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 no copays or annual maximums. The PPO plan includes Cigna Dental Health Connect for those who have certain medical conditions that lead to a higher risk of oral health issues.

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	
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

MONTHLY COST	DPPO Plan	DHMO Plan
Employee	$45.84	$15.33
Employee + Spouse	$97.65	$29.15
Employee + Child(ren)	$106.10	$30.69
Employee + Family	$175.85	$43.72

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).

Go to **mycigna.com** to search for an in-network provider