

Dental



Effective January 1, 2020, we offer two dental plans through Cigna. You'll see from the chart below, there are differences in coverage, so it's important you choose the plan that is right for your needs. Look at the factors such as the amount you pay for coverage, annual deductible, annual maximum, and your out-of-pocket costs on services.

SAVE MONEY IN THE NETWORK

Although Cigna allows you to visit any provider you would like, staying in the Cigna network will provide you with highest level of benefits. Non-network providers are allowed to balance bill you for any amount above what Cigna considers "Usual and Customary." Visit mycigna.com or log on to the myCigna mobile app to see who is in the network.

CIGNA DENTAL PLANS		
	CURRENT PPO PLAN*	NEW LOW PLAN*
	In-Network	In-Network
Deductible (Single/Family)	\$25 per person	\$100/\$300
Calendar Year Benefits Maximum	\$2,000 per person	\$1,250 per person
Preventive Services (2 per year, 6 months apart)	Covered 100%, no deductible	Covered 100%, no deductible
Basic Services	Covered 80% after deductible	Covered 50% after deductible
Major Services	Covered 80% after deductible	Covered 50% after deductible
Dental Implants	Covered 80% after deductible	Covered 50% after deductible
Orthodontics	Covered 80% after deductible Coverage for employee and all dependents	Covered 50%, no deductible Coverage for dependent children to age 19
Orthodontics Lifetime Maximum (Plan pays)	\$2,000 per person	\$1,250 per child

*For services provided by a non-network dentist, Cigna Dental will reimburse according to the allowed amount. The dentist may balance bill up to their usual fees.

DENTAL PPO PLAN PREMIUMS

Coverage Tier	Total Cost Per Year	Total Cost Per Month	Total Cost Per Pay Period	Your Cost Per Pay Period
Single	\$656.64	\$54.72	\$25.26	\$4.00
2-Person	\$1,325.64	\$110.47	\$50.99	\$18.18
Family	\$1,858.32	\$154.86	\$71.47	\$26.51
2 EE Couple (each)	\$929.16	\$77.43	\$35.74	\$6.89

DENTAL LOW PLAN PLAN PREMIUMS

Coverage Tier	Total Cost Per Year	Total Cost Per Month	Total Cost Per Pay Period	Your Cost Per Pay Period
Single	\$459.60	\$38.30	\$17.68	\$2.75
2-Person	\$927.96	\$77.33	\$35.69	\$13.25
Family	\$1,300.80	\$108.40	\$50.03	\$18.50
2 EE Couple (each)	\$650.40	\$54.20	\$25.02	\$5.30