


Retiree Dental Plan Benefit Comparison Effective 1/01/2025

	Standard DHMO (P510X)	Premier DHMO (P310X)	DPPO
<u>Premiums & Tier</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Employee Only	\$20.61	\$27.22	\$34.70
Employee + One Dependent	\$38.52	\$53.69	\$68.42
Family	\$50.28	\$81.66	\$121.08
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
Benefits/Services	Patient Pays		
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