



● = Balance billing will apply

	Total Care DHMO Plan	Enhanced DPPO Plan*		Basic DPPO Plan*	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Covered dentists	Network dentists only**	Save more by seeing an in-network dentist	Save more by seeing an in-network dentist Balance billing will apply	Save more by seeing an in-network dentist	Save more by seeing an in-network dentist Balance billing will apply
Annual deductible	None	Individual: \$0 Family: \$0	Individual: \$25 Family: \$75	None	None
Calendar year maximum	None	Maximum \$5,000	Maximum \$2,500	None	None
		You Pay:	You Pay:*	You Pay:	You Pay:*
		In-Network	Out-of-Network Balance billing will apply	In-Network	Out-of-Network Balance billing will apply
Preventive care • Routine cleanings • Exams • Routine X-rays	0%	0%	0% (no deductible) Balance billing will apply	0%	0% Balance billing will apply
Preventive care • Sealants • Fluoride	0% (all teeth) 0%	Sealants: 0% (back teeth only) Fluoride: 0%	Sealants: 0% (back teeth only) Fluoride: 0% Balance billing will apply	Sealants: 20% Fluoride: 20%	Sealants: 30% Fluoride: 30% Balance billing will apply
Periodontic (gum) care • Scaling and root planing • Periodontal maintenance • Other covered services	15% 0% 15%	Scaling and root planing: 0% Periodontal Maintenance: 0% Other covered services: 20%	Scaling and root planing: 50% (after deductible) Periodontal Maintenance: 50% Other covered services: 50% (after deductible) Balance billing will apply	Scaling and root planing: 40% Periodontal Maintenance: 0% Other covered services: 50%	Scaling and root planing: 50% Periodontal Maintenance: 0% Other covered services: 50% Balance billing will apply
Basic restorations (fillings)	15%	20%	30% (after deductible) Balance billing will apply	20%	30% Balance billing will apply
Major restorations (crowns)	30%	33%	50% (after deductible) Balance billing will apply	33%	50% Balance billing will apply
Oral surgery	15%	20%	50% (after deductible) Balance billing will apply	30%	50% Balance billing will apply
Dentures and fixed bridges	45%	50%	50% (after deductible) Balance billing will apply	Not covered	Not covered
Surgical implants	45% (annual limit of one implant)	50% (annual limit of \$500)	50% (after deductible, annual limit of \$500) Balance billing will apply	Not covered	Not covered
Orthodontia (braces)***	\$2,209 (with coinsurance)	Lifetime maximum \$2,000	Lifetime maximum \$1,000 Balance billing will apply	Not covered	Not covered



What is balance billing? Balance billing happens when a dentist who isn't in your plan's network charges more than your plan pays. Balance billing is a risk when you get services from an out-of-network dentist, so it helps to understand the difference between in-network and out-of-network dentists.

*Save by using a network dentist. Network dentists accept discounted fees from Cigna Healthcare customers and they cannot balance bill for the difference between their usual fee and the amount they accept from Cigna Healthcare. Non-network dentists can balance bill you for any difference between what Cigna Healthcare pays and what they normally charge.

**There may be exceptions for emergencies and where required by law — refer to the plan documents or call 1.800.Cigna24 for more information. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.

***Fee for persons under age 19. Fee for persons over age 19 is higher. These examples are shown for illustrative purposes only. Mail-order treatment plans are NOT COVERED by any Cigna Healthcare Dental plan. The average fees shown are based on the average contracted fees for network dentists in Connecticut. Your costs could be higher or lower depending on the network dentist you choose for care. Your costs may vary. Refer to your plan documents for details on coverage.

****Coinsurance costs are based on procedure type which may vary depending on your needs. For a complete list of costshares for every covered service, review the Patient Charge Schedule (PCS).