

TRANSITION OF CARE FAQ



Q: What is a Transition of Care service, and how does it apply to me?

A: A Transition of Care (TOC) service is a dental procedure that begins while you're covered under one carrier and is finished while covered under a different carrier. Typically, TOC services require more than one trip to the dental office for completion. Orthodontic treatment and some general dentistry services apply.

Q: What general dentistry services qualify for TOC?

A: Services that would be considered Transition of Care would be services that were started or prepared while covered under one carrier, but not "seated," or finalized, before the carrier switch occurred. Such services are as follows:*

- › Root canal therapy
- › Crowns
- › Partials
- › Dentures
- › Bridges

* Other conditions may be covered. See your plan documents for details.

Q: If I started a service with my previous dental carrier, will my new carrier pay for the service?

A: If the treatment/service was started under another dental carrier, the claim should still be filed with the same carrier. If you are uncertain of which carrier that may be, check with your employer if you need the carrier's information. Your Cigna dental plan may not cover charges for services that are already in progress, but this varies depending on your specific dental plan. Review your plan materials for details about the covered and non-covered services under your plan, including plan exclusions and limitations.

Q: Is there a time limit in which services should be completed?

A: Each carrier has its own guidelines for how it will cover services after the plan's termination date. Check with your employer to verify those specific timeframes.

Q: What if my dentist doesn't submit claims on my behalf? How will my claim be paid?

A: If your dental office will not send the claim to the carrier for payment, you will need to make sure you obtain the following.

- › A copy of a completed claim form or statement of services from the dental office
- › A receipt (if applicable) showing you paid for services in full

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, 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. Policy forms: OK - Dental Indemnity/PPO - HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); DHMO - HP-POL115 (CHLIC), GM6000 DEN201V1 (CGLIC); TN - Dental Indemnity/PPO - HP-POL69/HC-CER2V1 et al, DHMO - HP-POL134/HC-CER17V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

871963 a 07/16 © 2016 Cigna. Some content provided under license.