

How to Enroll in Cigna Dental Coverage

ahp | Academic HealthPlans™

[Home](#) [Benefits](#) [Claims](#) [Cost](#) [Enrollment](#) [Waiver](#) [Contact](#)

Enrollment

The Annual open enrollment period is 06/01/2018 – 09/15/2018

- [Enroll Online](#)
- [Enrollment Form](#)
- [Continuation Enrollment Form](#)
- [Qualifying Events Enrollment Form](#)
- [Why should you buy Student Insurance/Understanding Care Coverage](#)

Add-On Coverage Options

These services are optional and not administered by Academic HealthPlans.

- [Cigna Dental Coverage - Instructions](#)
- [Cigna Dental Coverage - Apply Online \(only select Dental when applying\)](#)
- [Vision Plan Coverage](#)

Quick Links

Academic HealthPlans	Find Group and Member ID
Find a Doctor or Hospital	Tips for using your coverage/Your Care Coverage Explained
Find a Pharmacy	IMPORTANT IRS FAQ regarding 1095 statements for individual tax filers
24/7 Nurseline	Student Health Plan FAQs
Dental/Vision - Cigna	AHP HIPAA Notice
Create an AHP Account	Change Address, Phone, or Email
AHP Mobile App	

- 1 Click on [Cigna Dental Coverage — Apply Online \(only select Dental when applying\)](#) under the Enrollment Tab on your school's myahpcare website.

Welcome Quick Links | Go To: MY SELECTIONS (0) | Log In

Your Agent: Terry Lyons
Writing Agent ID: 461348
Address: 3500 WILLIAM D TATE AVE SUITE 200 | GRAPEVINE, TX 76051
Phone: 855-247-2273

Cigna | Cigna Health and Life Insurance Company | Cigna HealthCare of Arizona, Inc. | Cigna HealthCare of Illinois, Inc. | Cigna HealthCare of North Carolina, Inc.

Coverage Information

For Individual and Family Health and Dental Insurance

* My Home Zip Code:

* Coverage Start Date: Select Currently Insured? Yes No

First Name:
Last Name:
Phone: Type:
Email:

* Are any applicants enrolled in Medicare? Yes No

Is this a Child Only Quote? Yes No

Please enter the information below for the individual(s) you wish to cover.

Individual	First Name	Last Name	* Date of Birth	* Gender	* Product Selection	
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental	[Clear]

[Add Child](#)

[Find The Plans](#)

I understand a licensed insurance agent may contact me about my quote or application. I consent to receive phone calls and emails from Cigna, regarding their products and services, at the email address and phone number above, including my wireless number if provided. I understand calls may be generated using an automated technology.

* Required fields to receive a quote

What We Offer:

- \$0 annual check-ups, flu shots, cholesterol and blood pressure screenings.¹
- Telehealth visits so you can talk to a doctor when you need to – online or over the phone.
- Rewards and discounts toward gym memberships, exercise classes, and massages.

¹ Plans may vary. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. For more information, refer to your plan documents.

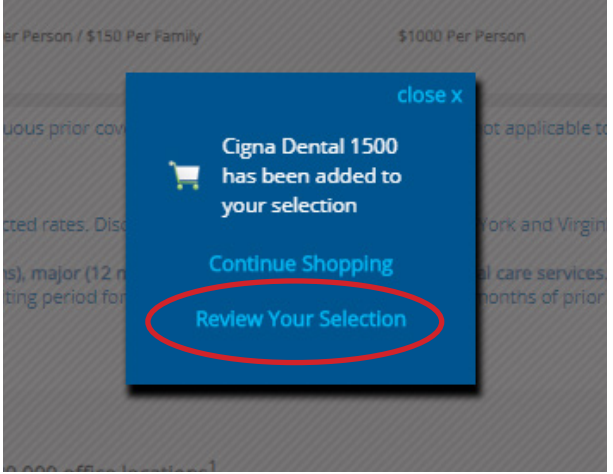
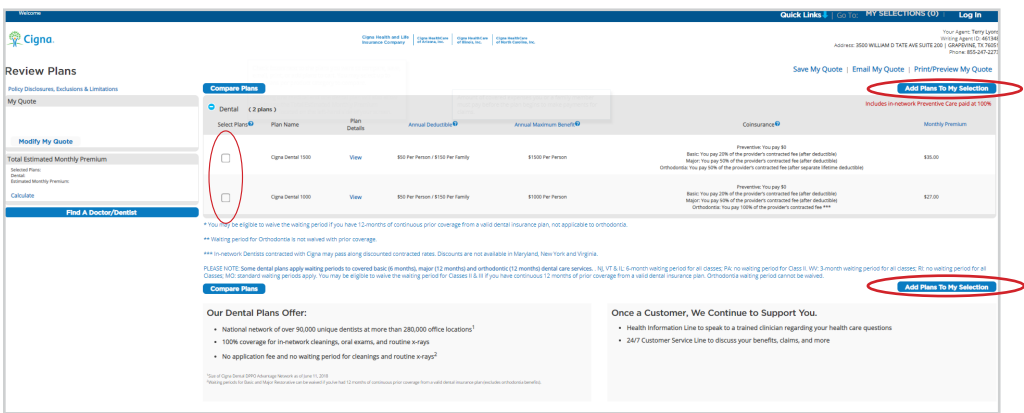
Already have a Cigna plan?

