

Condition	Connection to Oral Health	What You Get In Addition to Your Dental Plan	Eligible Procedures	Why Oral Care is Important in Treating Your Condition
<b>Heart Disease</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Inflammation</li> </ul>	Periodontal (Gum) Treatment * Periodontal (Gum) Maintenance (2 additional)	D4341, D4342, D4910	Bacteria from plaque can enter your bloodstream and can block blood vessels leading to the heart. Inflammation raises blood pressure, affecting the flow of blood.
<b>Stroke</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Inflammation</li> </ul>	Periodontal (Gum) Treatment * Periodontal (Gum) Maintenance (2 additional)	D4341, D4342, D4910	Bacteria from plaque can enter your bloodstream, cut off blood supply to the brain, and cause a stroke.
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Inflammation</li> <li>•Thrush</li> <li>•Dry Mouth</li> </ul>	Periodontal (Gum) Treatment * Periodontal (Gum) Maintenance (2 additional)	D4341, D4342, D4910	Increased likelihood of periodontal (gum) disease, thrush and dry mouth due to increased sugar (glucose) levels. Dry mouth can cause soreness, ulcers and infections.
<b>Maternity</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Tooth Decay/Cavities</li> </ul>	Periodontal (Gum) Treatment * Periodontal (Gum) Maintenance (2 additional), Oral Evaluation (1 additional), Periodontal Evaluation (1 free, included in most plans already), Cleaning (1 additional), Full Mouth Scaling in Presence of Inflammation (1 additional), Palliative treatment of dental pain (unlimited)	D4341, D4342, D4910, D0180, D0120, D0140, D0150, D1110, D4346, D9110	Changing hormones put pregnant women at risk for gum disease, cavities and oral issues passed down to the child if left untreated. Advancing gum disease can cause poor pregnancy outcomes, including preterm birth and low birth weight.
<b>Chronic Kidney Disease</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Inflammation</li> </ul>	Periodontal (Gum) Treatment * Periodontal (Gum) Maintenance (2 additional), Topical application of fluoride varnish**, Sealants & Sealant repair ***, Tooth Decay/Cavity Prevention (2 treatments per tooth per year)	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Gum disease puts you at greater risk to serious infection beyond the mouth, especially if your immune system is weakened from kidney disease. Treatment also helps prevent inflammation and transplant delays.
<b>Organ Transplant</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Dry Mouth</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Anti-rejection medications make it harder to fight off bacteria, suppress the immune system and make the mouth lining more susceptible to sores. This can cause gum disease, dry mouth and ulcers
<b>Radiation for Head &amp; Neck Cancers</b>	<ul style="list-style-type: none"> <li>•Dry Mouth</li> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Radiation and chemotherapy for head and neck cancer kill cancerous cells, but they can also harm healthy cells in your mouth. This can lead to ulcers, dry mouth and jaw problems.
<b>Rheumatoid Arthritis</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Autoimmune and inflammatory disease puts immune system at greater risk and causes inflammation, which is linked to gum disease.
<b>Sjogren's Syndrome</b>	<ul style="list-style-type: none"> <li>•Dry Mouth</li> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Autoimmune system can accidentally attack glands that make saliva. This can cause dry mouth and ulcers.
<b>Lupus</b>	<ul style="list-style-type: none"> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Increased likelihood of tooth decay/cavities.
<b>Parkinson's Disease</b>	<ul style="list-style-type: none"> <li>•Poor Oral Hygiene</li> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Difficulty moving causes increased likelihood of poor oral hygiene, resulting in tooth decay and cavities.
<b>Amyotrophic Lateral Sclerosis (ALS)</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Increased difficulty moving can cause gum disease, tooth decay and cavities.
<b>Huntington's Disease</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease – listed above.	D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Increased likelihood of poor dental hygiene, gum disease, and tooth decay and cavities.
<b>Opioid Misuse &amp; Addiction</b>	<ul style="list-style-type: none"> <li>•Periodontal (Gum) Disease</li> <li>•Tooth Decay/Cavities</li> </ul>	Same benefits as Chronic Kidney Disease, plus an Oral Evaluation (1 additional)	D0120, D0140, D0150, D4341, D4342, D4910, D1206, D1208, D1351, D1353, D1354, D1355	Increased likelihood of poor dental hygiene, gum disease, tooth decay and cavities, tooth loss and burning mouth.

