


**Retiree Dental Plan Benefit Comparison  
Effective 01/01/2026**

 Cigna.	<b>Standard DHMO (P510X)</b>	<b>Premier DHMO (P310X)</b>	<b>DPPO</b>
<u>Premiums &amp; Tier</u> Employee Only Employee + One Dependent Family	<u>Monthly</u> \$21.64 \$40.45 \$52.80	<u>Monthly</u> \$28.58 \$56.38 \$85.75	<u>Monthly</u> \$36.96 \$72.88 \$128.97
Provider Network Name	Cigna Dental Care Access Network Providers (assignment required)	Cigna Dental Care Access Network Providers (assignment required)	In & *Out of Network Cigna DPPO Network (no assignment necessary)
Deductible	n/a	n/a	\$50/\$150
<b>Benefits/Services</b>	<b>Patient Pays</b>		
Routine Office Visit, Preventive Care	\$0 co-pay	\$0 co-pay	\$0, no deductible
Pediatric Dental Facility Maximum Age of Child(ren)	Up to age 13	Up to age 13	Up to age 17
Non-Routine X-Rays (Full Mouth/Panorex)	No Charge	No Charge	20% after deductible
Restorative Fillings, composite	\$35-\$85	\$0-\$55	20% after deductible
Periodontics - Periodontal Maintenance	\$30	\$20	50% after deductible
Crown (porcelain fused to titanium alloys)	\$185+Lab	\$100+Lab	50% after deductible
Endodontics - Molar Root Canal	\$250	\$135	50% after deductible
Prosthodontics – Complete Denture Partial, Resin Based	\$150+Lab \$150+Lab	\$120+Lab \$120+Lab	50% after deductible
Orthodontics – Class I & II Children (under 19) Adult	\$1,344 \$1,944	\$1,104 \$1,608	50% no deductible \$1000 lifetime max No Adult Ortho Coverage
Surgical Placement of Implant, (limitations may apply)	\$1,015-\$1,025	\$935-\$1,025	50% after deductible
Maximums (non-orthodontia & Implant) Calendar Year Lifetime	Unlimited Unlimited	Unlimited Unlimited	Year 1 \$2,250 ** Year 2 \$2,500 ** Year 3 \$2,750 ** Year 4 \$3,000

- 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

This is a summary comparison. For the full dental schedule of benefits, please log on to the Retiree Benefits webpage at [Retiree Benefits Webpage](#)