

# Individual and Family Dental Plan Comparison

ALL STATES – EXCEPT MD &amp; NY

For MD & NY, see state-specific versions.  
Not for use in NM.

DENTAL PLAN	LOW-DEDUCTIBLE DENTAL PLANS		
	Cigna Dental Preventive	Cigna Dental 1000	Cigna Dental 1500
Individual Calendar-Year Deductible	Not applicable	\$50	\$50
Family Deductible	Not applicable	\$150	\$150
Waived for Preventive (Class I)	Not applicable	Yes	Yes
Dental Calendar-Year Maximum	Not applicable	\$1,000	\$1,500
Waiting Period (Class I, II, III, and IV or IX if covered) <sup>1</sup>	Not applicable	0, 6, 12 months	0, 6, 12 months
<b>NETWORK</b>	Cigna DPPO Advantage <sup>4</sup>	Cigna DPPO Advantage	Cigna DPPO Advantage
Out-of-Network <sup>2</sup>	Covered	Covered	Covered
Vision Exam Coinsurance and Calendar-Year Maximum	Not covered	Not covered	Not covered
Vision Materials Calendar-Year Maximum	Not covered	Not covered	Not covered
Hearing Exam Calendar-Year Maximum	Not covered	Not covered	Not covered
Hearing Aid Calendar-Year Maximum	Not covered	Not covered	Not covered
Average Premium <sup>3</sup>	\$19.73	\$35.25	\$40.89
Age 0–24	\$19.73	\$28.05	\$32.76
Age 25–59	\$19.73	\$32.23	\$37.47
Age 60+	\$19.73	\$40.18	\$45.49
<b>Class I - Diagnostic and Preventive</b>			
Oral Exams, Cleanings and Routine X-Rays <sup>2</sup> (Examples)	Plan pays 100%	Plan pays 100%	Plan pays 100%
Preventive/Diagnostic Services Waiting Period	Not applicable	Not applicable	Not applicable
<b>Class II - Basic Restorative</b>			
Fillings and Simple Extractions <sup>2</sup> (Examples)	Not covered	Plan pays 80%	Plan pays 80%
Basic Services Waiting Period	Not applicable	6 months <sup>1</sup>	6 months <sup>1</sup>
<b>Class III - Major Restorative</b>			
Crowns, Dentures and Bridges <sup>2</sup> (Examples)	Not covered	Plan pays 50%	Plan pays 50%
Major Services Waiting Period	Not applicable	12 months <sup>1</sup>	12 months <sup>1</sup>
<b>Class IV - Orthodontia</b>			
Orthodontia Waiting Period	Not applicable	Not applicable	12 months <sup>1</sup>
Orthodontia Lifetime Deductible	Not applicable	Not applicable	\$50 per person
Orthodontia Lifetime Maximum	Not applicable	Not applicable	\$1,000 per person
<b>Class IX - Implants</b>			
Implant Waiting Period	Not applicable	Not applicable	Not applicable
Implant Lifetime Deductible	Not applicable	Not applicable	Not applicable
Implant Lifetime Maximum	Not applicable	Not applicable	Not applicable

This summary contains highlights only. For additional plan information, including out-of-network benefits, view the Summary of Benefits.

1. Waiting periods may vary by state; refer to the policy for more details. Waiting periods for Class 2 and 3 may be waived at the individual customer level if the application indicates that there were 12 months or more of prior dental coverage that included coverage for Class 3, Major Restorative services, and not more than 63 days have lapsed between the prior coverage and this plan. Any prior dental insurance plan that did not include Class 3 services will not count toward waiting period waiver. Orthodontia and implant waiting periods are not eligible for waiver.
2. Covered services have frequency limitations, and some covered services are determined by age. For a complete listing of covered services, please read your plan documents. You are free to choose a provider from our large national network or one from outside the network. Keep in mind, you'll save the most if you visit a network provider. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference in the amount that Cigna Healthcare reimburses for such services and the amount charged by the dentist, except for emergency services as defined in your policy. This is known as balance billing.
3. Premiums vary by geographic area. Sample rates shown reflect single coverage. Cigna internal data as of November 2023.
4. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

# Individual and Family Dental Plan Comparison

	HIGH ANNUAL MAXIMUM DENTAL PLAN
	Cigna Dental 3000/100
<b>DENTAL PLAN</b>	
Individual Calendar-Year Deductible	\$100
Family Deductible	Not applicable
Waived for Preventive (Class I)	No
Dental Calendar-Year Maximum	\$3,000
Waiting Period (Class I, II, III, and IV or IX if covered) <sup>1</sup>	0, 6, 12 months
<b>NETWORK</b>	Total Cigna DPPO
Out-of-Network <sup>2</sup>	Covered
Vision Exam Coinsurance and Calendar-Year Maximum	Not covered
Vision Materials Calendar-Year Maximum	Not covered
Hearing Exam Calendar-Year Maximum	Not covered
Hearing Aid Calendar-Year Maximum	Not covered
Average Premium <sup>3</sup>	\$32.40
Age 0–24	\$23.47
Age 25–59	\$26.08
Age 60+	\$38.22
<b>Class I - Diagnostic and Preventive</b>	
Oral Exams, Cleanings and X-Rays <sup>2</sup> (Examples)	Plan pays 100%
Preventive/Diagnostic Services Waiting Period	Not applicable
<b>Class II - Basic Restorative</b>	
Fillings and Simple Extractions <sup>2</sup> (Examples)	Plan pays 50%
Basic Services Waiting Period	6 months <sup>1</sup>
<b>Class III - Major Restorative</b>	
Crowns, Dentures and Bridges <sup>2</sup> (Examples)	Plan pays 50%
Major Services Waiting Period	12 months <sup>1</sup>
<b>Class IV - Orthodontia</b>	
Orthodontia Waiting Period	Not applicable
Orthodontia Lifetime Deductible	Not applicable
Orthodontia Lifetime Maximum	Not applicable
<b>Class IX - Implants</b>	
Implant Waiting Period	Not applicable
Implant Lifetime Deductible	Not applicable
Implant Lifetime Maximum	Not applicable

