Smile more.
Stress less.

cigna healthcare

Offered by Cigna Health and Life Insurance Company or its affiliates.

2026 Dental Plan Options

This year, you can choose from three different Cigna Healthcare® Dental Insurance plans.

- **Total Care DHMO[1] Plan**
- **Enhanced DPPO Plan**
- **Basic DPPO Plan**

Keep your smile selfie-worthy.

All of your dental plan options are designed to help you manage your oral health and out-of-pocket costs for dental care. However, the way each plan works is different. The information included in this brochure is designed to help you understand your options and choose the plan that best fits your needs.

Not sure which plan is right for you?

Visit StateofCT.Cigna.com and use the decision guide. Simply answer a few short questions about your dental care needs (and the needs of your enrolled family members). There, you'll see more plan information that can help you make an informed choice.

Plan comparison

Take a look at the chart below to see your costs for care on each plan. For more detailed information about each plan, visit StateofCT.Cigna.com. You can view plan documents and use the decision guide to help you choose the best plan for your needs.

= 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[2]	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, leaving you to pay the outstanding balance. When you get services with an out-of-network provider, you risk being balanced billed.

*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.

**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).

Coverage for traditional and invisible braces

The **Total Care DHMO** and **Enhanced plans** include coverage for both traditional metal and clear aligner braces.

These two plans provide coverage for clear aligner braces only when care is rendered and monitored by a licensed orthodontist on a routine basis. Clear aligners are not covered when they are provided through a mail order process.

Coverage for invisible aligners is based on the rate of traditional metal braces, plus an additional charge to cover the difference.

Choosing your dentist

When it comes to the dentists you can use for covered services, each plan has different rules. If you'd like to search for network dentists, visit StateofCT.Cigna.com.

	In-Network	Out-of-Network
Total Care DHMO Plan	Covered	Not Covered
Enhanced DPPO Plan	Covered	Balance billing may apply
Basic DPPO Plan	Covered	Balance billing may apply

Additional programs

Cigna Healthcare members can take advantage of programs designed to help save money and manage overall health.

Cigna Dental Oral Health Integration Program®

Improved health often starts with the mouth. Members with one of the 14 conditions listed below will be auto-enrolled and receive out-of-pocket cost reimbursement for specific dental services that treat gum disease and tooth decay. Visit myCigna.com to view the available services.

- Heart Disease
- Stroke
- Diabetes
- Maternity
- Kidney Disease
- Organ Transplant
- Radiation, Head/Neck Cancers
- Sjogren's Syndrome
- Lupus
- Parkinson's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Opioid Misuse/Addiction
- Rheumatoid Arthritis
- Huntington's Disease

Cigna Dental Virtual Care

Toothaches and other urgent dental concerns don't always happen during normal dental office hours. If you or a covered dependent have a dental concern and your regular dentist is unavailable, you can connect to a licensed dentist 24/7/365. As a member, you can access Cigna Dental Virtual Care via your myCigna.com account at no additional cost, covered as an oral exam at 100% (up to the annual maximum).

SmartScan at-home dental screening tool

SmartScan provides a fast, free and painless way to stay on top of your oral health — especially if you avoid dental visits because of costs, inconvenience or dental anxiety. Use your smartphone to take a series of guided dental photos and, within minutes, you'll receive a professional assessment of your oral health status from a Cigna Healthcare dentist — along with tips on how to improve your oral health.

Savings on non-covered services

Many of our DPPO network dentists have agreed to offer network discounts for non-covered services. **These savings may also apply to services that otherwise would not be covered** because you reached your calendar-year benefit maximum or other limitations.[5]

- You can save on most services not covered under the Basic or Enhanced Plans.[5]
- You **must visit network dentists** to take advantage of the DPPO network discounts.
- Savings will not apply when visiting a non-participating dentist.
- You must **verify that a procedure is listed on the dentist's fee schedule** before receiving treatment.
- You are responsible for paying final fees directly to the dentist.

