

WE’VE GOT YOUR BACK, 24/7/365



BY PHONE
888.764.0099

We know your dental issues don’t always happen between 9 and 5, so we keep our call centers open for business around the clock.

- › Call anytime, day or night, weekends or holidays, and you’ll get a live customer service representative.
- › Ask for a Spanish-speaking representative or to speak with us in your preferred language; interpreter service is available in more than 170 languages.



**MYCIGNA WEBSITE AND
MOBILE APP**

- › **Find an in-network dentist.** Personalized search results make it easy to find the right dentist for you. You can search by name, specialty and more.
- › **Manage and track claims.** Quickly search and sort through your claims.
- › **Get organized.** You can store, organize and manage your dental information in one private location.
- › **Click to chat.** You can chat with customer service 24/7/365 in the **myCigna App**.

We want to help make your life easier and healthier. And that means being ready to help whenever you want us, wherever you want us.



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* Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
** The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
*** 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.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If there are any differences between the information in this brochure and the official plan documents, the terms of the plan documents will prevail.
Dentists who participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.
Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.
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**FLEXIBLE
BENEFITS
FOR YOU**



For the employees of
the State of Georgia
and their dependents.

**State of Georgia
Cigna Dental PPO (DPPO)**



Enrollment Guide
January 1, 2026–December 31, 2026



Offered by Cigna Health and Life Insurance Company

Welcome to Flexible Benefits Insurance Plan Open Enrollment

The State of Georgia's 2025 Open Enrollment is here for Plan Year 2026. Open Enrollment begins **October 20, 2025 (at 1:00 a.m. ET) through November 8, 2025 (at 12:59 a.m. ET)**. Enroll online via **www.GaBreeze.ga.gov**, or contact the GaBreeze Benefits Center at **877.342.7339**.

Questions?
Need to find an in-network dentist in your area? Not sure which services are covered under your plan? Get these answers and more by contacting Cigna's pre-enrollment line at **888.764.0099**.

Call or click to find a Cigna Dental PPO (DPPO) network dentist

At Cigna, finding a **Cigna Dental PPO (DPPO)** dentist or specialist is quick and easy. Simply go online or call to speak to a customer service representative.

Use myCigna.com

Once you enroll in **Cigna Dental PPO (DPPO)**, register at **myCigna.com**®.* The site will give you information for your specific dental plan.

Then follow these easy steps:

- Log in to **myCigna.com**. Click on **“Find Care & Costs”** at the top of the page.
- Enter your search criteria and click **“Search.”**
- Or, under **“Popular Searches,”** click a dentist by category.

On the go? Not a problem. This information is also on the **myCigna® App**.**

Use Cigna.com

- Go to **Cigna.com**®. Click on **“Find a Doctor, Dentist or Facility”** at the top of the page.
- Click on **“Employer or School.”**
- Enter your search location (city, state or zip).
- Click on **“Doctor by Type”** and choose or type “dentist.” If asked, confirm your location.
- Then choose **“Cigna Dental DPPO.”**
- Review the lists, which are organized by specialty. Or narrow your search by typing in provider name, specialty or office name.

- Refine your search. Once you get your search results, you can further refine your search by:
 - Distance
 - Years in practice
 - Additional languages
- Click on a dentist's name for more details, such as office hours and location listings with map view.

Call us at 888.764.0099

Need help finding a **Cigna Dental PPO (DPPO)** network dentist or specialist? Just give us a call. You can use the automated Dental Office Locator, or you can speak directly to a customer service representative. You can also ask for a directory customized by dentist type and location.

Call your current dentist

Your current dentist could be in-network. Call the office and ask if they participate in the **Cigna Dental PPO (DPPO)** network.

Submit a provider for recruitment

Submit a provider for recruitment by logging in to **myCigna.com** and selecting **“Forms”** at the bottom of the page. You can then select **“Dental”** to be directed to the appropriate form.

Cigna Dental DPPO Plan Benefit Comparison

Annual Deductible	\$50/individual	\$150/family
Deductible is waived for diagnostic and preventive services		
Annual deductible is the same for all three DPPO plans offered		

Annual deductible and maximum apply to plan benefits below unless otherwise noted.

