

Fill in participant and dependent information on ID card.  
Cut out ID card and fold along dotted line.

**NOTE:** Your *Participant Number* is your Social Security Number

***CIGNA Dental PPO***

Connecticut General Life Insurance Company

**INDIANA UNIVERSITY**

Participant Name:

Participant Number:

Dependent Name:

To find a network dentist or verify coverage, call toll free:

**1.800.CIGNA-24 or 1.800.244.6224**

CIGNA HealthCare Service Center

P.O. Box 188037

Chatanooga, TN 37422-8037



***How to use CIGNA Dental PPO***

Visit a network dentist for reimbursement or coverage at the in-network benefit level. Or visit a non-network dentist for reimbursement or coverage at the out-of-network benefit level.

You'll pay less money out-of-pocket if you visit a network dentist.

For details about your plan benefits, or a list of network dentists near you, see your benefits administrator. Or call your CIGNA HealthCare service center at the toll-free number on the front of this card.

**[www.cigna.com/dental](http://www.cigna.com/dental)**