



# Dental through Cigna

## Comprehensive

This dental health maintenance organization (DHMO) plan has the lowest premiums, no deductibles and no annual maximums. You pay a flat copay amount based on the covered service. You must select a general dentist from the DHMO network who will refer you to dental specialists as needed. There is no coverage for care from non-DHMO providers.

**This plan is only offered based on the availability of network providers near your home ZIP code.** If you move out of the network area, you will need to change plans. (If your home ZIP code has DHMO providers, this option will be displayed in Workday System during enrollment.)

## Value

This dental preferred provider option (DPPO) plan has deductibles for most services, and you pay a percentage of the costs for covered services. You may go to any dentist; however, you will receive discounted rates at a DPPO network provider. This plan does not include orthodontia coverage.

## Premier

This DPPO plan has the highest premiums but offers the most coverage. It is similar to the Value Dental Plan, but also includes coverage for orthodontia and has higher annual maximums.

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### Find a contracted dental provider

Visit [my.cigna.com](https://my.cigna.com), call **800-244-6224** or use the myCigna app available in the Apple App Store or Google Play.

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### Take the Cigna Dental quiz

Can't decide? Answer a few questions to find the plan that's right for you.



	COMPREHENSIVE DENTAL PLAN (DHMO)*	VALUE DENTAL PLAN (PPO)		PREMIER DENTAL PLAN (PPO)	
	Network Provider	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider
<b>Choice of Dentists</b>	You must choose a general dentist from the Network Provider list to manage your dental care. If you need specialty care, your general dentist gives you a referral to another dentist in the DHMO network. Out-of-network benefits are not offered with this plan.	You may go to any dentist; however you will receive discounted rates at a Network Provider.		You may go to any dentist; however you will receive discounted rates at a Network Provider.	
<b>Annual Deductible</b> (waived for preventive care, routine cleaning, X-rays)	No deductibles	\$50 per person \$150 family		\$50 per person \$150 family	
<b>Routine Exam, Cleaning and X-rays</b>	Covered at 100%	Covered at 100%		Covered at 100%	
<b>Basic Restorative Care Benefit</b>	The DHMO is a copayment plan. When you get a dental service, your dentist is allowed to charge a certain amount; you pay a fixed portion of that cost and the plan pays the rest.	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible
<b>Major Restorative Care Benefit</b>		You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
<b>Orthodontia</b>	Covered	Not covered		You pay 50%, \$2,500 lifetime benefit maximum	You pay 50%, \$1,500 lifetime benefit maximum
<b>Annual Maximum Benefit</b>	No annual maximum	\$1,500 per member	\$1,000 per member	\$2,500 per member (orthodontia is separate)	\$2,000 per member (orthodontia is separate)

\*The dental plans pay based on Reasonable and Customary (R&C) limits.