

Cigna Dental Partnership Plans Effective 7/1/2020

Rates below are for **new** groups effective 7/1/2020-6/30/2021

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.

	Option 1: DPPO Plan 1 with or without DHMO	Option 2: DPPO Plan 2 with or without DHMO	Offer Current State Plans		
Plan Name	Plan 1	Plan 2	Basic*	Enhanced*	DHMO*
Network	Any dentist	Any dentist	Any dentist	State of CT DPPO Yes, low reimbursement (MAC)	State of CT DHMO
Out of Network Coverage	Yes	Yes	Yes		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 & 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	None
Implant Maximum (per calendar year)	Not covered	Not Covered	Not Covered	\$500	No dollar annual max, frequency max applies
Lifetime Maximum per person	\$1,500	\$1,500	Not covered	\$1,500	None
Preventative					
X-Ray	100%	100%	100%	100%	covered
Cleanings	100%	100%	100%	100%	covered
Oral Exam	100%	100%	100%	100%	covered
Fluoride	80%	100%	80%	100%	covered
Sealants	100%	100%	80%	100%	covered
Basic					
Fillings	80%	80%	80%	80%	copay applies
Emergency Care	80%	80%	80%	80%	covered
Endodontics	80%	80%	80%	80%	copay applies
Periodontal Cleaning	80%	80%	100%	100%	copay applies
Periodontal : All Other	50%	80%	50%	80%	copay applies
Denture, Bridge, Crown Repair	80%	80%	80%	80%	copay applies
Simple Extractions	80%	80%	80%	80%	copay applies
General Anesthetics	not covered	80%	not covered	80%	copay applies
Major					
Crown/Inlay/Onlay	50%	67%	67%	67%	copay applies
Dentures	not covered	67%	not covered	50%	copay applies
Bridges	not covered	67%	not covered	50%	copay applies
Space Maintainers	50%	100%	67%	80%	copay applies
Oral Surgery (non Simple Extractions)	50%	80%	67%	80%	copay applies
Implants	not covered	not covered	not covered	50%	copay applies
Orthodontia					
Braces	50%	50%	Not covered	50%	copay applies
Child & Adults	Yes	Child only	Not covered	Yes	Yes
Rates					
Employee	\$ 42.31	\$ 52.14	\$ 45.93	\$ 39.59	\$ 24.68
Employee + 1	\$ 81.17	\$ 101.25	\$ 101.05	\$ 87.09	\$ 54.31
Employee + Family	\$ 131.18	\$ 165.12	\$ 156.17	\$ 134.59	\$ 66.65

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.