Cigna Healthy Rewards Program®[6]

The Cigna Healthy Rewards Program offers discounts on participating programs like weight and nutrition management, fitness, vision and hearing care — plus health and wellness products. Access more information about Cigna Healthy Rewards at myCigna.com. **Discounts are not part of the State of Connecticut health plan and are offered by Cigna directly.**

Get to know the full value of myCigna

Now it's easier than ever to manage your oral health and make the most of your dental plan with myCigna®.*

- View, print and send ID cards
- Find in-network dentists and filter by location, hours, languages, and more
- Compare dentists based on affordability, patient experience, and professional history**
- Review coverage details and track claims
- Review pricing with estimated costs for common procedures
- Use the click-to-chat feature to connect with a live Cigna Healthcare rep

Visit myCigna.com today.
Not registered yet? Start here.***

*Actual myCigna features may vary depending on your plan and customer profile.

**Actual features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.

***Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

Frequently asked questions

FAQs

Basic and Enhanced DPPO Plans

Q: Can I use any dentist for covered services?

A: Yes. **The Basic and Enhanced DPPO Plans** allow you to use any dentist or specialist for covered services. But don't forget: You will save by using one within the plan network because participating dentists have agreed to discount care.[4]

If you use an out-of-network dentist in the Basic DPPO Plan or Enhanced DPPO Plan, the dentist can bill you for the difference between their usual fee and the amount Cigna Healthcare reimburses them. This is called balance billing.

Q: Do I have to choose a primary dentist?

A: No, you are not required to choose a primary dentist.

Q: Are referrals required if I need to see a specialist?

A: No, you don't need a referral to see a specialist.

Q: Can I enroll my child or other dependent?

A: If you have dependents under the age of 26, you can enroll them in any Cigna Healthcare Plan. Dental coverage ends on December 31 of the year your dependent turns 26 years old.

Q: Do I have coverage for emergencies?

A: On all plans, coverage for emergency care is limited to relieving severe pain, controlling excessive bleeding and/or addressing sudden, serious infection. If you experience an emergency and your regular dentist is unavailable, you have options.

For urgent dental concerns (e.g., a toothache, swollen or infected gums, a chipped or broken tooth, etc.), or if you are unsure whether you should seek immediate care, you can use Cigna Dental Virtual Care through myCigna® at no additional cost.

For emergencies (e.g., excessive bleeding, lacerations, injuries that affect breathing, etc.), seek care at the nearest dental or medical facility.

Q: How are my claims processed? Do I have to pay up front and then file a claim myself?

A: Your network dentist will file all claims for you and will only charge you for your portion of any costs. Dentists who do not participate in our network may not file claims for you and may bill you directly for service costs not covered by Cigna.

Q: Do I have to get approval from Cigna Healthcare for certain procedures?

A: No, you are not required to get approval. However, we do recommend working with your dentist to submit a pre-treatment review for non-routine services over $200.

Q: For non-routine dental services over $200, when should I ask for a pre-treatment review?

A: Ask **before treatment is performed**, once your dentist recommends the procedure. Most dental offices expect cost questions at that time and can submit a **pre-treatment estimate** to your insurance to help estimate coverage and out-of-pocket costs. You don't need to wait until checkout, and asking in advance can help avoid surprises. Pre-treatment estimates are not a guarantee of payment.

FAQs

Total Care DHMO

Q: Can I use any dentist for covered services?

A: No. You must use a dentist in the Cigna Dental Care network or through Cigna Dental Virtual Care. There may be exceptions for emergencies or where required by law.[2]

Q: Do I have to choose a primary dentist?

A: Yes. Your primary network general dentist will provide all of the routine and specialty care you need. If necessary, your primary dentist can refer you to a network specialist.

Q: Are referrals required if I need to see a specialist?

A: Yes. But you don't need a referral to see network orthodontists and network pediatric specialists for children under the age of 13.

Q: Can I enroll my child or other dependent?

A: If you have dependents under the age of 26, you can enroll them in any Cigna Healthcare Plan. Dental coverage ends on December 31 of the year your dependent turns 26 years old.

Q: Do I have coverage for emergencies?

A: On all plans, coverage for emergency care is limited to relieving severe pain, controlling excessive bleeding and/or addressing sudden, serious infection. If you experience an emergency and your regular dentist is unavailable, you have options.

For urgent dental concerns (e.g., a toothache, swollen or infected gums, a chipped or broken tooth, etc.), or if you are unsure whether you should seek immediate care, you can use Cigna Dental Virtual Care through myCigna® at no additional cost.