## Frequently Asked Questions about the Cigna Dental Oral Health Integration Program®

### **Do I only have to enroll in the program once or, do I have to contact Cigna each time I go to the dentist?**

You only enroll once in the program. Once enrolled, Cigna will automatically reimburse you for the eligible dental services covered for your medical condition.

### **How and when will I get reimbursed for my out-of-pocket expenses?**

As with any dental service, you will pay your dentist at the time the service is performed. A claim form is typically submitted to Cigna by your dentist. Once we receive the claim form from the dentist, we pay him/her for their services and you will then receive reimbursement for the amount of your coinsurance or copay. This may take 2-4 weeks, depending on when the dentist submits the claim. Please keep in mind that only dental services eligible under the Cigna Dental Oral Health Integration Program will be reimbursed.

### **How do I know if my enrollment has been processed?**

Once your enrollment has been approved, Cigna will send you a program welcome letter.

### **What procedures are eligible for reimbursement?**

Please refer to the list of procedures for each qualifying condition on the front of the page.

### **If my dental coverage has a plan maximum or deductible, how do procedures covered under the program get applied?**

Any procedures covered under the program are not applied toward your plan's annual deductible; however, do count towards your plan's annual maximum.

### **If I go out-of-network, will the services covered under this program still apply?**

If your plan does not include coverage for out-of-network services, then you must use a dentist in your plan's network for coverage under this program to apply. If your plan includes out-of-network coverage, you will be reimbursed for your covered expenses whether you choose to use an in-network or out-of-network dentist. However, if you use an out-of-network dentist you may have out-of-pocket costs because the dentist may choose to bill you for charges that are in excess of what your plan reimburses for covered expenses.

### **If I'm a dependent (spouse, partner or child), do I provide my ID number or the person who is the primary covered individual?**

Please provide the ID number of the person who is the primary covered individual.

### **Where can I find my Group/Account Number?**

Please check a previous Explanation of Benefits, your dental page on [mycigna.com](http://mycigna.com), call Customer Service at the number on your ID card and follow the prompts to get your Group/Account Number. You can also provide your ID and/or social security number and a Customer Service Representative will identify your Group/Account Number for you. If you have a Cigna Medical or Dental ID card the Group/Account Number is listed on the cards.

### **What does "Other Coverage" mean?**

Please complete the Other Coverage section if you have additional coverage through a different carrier (sometimes referred to as secondary insurance), typically through your spouse or partner.

### **If I don't have an e-mail address but still want information on behavioral conditions affecting my oral health, how can I get the information?**

Please include a note when you submit your Cigna Dental Oral Health Integration Registration Form indicating the address where you would like the information mailed and it will be sent through the U.S. Postal Service.

### **Do I have to include anything that proves I have a condition and does Cigna have the right to verify my condition?**

You do not have to include any documentation with your Registration Form that proves you have a specific condition. However, at the bottom of the form you must sign your name verifying that you have the condition and acknowledge that Cigna reserves the right to request medical records or check with your physician prior to reimbursement.

### **If I have questions about the Cigna Dental Oral Health Integration Program or how to complete and submit the Registration Form who do I call?**

Please call Customer Service at the number on your ID card with any questions. One of our associates will be happy to help you, 24 hours a day, 7 days a week.

\* Once enrolled in the plan, you are eligible for one free non-surgical whole mouth treatment (four quadrants) every 24 months. This deep cleaning is also referred to as "scaling and root planing" and is done to treat signs of gum disease.

\*\* One treatment.

\*\*\* One treatment per tooth every 36 months.

Acceptance into the Cigna Dental Oral Health Integration Program does not guarantee coverage and is subject to the terms of your dental insurance policy or dental plan. All dental insurance policies and dental plans have exclusions and limitations. For costs and complete details of coverage, see your policy or plan documents.

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