Are you an existing Cigna customer looking for additional coverage? Let us help you. Call 1-877-484-5967.

If you are an existing customer looking for more information regarding your current plan, including your ID Card or benefits, please visit www.myCigna.com.

2

- Fill out information and click [Find the Plans](#) at the bottom of the page.
- The Coverage Start Date drop-down menu gives three different options for when you 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 you are enrolling on August 28, you can start coverage on September 1, October 1 or November 1.
 - Unselect Medical under Product Selection. Only Dental should be checked.
 - Select No next to Currently Insured as this is only referring to whether the student is currently insured under a dental plan with Cigna.
 - Select No next to "Is this a Child Only Quote?"



3 Choose a plan by clicking the box to the left of the plan name. Once a plan is checked, click **Add Plans To My Selection**.

NOTE: Some plans apply waiting periods to basic, major and orthodontic dental care services.

4 The plan will now be added to your cart. Select **Review Your Selection**.

My Selections (1) Log In

Review My Selection

Quote #	Product Type	Plan Name	Benefit Details	Individual	Coverage	Estimated Monthly Premium	Subtotal	Remove
4525262	Dental	Cigna Dental 1000			Individual	\$35.00	\$35.00	
						Estimated Monthly Total:	\$35.00	Apply Now

5 Select [Apply Now](#) below the Estimated Monthly Total.

WELCOME

Cigna

Cigna Health and Life Insurance Company | Cigna HealthCare of Arizona, Inc. | Cigna HealthCare of Illinois, Inc. | Cigna HealthCare of North Carolina, Inc.

CREATE AN ACCOUNT

Complete the fields below to create a unique User ID.

Contact Info

*First Name: First Name
 *Last Name: Last Name
 *Date of Birth: Date of Birth

By providing your email address, you agree to receive electronic communications about your application status and enrollment.

*Email: Email

At least one phone number 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: State
 *Zip Code: Zip Code

Log in information

*Create a User ID: Create a User ID
 *Create a Password: Create a Password
 *Re-type Password: Re-type Password
 *Security Question 1: Security Question 1
 *Answer: Answer
 *Security Question 2: Security Question 2
 *Answer: Answer

Terms and Conditions

User Agreement Use of the Secured Site (https://secure.GetCigna.com) requires that you agree to the following terms and conditions by clicking "I agree" below. Definitions: Products and Services Provided by CIGNA Corporation Subsidiaries "CIGNA" is a registered service mark of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its subsidiaries. CIGNA Corporation is a holding company and is not an insurance or an operating company. Therefore, the Secured Site is provided exclusively by subsidiaries and not by CIGNA Corporation.

