# TRANSITION OF CARE FAQ



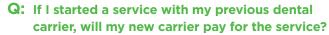
### Q: What is a Transition of Care service, and how does it apply to me?

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



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







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<sup>\*</sup> Other conditions may be covered. See your plan documents for details.