# 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 are 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/bridges
- Partial and complete dentures
- Implant-related crowns, bridges and dentures

**Q: If I started a service with my previous dental carrier, will my new carrier pay for the service?**

**A:** If the treatment/service was started while covered 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 Healthcare℠ 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

* Other conditions may be covered. See your plan documents for details.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Connecticut, Inc. situsted in Connecticut, and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. Policy forms: OK – HP-POL99/HP-POL-388, POL115; OR – HP-POL68/HP-POL352, HP-POL121 04-10; TN – HP-POL69/HC-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al.

871963 b 10/23 © 2023 Cigna Healthcare. Some content provided under license.