

Cigna Dental Partnership Plans Effective 7/1/2023

Rates below are for **new** groups effective 7/1/2023-6/30/2024

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	\$ 48.56	\$ 46.69	\$ 39.47	\$ 28.36
Employee + 1	\$ 73.43	\$ 94.31	\$ 102.71	\$ 86.82	\$ 62.39
Employee + Family	\$ 118.68	\$ 153.79	\$ 158.64	\$ 134.17	\$ 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.