



OPEN ENROLLMENT

DENTAL PLAN COVERAGE OVERVIEW



May 1 – May 31, 2026

Plan options, decision tools, and ways to save:
carecompass.ct.gov/benefits-enrollment



Open Enrollment

Open Enrollment is May 1 through May 31, 2026
for benefits effective July 1, 2026.

This is the time to:

- *Make plan changes*
- *Add or remove dependents*
- *Confirm that your plan meets your needs*

There are no changes to dental plan coverage this year. *If you don't make a change, your current coverage will continue at 2026-2027 rates. You will only receive a new Cigna dental card if you change your dental plan.*

Make healthcare options that prioritize your well-being— while saving you money.

DENTAL COVERAGE OPEN ENROLLMENT
MAY 1 - MAY 31, 2026

YOUR OPEN ENROLLMENT HOME:
[CARECOMPASS.CT.GOV/BENEFITS-ENROLLMENT](https://carecompass.ct.gov/benefits-enrollment)



Save During Open Enrollment

Make decisions now that can lower your costs all year:

The plans you select and where you receive care impact what you'll pay.

- **Make sure your dental providers are in-network before you enroll in a plan**
- Choose a plan based on your expected care, not just your paycheck deduction
- Stay enrolled and meet the requirements of the Health Enhancement Program (HEP) to reduce monthly costs; this includes having one dental cleaning (ages 6-adult)
- Use the online dental decision tool to compare plan options and estimate your costs



Compare Dental Plans

FEATURES	Total Care DHMO Plan	Enhanced Plan	Basic Plan
Primary Care Dentist and specialist referrals	Required	Not required	Not required
Out-of-network coverage	No	Yes	Yes
What you pay when you get care	Coinsurance	Coinsurance	Coinsurance
Coverage Level	Most comprehensive	Fairly comprehensive	Least comprehensive

The Dental Care DHMO plan is closed to new enrollments.

CIGNA PLAN MATCH QUIZ

Get plan recommendations and out-of-pocket cost comparisons tailored to your needs.

CIGNA PROVIDER SEARCH TOOL

Look up your dentist by dental plan to confirm they are in-network for the plan you want. [No login required.](#)

**OPEN ENROLLMENT FOR ACTIVE EMPLOYEES
MAY 1 - MAY 31, 2026**

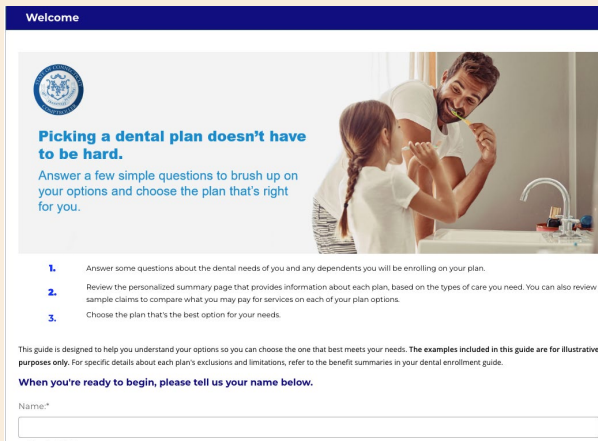
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Dental Plans Match Quiz & Find a Dentist

There are three different dental plan options with varying coverage, network size, and deductibles. To find the right plan for your family's needs, use the tools on Care Compass:

