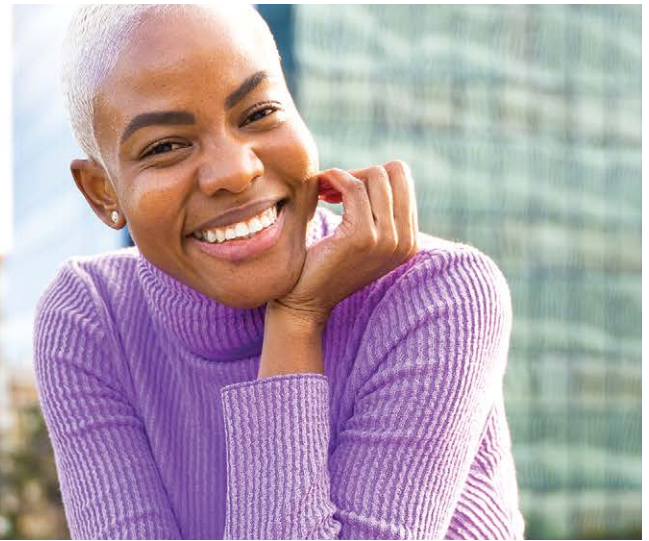


PREDETERMINATION OF COVERAGE

Dental treatment plan assessment



Did you know?

You can ask your dental provider to submit your treatment plan for a predetermination of coverage ahead of getting complex or costly dental services?

As a customer of the **Cigna Global Health Benefits®** (CGHB) Dental Plan, we wanted to remind you of a service we provide. Prior to having a complex or costly dental service performed, you can ask your dental provider to submit the treatment plan to Cigna for a predetermination of coverage.

Simply stated, a predetermination of coverage verifies what will be covered so there will be no surprises after a procedure. We encourage you to take advantage of this service before your next complex dental visit.

This no-cost service will:

- › Notify you whether any part of the dental procedure in the treatment plan is not covered under your dental insurance
- › Help you understand what if any of the treatment may be an out-of-pocket cost to you
- › Give you the opportunity to talk with your dental provider about any possible alternative treatments or procedures, and
- › Enable you to make informed decisions regarding your dental care.

While CGHB does not require predetermination for our dental plans, we do recommend it. By taking advantage of this service, you can avoid possibly unplanned out-of-pocket charges.



Together, all the way.®



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