How to Enroll in Cigna Dental Coverage

The Cigna dental link under Quick Links on the school's website directs students to the stand-alone dental options provided by AHP. You will see "Terry Lyons" followed by the AHP address at the top right of the screen. This ensures that the student is on the right link.

- 1. The student will fill out their information and click Find the Plans at the bottom of the page.
 - PLEASE NOTE: Students need to uncheck Medical as this is only for dental coverage.
 - The Coverage Start Date dropdown menu gives the student three different options for when they would like to start coverage; the following month on the 1st, and each month after that on the 1st, up to two months.
 - Example: If the student is enrolling on August 28, they can start coverage on September 1, October 1 or November 1.
 - Select No next to Currently Insured as this is only referring to whether the student is currently insured under a dental plan with Cigna.
 - Student will select No next to Is this a Child Only Quote.

WELCOME							QUICK LINKS 🕹 GO TO:	MY SELECTIONS (0)	LOG IN
Cigno	l. Ci	gna Health and Life Cigna HealthCar surance Company of Arizona, Inc.	e Cigna HealthCare of Illinois, Inc.	Cigna HealthCare of North Carolina, Inc.	Cigna HealthCare of Texas, Inc.		Address: 3500 WILLIAM D	Your Age Writin TATE AVE SUITE 200 GRA Pt	ent: TERRY LYON g Agent ID: 46134 PEVINE, TX 7605 one: 855-247-227
COVERAGE INFORMATION									
For Individual a	and Family Health and Dental Insurance	e						Cigna Custo Start He	omers - ere
	* My Home Zip Cod	le 75006			Currently Insured?	• Yes • No		Are you an existing C looking for additional can help you today. Ji	gna customer coverage? We ist call us at
	* Coverage Start Date 1	g Select 🔹						0r if you are an existi	ng customer
	First Nam	le la						looking for more inform regarding your curren	nation t plan, Lor Bopofite
	Last Nam	ie Tuno T						please visit <u>www.my(</u>	<u>Ligna.com</u> .
	Pilor	in the second se							
	Is this a Child Only Quote	2 Yes No						WHY CIGNA?	
Please enter the i	information below for the individual(s) you wisl	n to cover.						100% coverage network prever	for in- tive care
Individual	First Name	Last Name	* Date o	of Birth G	Gender Ø	Product Selection		Access to qual	ty doctors
Primary				S	Select 🔻	Ø Dental	[Clear]	and hospitals in area and across country	i your local s the
Spouse				s	elect 🔻	🗹 Dental	[Clear]	Online tools to	compare across ilities and
								more than 400	procedures
Child 1				S	elect •	Dental	[Clear]		
Child 2				s	Select 🔻	🖉 Dental	[Clear]		
			Add Child						
I understand a lice	nsed insurance agent may contact me about my quote or applic	ation. I consent to receive phone calls and emails from Cign	a, regarding their products and servi	ices, at the email address and pho	one number above, including my w	vireless number if provided. I understand	calls may be generated using an	•	
			Find The Plans						[+] Feedback

2. The student will choose a plan by clicking the box next to the plan name. Once a plan is checked, click Add Plans To My Selection.

