

Cigna Dental Partnership Plans Effective 7/1/2022

Rates below are for **new** groups effective 7/1/2022-6/30/2023

For network access information please contact the Partnership Plan for more details

Please contact the State Partnership Plan for a comparison vs current or to discuss a custom plan.

| Plan Name | Option 1: DPPO Plan 1 with or without DHMO | Option 2: DPPO Plan 2 with or without DHMO | Offer Current State Plans | | |
|--|---|---|---|---|---|
| | Plan 1 | Plan 2 | Basic | Enhanced | DHMO |
| Network | Any dentist | Any dentist | Any dentist | State of CT DPPO | State of CT DHMO |
| Out of Network Coverage | Yes | Yes | Yes | Yes, low reimbursement (MAC) | No |
| Annual deductible | \$25/individual, \$75/family | None | None | \$25/individual, \$75/family | None |
| Deductible waived for | Preventive, Perio Cleaning & Orthodontia | not applicable | not applicable | Preventive, Periodontal Cleanings & Orthodontia | not applicable |
| Annual maximum per person | \$1,000 | \$1,500 | Unlimited | \$3,000 | Unlimited |
| Periodontal Care Maximum per person | Annual Max applies, No annual max for Periodontal cleanings, Scaling & Root Planing | Annual Max applies, No annual max for Periodontal cleanings, Scaling & Root Planing | \$500 Annual Max except Periodontal cleanings, Scaling & Root Planing | Annual Max Applies, No annual max for Periodontal cleanings, Scaling & Root Planing | None |
| Implant Maximum (per calendar year) | Not covered | Not Covered | Not Covered | \$500 | No dollar annual max, frequency max applies |
| Ortho Lifetime Maximum per person | \$1,500 | \$1,500 | Not covered | \$1,500 | None |
| Preventative | | | | | |
| X-Ray | 100% | 100% | 100% | 100% | 100% |
| Cleanings | 100% | 100% | 100% | 100% | 100% |
| Oral Exam | 100% | 100% | 100% | 100% | 100% |
| Fluoride | 80% | 100% | 80% | 100% | 100% |
| Sealants | 100% | 100% | 80% | 100% | 100% |
| Basic | | | | | |
| Fillings | 80% | 80% | 80% | 80% | 85% |
| Emergency Care | 80% | 80% | 80% | 80% | 100% |
| Endodontics | 80% | 80% | 80% | 80% | 85% |
| Periodontal Cleaning | 80% | 80% | 100% | 100% | 100% |
| Periodontal : All Other | 50% | 80% | 50% | 80% | 85% |
| Denture, Bridge, Crown Repair | 80% | 80% | 80% | 80% | 85% |
| Simple Extractions | 80% | 80% | 80% | 80% | 85% |
| General Anesthetics | not covered | 80% | not covered | 80% | 85% |
| Major | | | | | |
| Crown/Inlay/Onlay | 50% | 67% | 67% | 67% | 70% |
| Dentures | not covered | 67% | not covered | 50% | 55% |
| Bridges | not covered | 67% | not covered | 50% | 55% |
| Space Maintainers | 50% | 100% | 67% | 80% | 100% |
| Oral Surgery (non Simple Extractions) | 50% | 80% | 67% | 80% | 85% |
| Implants | not covered | not covered | not covered | 50% | 55% |
| Orthodontia | | | | | |
| Braces | 50% | 50% | Not covered | 50% | 55% |
| Child & Adults | Yes | Child only | Not covered | Yes | Yes |

Rates

| | | | | | |
|-------------------|-----------|-----------|-----------|-----------|----------|
| Employee | \$ 38.28 | \$ 47.17 | \$ 45.44 | \$ 38.41 | \$ 30.17 |
| Employee + 1 | \$ 73.43 | \$ 91.60 | \$ 99.97 | \$ 84.50 | \$ 66.37 |
| Employee + Family | \$ 118.68 | \$ 149.38 | \$ 154.40 | \$ 130.58 | \$ 81.45 |

Please note the exhibit is a high level overview of the benefits, full benefit summaries by plan are available by contacting the State Partnership Plan.