

# State of Connecticut Dental Plan Transition to Cigna effective 7/1/14

## Frequently Asked Questions

IMPORTANT CONTACT INFORMATION	
Cigna Dedicated Website	<a href="http://www.cigna.com/stateofct">www.cigna.com/stateofct</a>
Cigna Dedicated Customer Service	1-800-Cigna24

Q1: ***Why is the State of Connecticut changing dental insurance carriers?***

A1: Every five years, the State of Connecticut is required to obtain competitive bids for carriers to manage the state employee and retiree medical, dental and pharmacy benefits. Following a competitive bidding process, and a review by a committee of management and labor stakeholders, the state has selected Cigna to administer the state employee and retiree plan at drastically reduced annual costs over the previous dental contract.

This change reduces the state's – and employees' -- dental coverage costs significantly due to the larger contracted network and lower administrative fees from the carrier. It also provides no changes to existing benefits under the plans – except for a few enhancements, as explained in greater detail throughout this FAQ.

Q2: ***Will my benefits change?***

A2: The RFP process did allow for the committee to modernize and improve some benefits to follow best practices.

**Updates are as follows:**

**Basic Plan** – Sealants will now be covered for children up to age 16. The applicable cost share will apply. (Previously, sealants were only covered under the Enhanced Plan.) In addition, up to two free cleanings will be provided at 100 percent coverage.

**Note:** Implants are not a covered benefit under this plan. However, if you obtain an implant from an in-network dentist in Connecticut you will only be charged the carrier's negotiated discounted rate for that service. [This feature may be available in other states, unless prohibited by state law.]

**Enhanced Plan** – Coverage will be provided for dental implants, up to \$500 per year. In addition, if you are using an in-network provider in Connecticut you will receive the negotiated discounted rates for implants [This feature may be available in other states, unless prohibited by state law.].

All plans currently allow dentists to replace crowns every five years, even if those crowns are perfectly functional. Dental experts now recommend crown replacement for functional crowns after seven years.

Also, all plans currently provide coverage for 360-degree panoramic X-rays every three years. Dental experts now recommend against this, in part because of radiation risk, and suggest panoramic X-Rays only every five years, and the plans have been modified to reflect this recommendation.

These two changes saved money for both members and the state, and the state's savings helped fund the improvements in sealant and implant coverage.

**Q3: *Is there an additional cost for these changes?***

A3: No, there will be no additional costs to employees, and the costs for both employees and the state will actually decrease.

**Q4: *I am currently enrolled in the Cigna DHMO plan. Should I expect any changes?***

A4: No. The Dental HMO benefits will not change. You will still be required to use the Cigna Dental HMO network to select a provider.

**Q5: *I am concerned that I will have a difficult time finding a provider that accepts Cigna?***

A5: As is the case today, under the Basic Plan, you can see any dentist and will not be subject to balance billing. Under the Enhanced Plan, members will have access to the Cigna Dental PPO network, which is larger than the current network and is expected to be further expanded by 7/1/2014. This network is extensive, and Cigna is working to contract with providers that State of Connecticut members are currently utilizing.

**Q6: *How will I know if my provider is a participating dentist?***

A6: You can check your provider's status by accessing Cigna's State of Connecticut dedicated website:

<http://www.cigna.com/stateofct>

(Note: Refer to the "contracted" column to see if your provider is contracted.)

You can also call Cigna Customer Service at 1-800-Cigna24 to find out whether your provider is contracted with Cigna.

**Q7: *I am currently enrolled in a dental plan with United. Do I have to make a new election during open enrollment?***

A7: No. If you are currently enrolled in the Basic or Enhanced Plan with United and decide NOT to make a dental plan change during open enrollment, your coverage will automatically default to the same plan type administered by Cigna and new cards will be issued.

**Q8: *Will I still be able to make coverage changes during open enrollment?***

A8: Yes, you can make changes to your medical and/or dental coverage during open enrollment. If you want to make a change, ask your Agency Payroll or Benefits contact for a change form. The agency will process the coverage change and provide you with a confirmation statement.

Q9: ***When should I expect a new Cigna dental ID card?***

A9: You and enrolled members of your family should expect to have new Cigna Dental ID cards by 7/1/2014. Each enrolled member will receive a personalized ID card. You will need to present this new card to your dentist at your first visit on or after 7/1/2014.

Q10: ***Does this change impact my dental requirement under the Health Enhancement Program?***

A10: No. You are required to complete at least one dental cleaning per year to meet the HEP dental requirement.

Q11: ***What if my child is currently going through orthodontic treatment under the Enhanced Plan?***

A11: If you are enrolled in the Enhanced plan and your child is currently undergoing orthodontic treatment, the plan will provide coverage for treatment in progress. The coverage will be paid by Cigna on 7/1/2014. Any services incurred prior to 7/1/2014 would be paid by United.

Your benefit amount is determined by your plan's benefit level for orthodontia and the number of months of active treatment remaining on 7/1/2014. After 7/1/2014, you must have your orthodontist submit the following information to Cigna:

- The original treatment plan showing the total months of active treatment
- The orthodontist's total case fee
- The banding date (appliance placement date)
- Treatment length.

Effective 7/1/14, Cigna will continue to pay 50% of the monthly contracted payment you owe to your orthodontist. You are responsible for the balance. The Cigna plan will contribute to your costs until the \$1500 lifetime orthodontia maximum in your plan has been met, or until active treatment is completed (whichever comes first).

Q12: ***What if I have other dental treatment in progress? Who would pay my claim?***

A12: Some dental procedures require several treatment dates from start through completion. In most cases, a crown requires two separate visits: one visit for the core build-up and the second for the crown placement. As a general rule, the claim is paid by the insurance carrier you were enrolled with when the treatment began.

Example: A crown procedure that started in June 2014 under the United Healthcare dental plan but was completed in July 2014 after the Cigna plan became effective is considered treatment in progress and will be paid under the United Healthcare plan.

Other treatments in progress may include treatment for a root canal, crown and bridge, or dentures. If your treatment began prior to 7/1/2014, your provider should submit the claim directly to United for review. This is a standard process in the insurance industry for transition of care.