

# ENROLLMENT INFORMATION, RESTRICTIONS & REQUIREMENTS

For all states

## Stand-Alone Plans

Cigna Dental Preventive | Cigna Dental 1000 | Cigna Dental 1500

### When Can I Enroll?

You can purchase the **Cigna Dental Preventive, Cigna Dental 1000** and **Cigna Dental 1500 Plans**\* anytime during the year through Cigna. There are no open enrollment restrictions or guidelines like medical plans.

### Enrollment Effective Dates

Effective dates can be the first day of the following month after submitting an application, as long as it is submitted on or before the 15th of the prior month.

### Age and Dependent Requirements

- ▶ Applicants age 18 or older can sign the policy; applicants under 18 must have a parent or guardian's signature.
- ▶ A newborn child or newly adopted child, born or adopted to an enrolled subscriber, may be added to the subscriber's plan any time throughout the year within 31 days of the birth or adoption.

### Residency Requirements

#### Non-citizen Residents:

- ▶ Applicants must be a legal U.S. resident and must reside within the U.S. for 6 consecutive months prior to applying for coverage.
- ▶ Applicants must reside within the service area of the selected benefit plan.

#### U.S. Citizens and Expatriates:

- ▶ Citizens residing within the U.S. must live within Cigna's service area at time of application. The service area includes all states except WA, plus D.C.
- ▶ If the applicant should move outside of Cigna's service area the applicant will no longer qualify for Cigna coverage.
- ▶ Citizens who have been living and working outside the U.S. and who are in process of returning to the U.S. are eligible to apply; the requested effective date must be after their return to the U.S.

\*These Dental Plans do not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act (PPACA). This coverage is available in the insurance market. Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.

## Post Enrollment

### 10-Day Free Look

After the applicant reviews the policy, if they are not satisfied for any reason they can call Cigna at the number on their policy within 10 days. Cigna will refund any premium they've paid (including contract fees or other charges) less the cost of any services paid on your behalf or on behalf of any of your covered dependents.

### Insufficient Funds Charge

The applicant is responsible for an additional charge of \$45 for any check or electronic funds transfer that is returned to Cigna unpaid.



If you have questions about your plan, please call **1.877.Cigna15** or log on to **myCigna.com** for more information about your plan.

For Colorado customers, this policy DOES NOT include coverage of pediatric dental services as required under the Affordable Care Act. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.

Dental insurance policies have exclusions, limitations, reduction of benefits and terms under which policies may be continued in force or discontinued. For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 1.877.Cigna15.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and Cigna Dental Health, Inc. In Texas, the Dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.