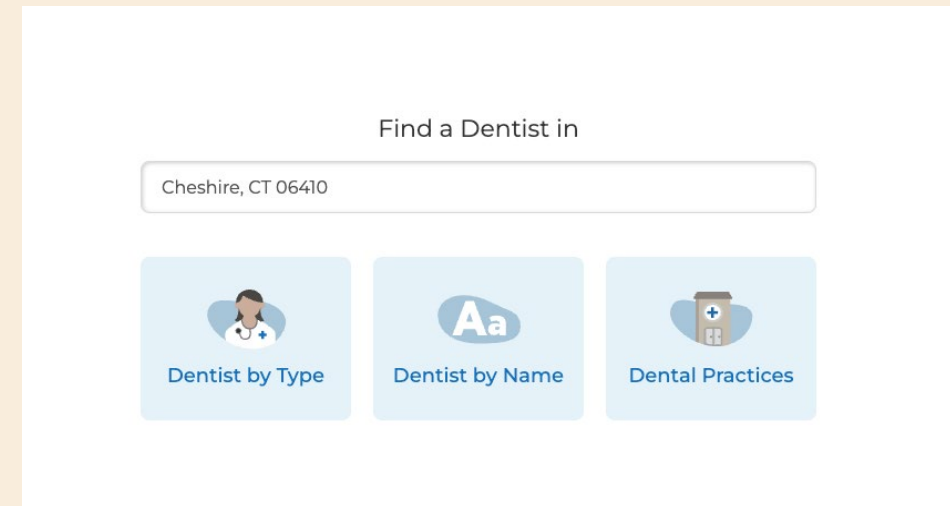
CIGNA PLAN MATCH QUIZ

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FREQUENTLY ASKED QUESTIONS

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MAY 1 - MAY 31, 2026

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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. 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: Is teeth whitening covered?

A: No teeth whitening (bleaching) is not covered under the Basic and DPPO Plans.



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.

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: 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: 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: Is teeth whitening covered?

A: Yes, teeth whitening (bleaching) is only covered under the DHMO Plans.



All Dental Plans

Q: Is it possible to remove dependents from your medical coverage but keep them on your dental plan?

A: Yes, dependents can be removed from your medical plan while remaining on your dental plan until they turn 26.

Q: Will new dental ID cards be issued this year?

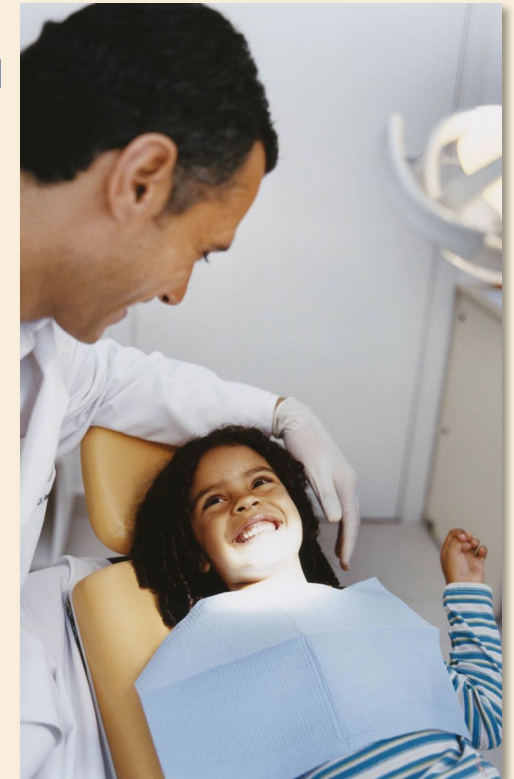
A: You will not receive a new dental ID card unless you switch your dental plan.

Q: What plans cover implants

A: The Total Care DHMO plan and Enhanced plan cover implants. The Total care DHMO covers one implant per year at 55%. The Enhanced plans covers one implant at 50% with a \$500 maximum per calendar year.

Q: Do I need to get prior authorization

A: Prior authorizations, also known as pre-treatment reviews or preauthorization, are not required for dental procedures under dental plans.



All Dental Plans

Q: Am I covered for emergency situations?

