



Dental Changes Plan Year 2025-2026

What changes were made to the Dental benefit?

As of **July 1, 2025**, there has been a change to state employee **dental coverage**. We've improved in-network benefits to help you save more — but it's important to be aware that your **out-of-network costs may be higher than before**.

What's Changing?

- **Improved in-network benefits** mean lower costs when you see a dentist in the Cigna Dental network.
- If you see an **out-of-network dentist**, you may now pay more than in the past.
- Detailed changes can be found in the comparison chart below:

	Total Care DHMO Plan	Enhanced Plan		Basic Plan	
	<u>In-Network Only</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u> Paid at 90% of MRC (Previously Paid Charges as Billed)
Annual deductible	None	None <small>Previously Individual \$25/ Family \$75</small>	Individual \$25/ Family \$75	None	None
Annual maximum	None	\$5,000 <small>Previously \$3,000</small>	\$2,500 <small>Previously \$3,000</small>	None	None
Exams, cleanings and x-rays	100%	100%	100%	100%	100% up to 90% of MRC
Periodontal maintenance	85%	100%	100%	80% (100% for HEP enrollees)	80% (100% for HEP enrollees)
Periodontal root scaling and planing	85%	80%	50% <small>Previously 80%</small>	60% <small>Previously 50%</small>	50%
Other periodontal services	85%	80%	50% <small>Previously 80%</small>	50%	50%
Simple Restoration					
Fillings	85%	80%	70% <small>Previously 80%</small>	80%	70% <small>Previously 80%</small>
Oral surgery	85%	80%	50% <small>Previously 80%</small>	70% <small>Previously 67%</small>	50% <small>Previously 67%</small>
Major Restorations					
Crowns	70%	67%	50% <small>Previously 67%</small>	67%	50% <small>Previously 67%</small>
Dentures, fixed bridges	55%	50%	50%	Not covered	Not covered
Implants	55% (one per year)	50% (up to \$500)	50% (up to \$500)	Not covered	Not covered
Orthodontia	55%	50%	50%	Not covered	Not covered
Orthodontia Lifetime Maximum	24 month course of treatment	\$2,000 <small>Previously \$1,500</small>	\$1,000 <small>Previously \$1,500</small>	N/A	N/A

Will these changes increase my out-of-pocket costs? Save with an In-Network Dentist

In-network benefits were improved in both the Enhanced and Basic plans, so overall, your out-of-pocket costs will be reduced in both plans when seeing an in-network provider. However, if you see an out-of-network provider, your out-of-pocket costs are likely to increase, even for preventive services.

An out-of-network dentist is not contracted with Cigna Dental, so there are no restrictions on the fees they may charge for services. When visiting an out-of-network dentist, you may be charged their standard rates, which can be higher than Cigna's maximum reimbursable charge (MRC). In these cases, you may be responsible for paying the difference between the provider's charges and the amount covered by your insurance. This process is referred to as balance billing.

To avoid balance billing, it is best to use an in-network dentist for all your services.

Here's an example of how much you can save when you use an in-network dentist:

Routine cleaning with an in-network dentist who offers a discounted rate		Routine cleaning with an out-of-network dentist without a discounted rate	
Fee for routine cleaning	\$80	Fee for routine cleaning	\$130
100% plan benefit	-\$80	100% plan benefit up to a Maximum Reimbursable Charge of \$96*	-\$96
You pay	\$0	You pay	\$34

**This is a sample MRC. MRC varies by geography and may be different in your area.*

Why were changes made to the dental plan?

Changes were made to improve benefit coverage for employees when using an in-network provider and to create additional incentives for providers to join the dental network. With the old plan design, out-of-network providers were able to bill any amount, reasonable or unreasonable, for fully covered services like cleanings and x-rays, and the plan would pay 100% of billed charges. Over time, this incentivized providers to leave the network and raise their rates for such services to maximize their revenue. The result was fewer in-network providers, lower benefit coverage for enrollees, and higher costs for employees and the state. The changes make network participation much more attractive by capping the amount a provider can be paid out-of-network and making in-network coverage more attractive to plan participants. We are already seeing positive results with many new dental practices in the process of joining the network, and no dental practices are notifying Cigna of their intention to leave.

How do I know if my dentist is in network?

To determine if these changes are likely to impact you, please check the network status of your dentist in the Cigna lookup tool by using the QR code below or clicking here: [Cigna Health Care Provider Directory](#).



Need help finding or confirming in-network care?

Scan the QR code to use the **Find a Dentist** tool.

What do I do if my dentist is not in network?

If your dentist is not in-network you can:

1. Look for a new dentist in your area through the "Find a Dentist" tool noted above

2. Nominate your dental practice for outreach by the Cigna contracting team by calling 800.Cigna24 (800-244-6224). Note – Outreach by the Cigna contract team does not guarantee your dentist will agree to join the network.
3. Continue to see your dentist but recognize your out-of-pocket costs will be higher moving forward.

Since I wasn't fully aware of these changes, Can I still change my dental plan?

Yes, if you'd like to choose a new dentist that participates in one of the richer dental plans, the Enhanced or Total Care DHMO, you may do so until September 30, 2025, for enrollment on October 1, 2025. You can compare your options in the comparison chart above (question 1). It is important to note that if you decide to change plans, you must ensure that your intended provider is in-network for the plan that you choose. If they are not in-network you will experience higher balance billing in the Enhanced plan and no coverage in the Total Care DHMO plan.

To change plans:

- (Active employees) contact your HR benefits specialist at your agency
- (Retirees) fill out and submit the CO-744OE form available at carecompass.ct.gov/forms.