

Cigna Dental Partnership Plans Effective 7/1/2019

Effective 7/1/2018, the State Partnership Plans 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 Name	Plan 1	Plan 2	Basic	Enhanced	DHMO
Network	Any dentist	Any dentist	Any dentist	State of CT DPPO Yes, low reimbursement (MAC)	State of CT DHMO
Out of Network Coverage	Yes	Yes	Yes		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 & 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	\$ 43.62	\$ 55.76	\$ 51.61	\$ 44.48	\$ 29.04
Employee + 1	\$ 83.68	\$ 108.29	\$ 113.54	\$ 97.85	\$ 63.89
Employee + Family	\$ 135.24	\$ 176.60	\$ 175.47	\$ 151.22	\$ 78.41

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.