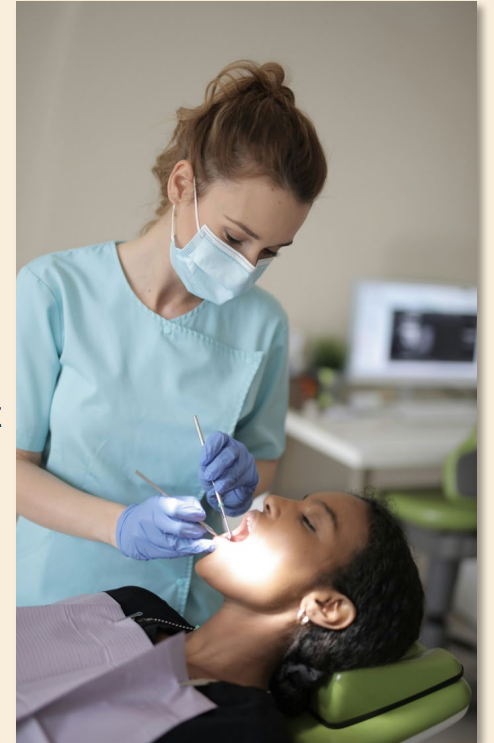
A: All plans provide coverage for emergency dental care designed to alleviate severe pain, control heavy bleeding, and treat sudden, serious infections. If your regular dentist is unavailable during an emergency, other options are accessible. For urgent dental issues—such as a toothache, swollen or infected gums, or a chipped or broken tooth—or if you're uncertain whether immediate care is needed, you can use Cigna Dental Virtual Care through myCigna® at no extra charge.

Q: When should I request a pre-treatment review for non-routine dental services over \$200?

A: You should ask for a pre-treatment review before beginning the procedure, once your dentist advises it. Most dental offices anticipate questions about costs at this point and can send a pre-treatment estimate to your insurance to clarify coverage and your potential expenses. Requesting this early helps avoid surprises at checkout.

Q: Which dental plans are considered best, including orthodontic coverage?

A: Since individual needs differ, we suggest using the Decision Support tool on the State of CT microsite <https://stateofct.cigna.com/>, which assists in selecting the plan that best fits your personal situation.



Orthodontia

Q: What plans cover orthodontia?

A: The Total DHMO and Enhanced Plan have orthodontia coverage for children and adults. The Enhanced plans covers orthodontia at 50% with a lifetime maximum of \$2,000 in-network and \$1,000 out-of-network. The Total DHMO plan covers orthodontia is an estimated \$2,209

Q: For the orthodontics lifetime maximum, is that per person?

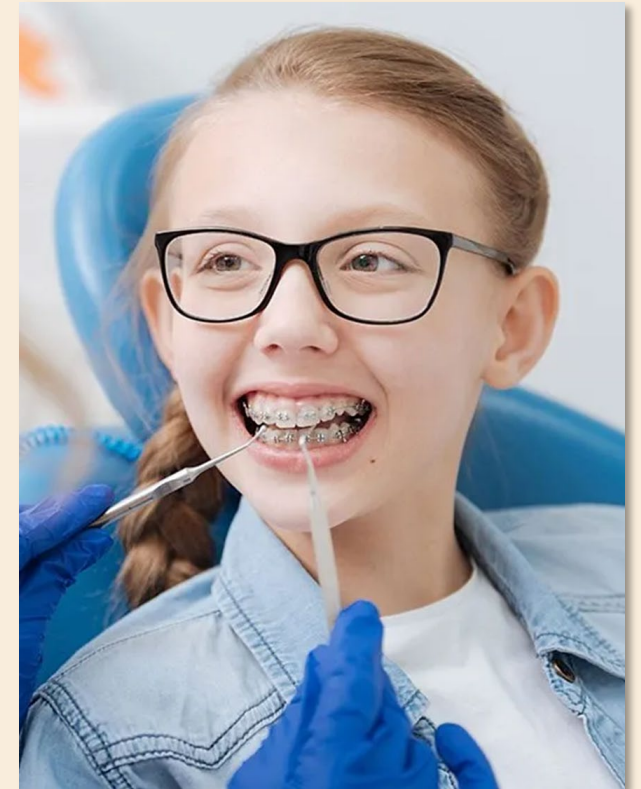
A: Yes, the lifetime orthodontia maximum is for each person enrolled on the plan

Q: Is Invisalign covered?

