

## Cigna Dental Partnership Plans Effective 7/1/2021

Rates below are for **new** groups effective 7/1/2021-6/30/2022

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
<b>Network</b>	Any dentist	Any dentist	Any dentist	State of CT DPPO	State of CT DHMO
<b>Out of Network Coverage</b>	Yes	Yes	Yes	Yes, low reimbursement (MAC)	No
<b>Annual deductible</b>	\$25/individual, \$75/family	None	None	\$25/individual, \$75/family	None
<b>Deductible waived for</b>	Preventive, Perio Cleaning & Orthodontia	not applicable	not applicable	Preventive, Periodontal Cleanings & Orthodontia	not applicable
<b>Annual maximum per person</b>	\$1,000	\$1,500	Unlimited	\$3,000	Unlimited
<b>Implant Maximum (per calendar year)</b>	Not covered	Not Covered	Not Covered	\$500	No dollar annual max, frequency max applies
<b>Ortho Lifetime Maximum per person</b>	\$1,500	\$1,500	Not covered	\$1,500	None
<b>Preventative</b>					
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%
<b>Basic</b>					
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%
<b>Major</b>					
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%
<b>Orthodontia</b>					
Braces	50%	50%	Not covered	50%	55%
Child & Adults	Yes	Child only	Not covered	Yes	Yes

Rates						
Employee	\$	43.38	\$	53.45	\$	47.70
Employee + 1	\$	83.21	\$	103.80	\$	104.94
Employee + Family	\$	134.48	\$	169.27	\$	162.18
					\$	40.32
					\$	88.70
					\$	137.08
					\$	30.78
					\$	67.72
					\$	83.11

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.