# Retiree Dental Plan Benefit Comparison

**Effective 1/01/2024**

<table>
<thead>
<tr>
<th>Premiums &amp; Tier</th>
<th>Standard DHMO (P510X)</th>
<th>Premier DHMO (P310X)</th>
<th>DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>Monthly $19.63</td>
<td>Monthly $25.92</td>
<td>Monthly $32.58</td>
</tr>
<tr>
<td>Employee + One Dependent</td>
<td>$36.69</td>
<td>$51.13</td>
<td>$64.24</td>
</tr>
<tr>
<td>Family</td>
<td>$47.89</td>
<td>$77.77</td>
<td>$113.69</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Network Name</th>
<th>Standard DHMO</th>
<th>Premier DHMO</th>
<th>DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cigna Dental Care Access Network Providers (assignment required)</td>
<td>Cigna Dental Care Access Network Providers (assignment required)</td>
<td>In &amp; Out of Network Cigna DPPO Network (no assignment necessary)</td>
</tr>
</tbody>
</table>

| Deductible | n/a | n/a | $50/$150 |

## Benefits/Services

### Patient Pays

- **Routine Office Visit, Preventive Care**
  - Employee Only: $0 co-pay
  - Employee + One Dependent: $0 co-pay
  - Family: $0, no deductible

- **Pediatric Dental Facility**
  - Maximum Age of Child(ren): Up to age 13

- **Non-Routine X-Rays (Full Mouth/Panorex)**
  - Employee Only: No Charge
  - Employee + One Dependent: No Charge
  - Family: 20% after deductible

- **Restorative Fillings, composite**
  - Employee Only: $35-$85
  - Employee + One Dependent: $0-$55
  - Family: 20% after deductible

- **Periodontics - Periodontal Maintenance**
  - Employee Only: $30
  - Employee + One Dependent: $20
  - Family: 50% after deductible

- **Crown (porcelain fused to titanium alloys)**
  - Employee Only: $185+Lab
  - Employee + One Dependent: $100+Lab
  - Family: 50% after deductible

- **Endodontics - Molar Root Canal**
  - Employee Only: $250
  - Employee + One Dependent: $135
  - Family: 50% after deductible

- **Prosthodontics – Complete Denture**
  - Employee Only: $150+Lab
  - Employee + One Dependent: $120+Lab
  - Family: 50% after deductible

- **Orthodontics – Class I & II Children (under 19)**
  - Employee Only: $1,344
  - Employee + One Dependent: $1,104
  - Family: 50% no deductible

- **Surgical Placement of Implant, (limitations may apply)**
  - Employee Only: $1,015-$1,025
  - Employee + One Dependent: $935-$1,025
  - Family: 50% after deductible

<table>
<thead>
<tr>
<th>Maximums (non-orthodontia &amp; Implant)</th>
<th>Standard DHMO</th>
<th>Premier DHMO</th>
<th>DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Year 1 $2,250</td>
</tr>
<tr>
<td>Lifetime</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Year 2 $2,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 3 $2,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 4 $3,000</td>
</tr>
</tbody>
</table>

- If planned treatment is expected to cost more than $200, it is recommended that your provider send a prior authorization in before beginning treatment.
- DHMO & Premier DHMO: Referrals are required when a Network Specialty Periodontist or Oral Surgeon is recommended.
- DPPO: "Out of Network benefits are based on the Maximum Reimbursable Charge; members may be balanced billed.
- DPPO: **Progressive Benefit increases year 2-4 upon receiving preventive services in each calendar year

**Cigna One Guide Customer Service 800-CIGNA-24**

This is a summary comparison; go to the Benefits page on COIN for full dental schedule of benefits