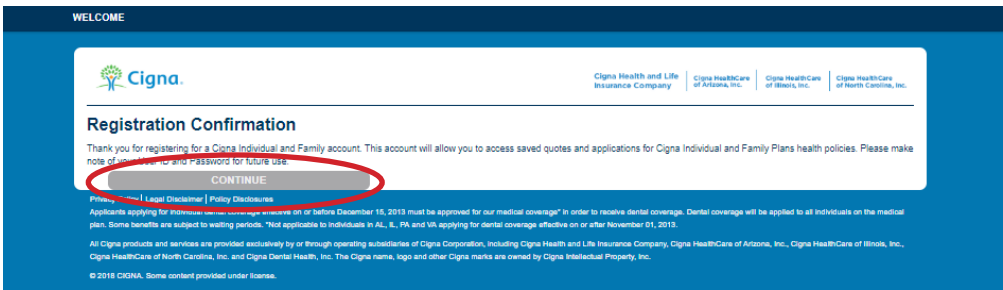
I agree to the terms and conditions

CANCEL REGISTER

Already registered or have a myCigna account? [Login here.](#)
 Having trouble logging in? Call Cigna Customer Service at 1.855.221.0273

Create a password using at least 6, but no more than 12 characters.
 Be sure to use at least one letter and one number.
 You may also use the following symbols: underscore, exclamation point, period, ampersand and "@" sign.

6 You will then be prompted to create an account. Select [Register](#) to complete account creation.



NOTICE: This is an external email that originated outside of our email system. Please use caution when opening attachments, clicking links or responding to requests for information.

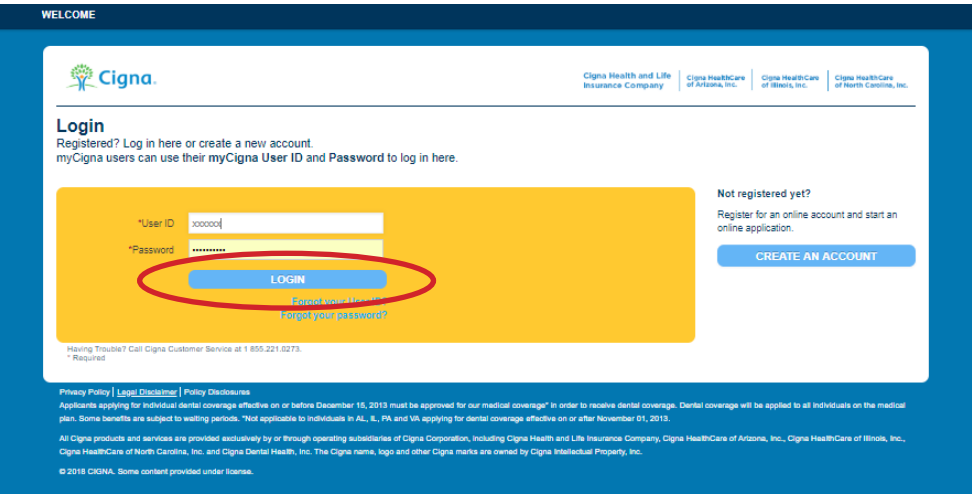
Thank you for registering for a my.Cigna.com account.

If you need further assistance, contact us at 800-853-2713.

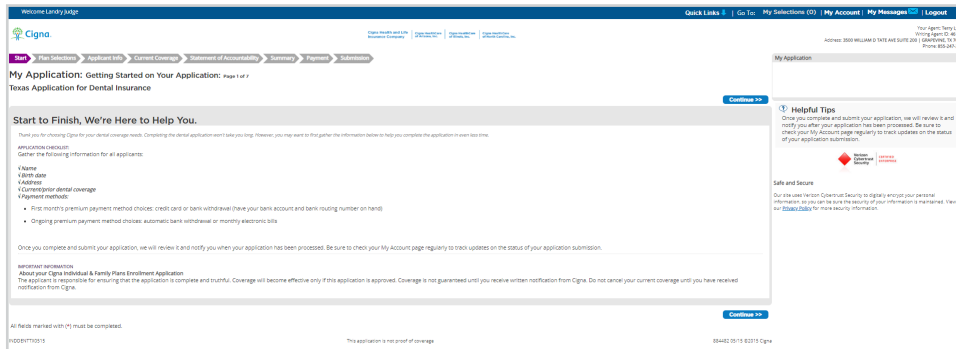
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7 Select **Continue**. You will receive a confirmation email.



8 Select **Login** to log in to your Cigna account.



Questions?
Call 1-866-438-2446,
press 3 then press 2. You
will be transferred to a
licensed Cigna agent.

NOTE: This service is
not administered by
Academic HealthPlans

9 Continue application by completing each section.