WELCOME								QUICK LINKS 📕 GO TO: MY SELECTIONS	(0) LOG IN
🚆 Cigna.	Cigna Hea Insurance	Ith and Life Cig Company of	gna HealthCare Arizona, Inc.	Cigna HealthCare of Illinois, Inc.	Cigna Heal of North C	lthCare arolina, Inc.	Cigna HealthC of Texas, Inc.	are Address: 3500 WILLIAM D TATE AVE SUITE 2	Your Agent: TERRY LYON Writing Agent ID: 46134 00 GRAPEVINE, TX 7605 Phone: 855-247-227
REVIEW PLANS								SAVE MY QUOTE EMAIL MY QUOTE PRINT/PF	EVIEW MY QUOTE
Policy Disclosures, Exclusions & Limitations	COMPARE F	PLANS						ADD PLANS T	
	😑 DENTAL	(3 plans)						Includes in-network Prevent	ive Care paid at 100%
Jane Doe Female, 22, Non-lobacco user Coverage: Dental State / Zip Code: TX, 76051 Pergranderd Effective Date: 09/01/2017	Select Plans®	Plan Name	Plan Details		9 A		m Benefit®	Coinsurance®	Monthly Premium
MODIFY MY QUOTE		Cigna Dental 1500		\$50 Per Person / \$150 Per	r Family	\$1500 Per P	erson	Preventive: You pay 50 Basic: You pay 20% of the provider's contracted fee (after deductible) Major: You pay 50% of the provider's contracted fee (after deductible) Orthodontia: You pay 50% of the provider's contracted fee (after separate lifetime deductible)	\$26.00
Selected Plans: Dental: Estimated Monthly Premium: CALCULATE		Cigna Dental 1000		\$50 Per Person / \$150 Per	r Family	\$1000 Per P	erson	Preventive: You pay 50 Basic: You pay 20% of the provider's contracted fee (after deductible) Major: You pay 50% of the provider's contracted fee (after deductible) Orthodontia: You pay 100% of the provider's contracted fee ***	\$23.00
FIND A DOCTOR/DENTIST		Cigna Dental Prevent	ive 📆	Not Applicable / Not App	plicable	Not Applic	able	Preventive: You pay \$0 Basic: You pay 100% of the provider's contracted fee *** Major: You pay 100% of the provider's contracted fee *** Orthodontai: You pay 100% of the provider's contracted fee ***	\$16.00
	* You may be eligible to ** Waiting period for Or *** In-network Dentists PLEASE NOTE: Some 3 month waiting period COMPARE F	waive the waiting period if yo thodonlia is not waived with p contracted with Cigna may pa dental plans apply waiting applies to covered basic, maj PLANS	ou have 12-months of o rior coverage. ass along discounted c periods to covered b or and orthodontic den	continuous prior coverage from a contracted rates. Discounts are no essic (6 months), major (12 mon tal care services. Waiting period	valid dental insura at available in Mary nths) and orthodo s do not apply in N	ance plan, not applic yland, New York and ontic (12 months) d Missouri and Rhode I	able to orthodontia. I Virginia. ental care services. sland. Frequency limit	In Illinois, New Jersey and Vermont, a 6 month waiting period applies to covered basic, major and orthodontic dental co s apply, please see SOB for details.	ire services. In West Virginia, a O MY SELECTION
	OUR DENTAL	PLANS OFFER:					0	NCE A CUSTOMER, WE CONTINUE TO SUPPORT YOU.	
	National	network of over 85,	000 dentists ¹					• 24/7 Health Information Line to speak to a specialist regarding your health	care questions
	• 100% co	verage for in-netwo	rk cleanings, oi	ral exams, and routine	x-rays			24/7 Customer Service Line to discuss your benefits, claims, and more	
	No applie	cation fee and no wa	aiting period fo	or cleanings and routir	ie x-rays ^z				
	¹ Size of Cigna Dental C ² Waiting periods for Ba	Core Network as of 4/8/2014 sic and Major Restorative can b			rage, (excludes ort	hodontia benefits)			Feedback

3. The plan will now be added to the student's cart. Select Review Your Selection.

COMPARE PI	LANS					ADD PLANS TO
🖯 DENTAL						
		Plan Details				
V	Cigna Dental 1500		\$50 Per Person / \$150 P	Per Family \$1500	Per Person	Preventive: You pay 30 Basic: You pay 20% of the provider's contract Major: You pay 50% of the provider's contracted fe Orthodontia: You pay 50% of the provider's contracted fe
	Cigna Dental 1000		\$50 Per Pet	clo Cigna Dental 1500 has been added to your selection	ise x	Preventive: You pay So Basic: You pay 20% of the provider's contract Major: You pay 50% of the provider's contract Orthodontia: You pay 100% of the provide
	Cigna Dental Preventive		Not Applic REVII	ONTINUE SHOPPING EW YOUR SELECTIO	N	Preventive: You pay Si Basic: You pay 100% of the provider's Major: You pay 100% of the provider's Orthodontia: You pay 100% of the provide
You may be eligible to v	waive the waiting period if you hav	e 12-months of	continuous prior		e to orthodontia.	
* In-network Dentists c	ontracted with Cigna may pass alo	ing discounted (contracted rates. Discounts are	not available in Maryland, New Yo	ork and Virginia.	
LEASE NOTE: Some of month waiting period a	tental plans apply waiting period pplies to covered basic, major and	ds to covered t I orthodontic de	pasic (6 months), major (12 m ntal care services. Waiting perio	onths) and orthodontic (12 mor ods do not apply in Missouri and F	nths) dental care services. Rhode Island. Frequency lim	. In Illinois, New Jersey and Vermont, a 6 month waiting period applies to o its apply, please see SOB for details.

