

# 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.

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

## A. PRIMARY CUSTOMER INFORMATION

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

## B. PATIENT INFORMATION

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

## C. MEDICAL INFORMATION AND ELIGIBLE PROCEDURES

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

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Lupus	<input type="checkbox"/> Maternity
<input type="checkbox"/> Cerebrovascular (Stroke)	<input type="checkbox"/> Organ Transplants	<input type="checkbox"/> Rheumatoid Arthritis	Due Date: _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Head and Neck Cancer Radiation		

## 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 this form.**

Medical Physician's Name:	Telephone Number:	Medical Carrier:
PATIENT SIGNATURE: <i>(Required)</i>		DATE:

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

## 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. After your initial registration, if you are diagnosed with an additional condition you must register again for that 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 [MyCigna.com](http://MyCigna.com).

Cigna's Oral Health Integration Program (OHIP) is intended to provide an enhanced benefit to your dental plan (with an approved medical condition) and therefore requires that all claims be processed by the dental plan first. OHIP is designed to reimburse our customers for certain services after the relevant policy provisions have been applied.

### **When do my OHIP benefits end for maternity?**

Cigna understands that in certain situations, the additional benefits, such as a third prophylaxis (third adult cleaning) provided under the OHIP Maternity benefit, could potentially occur after the mother's due date. Therefore, for this medical condition ONLY, Cigna has extended the OHIP enrollment period from nine months to 15 months. This extension to 15 months for maternity takes into consideration the variability of due dates, and helps to ensure that a benefit for a third prophylaxis would be possible under OHIP. We recommend you discuss your treatment with your dentist to determine if a third cleaning (or any of the additional benefits listed in the above chart for Maternity) is recommended for your oral and overall health during (and/or after) your pregnancy. Please note that maternity is the only condition with an end date for OHIP services.

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

Any procedures covered under OHIP are not subject to your plan's annual deductible; however, any amounts paid under OHIP for these services 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.

### **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.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Individual and Family Dental Insurance Plans are insured by Cigna Health and Life Insurance Company. Group dental plans are insured or administered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, and the following HMO or service company subsidiaries: Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna HealthCare of Connecticut, 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., 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. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.