For emergencies (e.g., excessive bleeding, lacerations, injuries that affect breathing, etc.), seek care at the nearest dental or medical facility.

Q: How are my claims processed? Do I have to pay up front and then file a claim myself?

A: Your network dentist will file all claims for you. You are only responsible for the copay or coinsurance amount.

Q: Do I have to get approval from Cigna Healthcare for certain procedures?

A: Although it's not required, we recommend working with your dentist to submit a pre-treatment review for non-routine services over $200.

Q: For non-routine dental services over $200, when should I ask for a pre-treatment review?

A: Ask **before treatment is performed**, once your dentist recommends the procedure. Most dental offices expect cost questions at that time and can submit a **pre-treatment estimate** to your insurance to help estimate coverage and out-of-pocket costs. You don't need to wait until checkout, and asking in advance can help avoid surprises. Pre-treatment estimates are not a guarantee of payment.

We're here for you.

If you have any questions about the information in this brochure or about your plan options, Cigna Healthcare representatives are available to help **24/7/365 at 1-800-Cigna24.**

Visit myCigna.com or the myCigna app to explore all the programs available to you.

Words to know

Deductible: This is the dollar amount you pay each year before your dental plan begins to pay for covered costs. You only have to pay the deductible once per year.

Copay: This is the set dollar amount that you must pay to receive care. Copay amounts are based on the type of service you're receiving and not the dentist you're using.

Coinsurance: This is the percentage that you are responsible for paying for of the cost for care.

Calendar year maximum: This is the maximum dollar amount a plan will pay toward covered dental services during a plan year. Once you reach that maximum amount, you will be responsible for 100% of the costs for care. The calendar year maximum resets each year.

Lifetime dollar maximum: This is the most that a DPPO plan will pay toward certain covered dental services. Once you reach that maximum, the plan will no longer cover any costs. Lifetime dollar maximums do not reset the following year.

Network dentist: Also referred to as "in-network dentist" or "in-network care," network dentists are providers who have a contract with Cigna Healthcare. They agree to offer our members a discount on their usual fees, and cannot bill you for the difference between their usual fees and the amount they have agreed to charge Cigna Healthcare members. They also file claims for you.

Out-of-network: This refers to dentists who do not participate in any Cigna Healthcare network. Out-of-network dentists can charge whatever fees they want and are not required to discount care for Cigna Healthcare members. They are also not required to file claims for Cigna Healthcare members.

Maximum allowable charge (MAC): Out-of-network reimbursement pays up to Cigna Healthcare in-network negotiated fee schedule for services. Balance billing may apply.

Maximum reimbursable charge (MRC): Out-of-network reimbursement based on area average allowable charges for given area. Balance billing may apply.

Balance billing: This happens when a dentist charges more than is allowed and/or paid by your dental plan. Out-of-network dentists can bill you for the difference between their regular fees and the amount Cigna Healthcare allows and/or pays them.

CARE COMPASS

For more information about State of Connecticut benefits, please visit Care Compass at carecompass.ct.gov.

Offered by Cigna Health and Life Insurance Company or its affiliates.

The information provided in this brochure outlines only the highlights of these plans. For a complete list of both covered and non-covered services, including benefits required by your state, see your employer's plan booklet, insurance certificate or summary plan description – the official plan documents. If there are any differences between the information in this brochure and the plan documents, the information in the plan documents takes precedence.

1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans and plans with open access features. The Cigna Dental Care Plan may not be available in all states.

2. 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.

3. See plan documents for full explanation of benefits and coinsurance amounts, or call (800.244.6224).

4. If enrolled in the Health Enhancement Program (HEP): Periodontal maintenance procedure is covered at 100% when a network dentist is used. Plan maximums and frequency limitations apply.

5. Discounts on non-covered services may not be available in all states. Certain dentists may not offer discounts on non-covered services. Please speak with your provider or contact Cigna member services prior to receiving care to determine if these discounts will apply to you.

6. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative. All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of the Cigna Group. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company (CHLIC) or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Cigna DPPO plans are insured or administered by CHLIC, with network management services provided by Cigna Dental Health, Inc., and certain of its subsidiaries. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.