

Cigna Dental Partnership Plans Effective 7/1/2018

Effective 7/1/2018, the State Partnership Plans have expanded to include the same benefits that are offered to State employees. It is recommended, to offer the three plan (Basic, Enhanced & DHMO) as it provides various levels of rates, network access and benefits. Due to the additional offerings, the Partnership plan has eliminated some plan offerings that were available prior to 7/1/2018. For network access information please contact the Partnership Plan for more details. Additional plan offerings can be made available for larger groups. Please contact the Partnership Plan for more details.

| | Option 1: DPPO Plan 1 with or without DHMO | Option 2: DPPO Plan 2 with or without DHMO | Option 3: Offer Current State Plans | | |
|--|---|---|---|------------------------------|---|
| | Plan 1 | Plan 2 | Basic | Enhanced | DHMO |
| Plan Name | Any dentist | Any dentist | Any dentist | State of CT DPPO | State of CT DHMO |
| Network | Any dentist | Any dentist | Any dentist | Yes, low reimbursement (MAC) | No |
| Out of Network Coverage | Yes | Yes | Yes | \$25/individual, \$75/family | None |
| 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 | \$ 41.26 | \$ 54.57 | \$ 52.66 | \$ 45.38 | \$ 31.53 |
| Employee + 1 | \$ 79.13 | \$ 105.98 | \$ 115.86 | \$ 99.84 | \$ 69.37 |
| Employee + Family | \$ 127.90 | \$ 172.83 | \$ 179.05 | \$ 154.30 | \$ 85.13 |

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.