

State of Connecticut

CT Partnership Plan

	OPTION #4	OPTION #5	OPTION #6	OPTION #7	OPTION DHMO
<b>DENTAL PLAN OPTIONS</b>	Cigna w/HEP Dental w/ Ortho	Cigna <b>Basic Plan w/HEP</b> Dental NO Ortho	Cigna <b>LOW</b> Dental NO Ortho	Cigna w/HEP Dental w/ Ortho	Cigna w/HEP Dental w/ Ortho
	In Network	In Network	In Network	In Network	In Network
Annual Deductible	\$25 Ind./ \$75 Family	\$0	\$0	\$0	See "Dental HMO Benefit Plan"
Annual Maximum	\$1,000	No Max	\$750	\$1,500	
Lifetime Orthodontia Max	\$1,500	N/A	N/A	\$1,500	Doc for Details
Deductible waived					
Preventative	Yes	Yes	Yes	Yes	
Basic	No	N/A	N/A	N/A	
Major	No	N/A	N/A	N/A	
<b>PREVENTATIVE</b>					
X-Ray	100%	100%	100%	100%	
Cleanings	100%	100%	100%	100%	
Oral Exam	100%	100%	100%	100%	
Fluoride	80%	80%	100%	100%	
<b>BASIC</b>					
Fillings	80%	80%	0%	80%	
Endodontics	80%	80%	0%	80%	
Periodontics	80%/50%	80%/50%	0%	80%	
Dentures (Repair Only)	80%	80%	0%	80%	
Bridges (Repair Only)	80%	80%	0%	80%	
Simple Extractions	80%	80%	100%	80%	
<b>MAJOR</b>					
Crown	50%	67%	0%	67%	
Inlays	50%	67%	0%	67%	
Onlays	50%	67%	0%	67%	
Dentures & Removable Prosthetics	0%	0%	0%	67%	
Fixed Partial Dentures (Bridges)	0%	0%	0%	67%	
Space Maintainers	50%	67%	100%	100%	
Oral Surgery	50%	67%	0%	67%	
<b>ORTHODONTIA</b>					
Braces (Adult & Child)	Adult & Child 50%	N/A	N/A	Child Only 50%	

Dependent coverage to age 26

Monthly Premiums effective 7/1/16 - 6/30/17

Single	\$36.37	\$42.78	\$12.95	\$48.11	\$27.80
Two Person	\$69.77	\$77.45	\$23.42	\$93.44	\$61.16
Family	\$112.76	\$124.07	\$37.54	\$152.37	\$75.05