A: Yes, However, the payment is always based on the rate of metal braces. If you choose Invisalign as your orthodontic treatment, you are responsible for any difference in cost between metal braces and Invisalign

Q: If you are currently in process of Orthodontia - would the original \$\$ be grandfathered?

A: We will need to complete an orthodontia in progress review



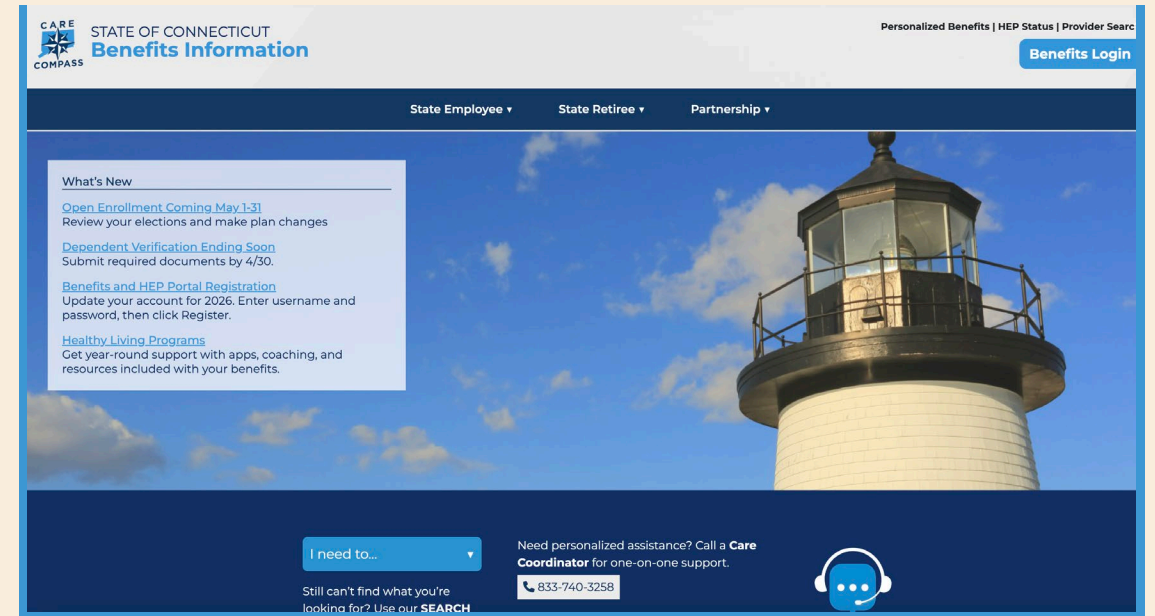


Where to go for dental benefit help

Care Compass is your home for all things Open Enrollment:

- *Plan Match Quizzes*
- *Find Providers*
- *Rates/Payroll Deductions*
- *Healthcare Options Planner*

Visit: carecompass.ct.gov/benefits-enrollment



Call 1-800-Cigna24 for live customer service, 24/7/365
myCigna.com or the myCigna app**

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Your Open Enrollment Checklist

- Compare your plan options**
Review medical and dental plans based on your doctors and expected care by using plan comparison chart on Care Compass
- Add or update dependents**
Make sure only eligible dependents are included in your coverage.
- Look for ways to save**
Lower your costs by using in-network dental providers and enrolling in the Health Enhancement Program (HEP).
- Make changes if needed**
Update your benefits in Core-CT by May 31.

For retirees making plan changes, complete CO-744OE and send it to the Retiree Health Unit.
- Get help if you need it**
Contact Cigna at 800-244-6224.
If you need help with Core-CT, contact your agency benefits specialist.