4. Select "Apply Now" below the Estimated Monthly Total.

WELCO	ME								QUICK LINKS 🦊 GO TO: 🛛 MY SELE	ECTIONS (1) LOG IN
🧳 Cig	na.	C	igna Health and Life	Cigna HealthCare of Arizona, Inc.	Cigna HealthCare of Illinois, Inc.	Cigna HealthCare of North Carolina, Inc.	Cigna HealthCare of Texas, Inc.		Address: 3500 WILLIAM D TATE AVE	Your Agent: TERRY L' Writing Agent ID: 4 SUITE 200 GRAPEVINE, TX Phone: 855-247
IY SELE	CTION									
ine Doe nail: alex.gi	les@ahpcare.com phone:	817-809-4778 (edit)								
									MODIFY MY	QUOTE CHANGE PLAN
REVIEW N Quote #	IY SELECTION Product Type	Pian Name	Benefit Details	Individua		Cove	age	Estimated Monthly Premium	Subtotal	
06348				Jane Doe (r	primary)	Cove	red	\$26.00		
	Dental	Cigna Dental 1500	1	Jane Doe)	\$26.00	\$26.00	Remove
						UPDATE SE	LECTION		Estimated Monthly Total:	\$26.00
vacy Polic	/ Legal Disclaimers Polic	y Disclosures, Exclusions &	Limitations Language Assist	ance						
	cts and services are provided e	clusively by or through operatin	g subsidiaries of Cigna Corporation	, including Cigna Health a	and Life Insurance Company	y, Cigna HealthCare of Arizona, Ir	c., Cigna HealthCare of Illino	is, Inc., Cigna HealthCare of North (Carolina, Inc., Cigna HealthCare of Texas, Inc. and C	igna Dental Health, Inc. The Cigna
l Cigna produ me, logo and	other Cigna marks are owned I	by Cigna Intellectual Property, In	ю.							

5. Student will then be prompted to Create An Account. Select "Register" to complete account creation.

Contact Info			Already registered or have a myCigna account? Login here.
*First Name	First Name		Having trouble logging in? Call Cigna
*Last Name	Last Name		Customer Service at 1.600.221.0213
*Date of Birth	Date of Birth		
	By providing your email address, you agree to enroliment.	receive electronic communications about your application status and	
*Email	Email		
	At least one share sumber is required		
Home Phone Number	Home Phone Number		
Work Phone Number	Work Phone Number		
Cell Phone Number	Cell Phone Number		
*Address 1	Address 1		
Address 2	Address 2		
*City	City		
*State			
*Zip Code	Zip Code		
			Constant and an international states of the states
Log in information			more than 12 characters.
*Create a User ID:	Create a User ID:		Be sure to use at least one letter and one number.
*Create a Password	Create a Password		You may also use the following symbols: underscore, exclamation point, period
*Re-type Password	Re-type Password		ampersand and "@" sign.
*Security Question 1		v	
*Answer	Answer		
"Security Question 2		v	
*Answer	Answer		
Terms and Conditions			

6. Select Continue

• Student will receive a confirmation email



THIS EMAIL HAS BEEN SENT FROM AN UNMONITORED EMAIL ACCOUNT. PLEASE DO NOT REPLY.

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7. Select Login

_Ogin Registered? Log in here nyCigna users can use	or create a new account. their myCigna User ID and Password	to log in here.	
			Not registered yet?
*User ID	jdoetexas		Register for an online account and start an online application.
*Password			CREATE AN ACCOUNT
	LOGIN		
	Forgot your User 109 Forgot your password		
Having Trouble? Call Cigna Cus * Required	alomer Service at 1 855.221.0273.		
Determine Deller II. and Dissiplement	Policy Disclosures		

8. Student will complete application.

WELCOME JANE DOE		QUICK LINKS 🖡 I GO TO: 🛛 MY SELECTIONS (0) MY ACCOUNT MY MESSAGES 🔀 LOGOUT
🙊 Cigna.	Clgna Health and Life Clgna HealthCare Clgna HealthCare of Mitosis, Inc. Clgna HealthCare of Mitosis, Inc. Clgna HealthCare of Texas, Inc.	Nov 40er 1200 UNIX Vitan 2010 Address 2500 WILLIAM D TATE AVE SUITE 200 GAMPAINE. ITX 7801 Prove 1853-47.272
Statement of Accountability Summary Payment	Submission	
MY APPLICATION: Getting Started on Your Application: Page 1 of 7 Texas Application for Dental Insurance		And (0) (1) (1) (1) Max (2) (2) (2)
		CONTINUE >>
START TO FINISH, WHERE HERE TO HELP YOU. Thatelyou for choosing Cigna for your detail coverage needs. Completing the dential application won't tails you long. However, you may want to fit Applications (CIGNUST).	first gather the information below to help you complete the application in even less time	Cross proceedings of the proceeding of the pr
Gather the following information for all applicants:		Verizon Cybertwat Security
V Nano V Birth date V Currentpilor denal coverage		Safe and Secure
First membra permum payment method choices: credit card or bank withdrawall (have your bank account and bank routing number on hand Orgoing premium payment method choices: automatic bank withdrawall or monthly electronic bills	d)	and be such the security of pour information is meritained. New our Privacy Pointy for more security information.
Once you complete and submit your application, we will review it and notify you when your application has been processed. Be sure to check your	r My Account page regularly to track updates on the status of your application submission.	
INFORMATING INCOMMING About your Capabilished & Family Flavis Enrollment Application The applicant is responsible for ensuing that the application is complete and huthful. Coverage will become effective only if this application is appr	roved. Coverage is not guaranteed until you receive written notification from Cigna. Do not cancel your current coverage until you have received notification from	lipra.
All fails marked with (*) must be monitored		
and the second se		CONTINUE >>
NDGENTTKEIS	This application is not proof of coverage	884482 8515 62515 Cigna
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