



Dental



You have two dental plan options available with Cigna: the PPO plan with a \$1,250 annual maximum and the Dental HMO plan with \$5 copays and no annual maximums.

Preventive and diagnostic services are encouraged in order to avoid the development of more serious and costly conditions. Therefore, the plan pays benefits for covered preventive and diagnostic services with no need for you to pay a deductible (whether services are obtained in-network or out-of-network).

Note: You may elect dental coverage for 2026 whether or not you elect medical coverage.

In-network Benefits	DPPO Plan	DHMO Plan**
Annual Deductible		
Individual	\$75	n/a
Family	\$225	n/a
Annual Maximum		
Per Individual	\$1,250 per individual	n/a
Preventive Services		
Exams, Cleanings, X-rays, Fluoride Treatments	No charge	No charge
Basic Services		
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20% *	Costs varies by services performed. Refer to Patient Charge Schedule.
Major Services		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50% *	Costs varies by services performed. Refer to Patient Charge Schedule.
Orthodontia		
Adults	Not covered	Costs varies by services performed. Refer to Patient Charge Schedule.
Children (up to 19th birthday)	50%, no deductible	Refer to Patient Charge Schedule.
Lifetime Maximum	\$1,250 per individual	n/a
Out-of-Network		
Reimbursement Schedule	80th percentile of Maximum Reimbursable Charge	Not covered

*After deductible

**Available only in certain states, including Texas