



Cigna Medicare Advantage Dental Allowance FAQ 2020 Benefits

What is a dental allowance?

A dental allowance is a set amount that patients are given each year that can be used for dental services, such as fillings and repair of cavities, root canals, crowns, extractions, cleanings, x-rays and other procedures as needed. The allowance is only available for non-Medicare covered preventive dental services and non-Medicare covered comprehensive dental services. The allowance will not cover cosmetic procedures. Depending on the specific plan, allowances range from \$500 - \$3,000 annually. The allowance is designed for providers to bill Cigna Dental Health directly and not require payment up front from the patient.

How does a patient use their dental allowance benefit?

Patients will have a designated amount of benefit to use towards dental services. They may use and receive services against this amount during the calendar year period. Once the benefit is used up in a calendar year, they will not have any more services that you can be reimbursed for.

What dentist can patients use?

They can use any licensed dentist that they choose. Providers on the exclusion and preclusion list are excluded.

How does a dentist bill for services?

You will need to bill Cigna just as you do traditional dental insurance. You may call customer service to receive instructions on how to bill the claim and limits that you have. You will bill Cigna Medicare for the cost of dental services and this amount will be applied to the patient's yearly allowance. The dental allowance does not require any pre-authorization or pre-estimates. Please submit your billed charges to the following address. DO NOT submit charges to DentaQuest.

Cigna
P.O. Box 188037
Chattanooga, TN 37422-8037

- You will be reimbursed within (7-10) business days.
- You do not have to be contracted with DentaQuest or Cigna.
- **Questions? Call 1-866-213-7295.**

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How does a provider know what a patient's limit is?

A: You may call Cigna Medicare Customer Service to check the amount remaining on patient's allowance amount. The Customer Service number 1-866-213-7295 is located on the back of the patient's ID card.

What markets/plans will offer the dental allowance?

A: It will be offered on all PPO products with the exception of the Texas PPO plans. So it will be available in Alabama, Georgia, Illinois, MAPA (PA and DE), North Carolina and Tennessee.

It will also be offered on all HMO plans: Alabama/North Florida (Southern MS, Arkansas, Florida (Daytona, Orlando, and Tampa), Georgia, North Carolina, South Carolina and Tennessee.

What if I require payment up front?

It is optimum to bill Cigna directly. If this is not feasible, we suggest that you contact Cigna Medicare 1-866-213-7295. If you still prefer payment up front, there is an opportunity for the patient to submit a DMR (Direct Member Reimbursement). If a patient chooses to submit a claim for the dental allowance benefit, they would submit an ADA Dental Claim form and an itemized receipt (if available). The claim form includes instructions on filling out the form. To submit, there are two options:

- Providers can submit electronically through their EDI database
- Submit form to PO Box 188037, Chattanooga, TN 37422-8045

Important note: DMR box #37 indicates who the payment should be made to. The patient should sign if payment is to be made directly to you and left blank if payment goes to them. The amount a patient is requesting will be deducted from their current dental allowance benefit.

What if the service exceeds the patient's allowance?

The patient will be required to pay for any remaining balance over the plan allowance amount. You and the patient may check the remaining allowance amount by calling Cigna Medicare Customer Service at 1-866-213-7295. You may also give the patient a pre-estimate to determine if they want to move forward with treatment.