DPPO In-Network Plan Coverage

	Dental Select	Dental Select Mid	Dental Select Plus
Annual Maximum	\$750	\$1,500	\$2,000
Individual	Includes TMJ	Includes TMJ and implants	Includes TMJ and implants
Preventive and Diagnostic Services No deductible, no maximum	100% covered by the plan	100% covered by the plan	100% covered by the plan
Basic Restoration	80% covered by the plan	80% covered by the plan	90% covered by the plan
Major Restoration	50% covered by the plan	50% covered by the plan	60% covered by the plan
Endodontics	80% covered by the plan	80% covered by the plan	90% covered by the plan
Periodontics	80% covered by the plan	80% covered by the plan	90% covered by the plan
Oral Surgery	80% covered by the plan	80% covered by the plan	90% covered by the plan
Orthodontics Employee and all dependents	Not covered by the plan	50% covered by the plan No deductible; lifetime maximum applies	50% covered by the plan No deductible; lifetime maximum applies
Adjunctive Anesthesia	80% covered by the plan	80% covered by the plan	90% covered by the plan
Emergency Care:*** No deductible, no maximum	100% covered by the plan	100% covered by the plan	100% covered by the plan
TMJ	50% covered by the plan	50% covered by the plan	50% covered by the plan
Implants Limited to one per 60 consecutive months	Not covered by the plan	50% covered by the plan	50% covered by the plan

Cigna Healthcare Financial Exhibit for:
State of Georgia

Consecutive month frequency calculate limits using the date of the first service.
Benefits calculated on a 12 month calendar period

Cigna Dental PPO / Indemnity Exclusions and Limitations:	
Procedure	Exclusions & Limitations
Oral Evaluations	2 per calendar year
Prophylaxis (routine cleaning)	2 routine prophy or perio maintenance procedures per calendar year
Fluoride	2 per calendar year for participants under age 16
Routine X-rays	Bitewings; limited to 2 sets per calendar year
Non-Routine X-rays	Complete series of radiographic images and panoramic radiographic images; limited to a combined total of 1 per 36 months
Periapical X-rays	No frequency limit
Intraoral Occlusal X-rays	No frequency limit
Cone Beams	Not covered
Model	Payable only when in conjunction with Ortho workup;
Space Maintainers	No frequency limit for participants under age 14.
Fillings	Limited to 1 per tooth per 12 consecutive months. Resin-based composite restorations on molar teeth are not covered.
Sealants	1 per tooth per 60 consecutive months for participants through age 15. Payable on unrestored permanent bicuspid or molar teeth only.
Perio Scaling and Root Planing	Limited to 2 per quadrant per 12 consecutive months per quadrant
Perio Surgery	1 per quadrant per 24 consecutive months per area of the mouth (same service)
Connective Tissue Graft	1 per quadrant per 36 consecutive months for participants .
Crowns	Replacement limited to 1 per tooth per 60 consecutive months, if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Stainless Steel & Resin Crowns	1 per tooth per 120 consecutive months, primary teeth will be treated with Stainless Steel Crowns. No age limit
Prosthesis over Implants	Replacement limited to 1 per tooth per 60 consecutive months, if unserviceable and cannot be repaired.
Bridges	Replacement limited to 1 per tooth per 60 consecutive months, if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Dentures and Partial	Replacement limited to 1 per arch per 60 consecutive months, if unserviceable and cannot be repaired.
Relines, Rebases & Adjustments	1 per tooth per 24 consecutive months
Repairs - Bridges	No frequency limit
Repairs - Dentures	1 per tooth per 12 consecutive months
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Orthodontia	For dependent children and adults
Missing Tooth Provision	No limitation (teeth missing prior to the effective date of coverage are covered)
Late Entrant Limit	No Late Entrant Limitation provision
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons; Replacement of a lost or stolen or damaged appliance;
- * Initial placement of a complete denture or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan; removal of only a permanent third molar will not qualify for an initial or replacement complete or partial denture or bridge
- * Any replacement of a crown, bridge, partial denture, or complete denture which is or can be made usable according to commonly accepted dental standards;
- * Veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper or lower first, second and/or third molars
- * Dental services that do not meet commonly accepted dental standards; Services that are deemed to be medical services;
- * Procedures for which a charge would not have been made if the person had no insurance or for which the person is not legally required to pay;
- * Experimental or investigational procedures and treatments; Procedures which are not necessary and/or which do not have uniform professional endorsement;
- * Charges for or in connection with an injury or illness arising out of, or in the course of any employment for wage or profit
- * Charges for or in connection with an injury or illness which is covered under any workers' compensation or similar law
- * Charges in excess of the Maximum Reasonable Charge allowances;
- * General anesthesia or intravenous sedation, when used for the purposes of anxiety control or patient management is not covered; may be considered only when medically or dentally necessary and when in conjunction with covered complex oral surgery;
- * Fees charged for broken appointments, claim form submission or sterilization; duplication of x-rays and exams required by a third party;
- * Services not included in the list of covered dental expenses;
- * Crowns, inlays, cast restorations, or other laboratory prepared or CAD/CAM prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture; Replacement of teeth beyond the normal adult dentition of 32 teeth;
- * Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- * Any charge for any treatment performed outside of the United States other than for Emergency Treatment;
- * Procedures that are a covered expense under any other medical plan which provides group hospital, surgical, or medical benefits whether or not on an insured basis;

** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.

***Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that most of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.

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Prepared by Underwriting.
Cigna DPPO Network (P0010)