

Cigna Dental Partnership Plans Effective 7/1/2024

Rates below are for **new** groups effective 7/1/2024-6/30/2025

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 | 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 | Annual Max applies, No annual max for Periodontal cleanings, Scalings & 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 | \$ 39.81 | \$ 50.50 | \$ 47.62 | \$ 40.26 | \$ 28.36 |
| Employee + 1 | \$ 76.37 | \$ 98.08 | \$ 104.76 | \$ 88.56 | \$ 62.39 |
| Employee + Family | \$ 123.43 | \$ 159.94 | \$ 161.81 | \$ 136.85 | \$ 76.57 |

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.