This summary contains highlights only. For additional plan information, including out-of-network benefits, view the Summary of Benefits.

1. Waiting periods may vary by state; refer to the policy for more details. Waiting periods for Class 2 and 3 may be waived at the individual customer level if the application indicates that there were 12 months or more of prior dental coverage that included coverage for Class 3, Major Restorative services, and not more than 63 days have lapsed between the prior coverage and this plan. Any prior dental insurance plan that did not include Class 3 services will not count toward waiting period waiver. Orthodontia and implant waiting periods are not eligible for waiver.
2. Covered services have frequency limitations, and some covered services are determined by age. For a complete listing of covered services, please read your plan documents. You are free to choose a provider from our large national network or one from outside the network. Keep in mind, you'll save the most if you visit a network provider. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference in the amount that Cigna Healthcare reimburses for such services and the amount charged by the dentist, except for emergency services as defined in your policy. This is known as balance billing.
3. Premiums vary by geographic area. Sample rates shown reflect single coverage. Cigna internal data as of November 2023.
4. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

# Individual and Family Dental Plan Comparison

DENTAL PLAN	BUNDLED DENTAL PLANS		
	Cigna Dental Vision 1000	Cigna Dental Vision Hearing 2000	Cigna Dental Vision Hearing 3500
Individual Calendar-Year Deductible	\$50	\$100	\$100
Family Deductible	\$150	Not applicable	Not applicable
Waived for Preventive (Class I)	Yes	Yes	Yes
Dental Calendar-Year Maximum	\$1,000	\$1,500	\$2,500
Waiting Period (Class I, II, III, and IV or IX if covered) <sup>1</sup>	0, 0 months	0, 0, 12 months	0, 0, 6, 12 months
<b>NETWORK</b>	Cigna DPPO Advantage	Cigna DPPO Advantage	Cigna DPPO Advantage
Out-of-Network <sup>2</sup>	Covered	Covered	Covered
Vision Exam Coinsurance and Calendar-Year Maximum	30% up to \$50	50% up to \$75	90% up to \$100
Vision Materials Calendar-Year Maximum	\$100	\$200	\$300
Hearing Exam Calendar-Year Maximum	Not covered	\$50	\$50
Hearing Aid Calendar-Year Maximum	Not covered	\$500	\$700
Average Premium <sup>3</sup>	\$31.75	\$50.26	\$61.94
Age 0–24	\$31.52	\$41.25	\$51.63
Age 25–59	\$31.99	\$45.38	\$57.92
Age 60+	\$32.61	\$51.46	\$67.09
<b>Class I - Diagnostic and Preventive</b>			
Oral Exams, Cleanings and X-Rays <sup>2</sup> (Examples)	Plan pays 100%	Plan pays 100%	Plan pays 100%
Preventive/Diagnostic Services Waiting Period	Not applicable	Not applicable	Not applicable
<b>Class II - Basic Restorative</b>			
Fillings and Simple Extractions <sup>2</sup> (Examples)	Plan pays 70%	Plan pays 70%	Plan pays 80%
Basic Services Waiting Period	Not applicable	Not applicable	Not applicable
<b>Class III - Major Restorative</b>			
Crowns, Dentures and Bridges <sup>2</sup> (Examples)	Not covered	Plan pays 50%	Plan pays 50%
Major Services Waiting Period	Not applicable	12 months <sup>1</sup>	6 months <sup>1</sup>
<b>Class IV - Orthodontia</b>			
Orthodontia Waiting Period	Not applicable	Not applicable	Not applicable
Orthodontia Lifetime Deductible	Not applicable	Not applicable	Not applicable
Orthodontia Lifetime Maximum	Not applicable	Not applicable	Not applicable
<b>Class IX - Implants</b>			
Implant Waiting Period	Not applicable	Not applicable	12 months <sup>1</sup>
Implant Lifetime Deductible	Not applicable	Not applicable	Not applicable
Implant Lifetime Maximum	Not applicable	Not applicable	\$2,000

This summary contains highlights only. For additional plan information, including out-of-network benefits, view the Summary of Benefits.

- Waiting periods may vary by state; refer to the policy for more details. Waiting periods for Class 2 and 3 may be waived at the individual customer level if the application indicates that there were 12 months or more of prior dental coverage that included coverage for Class 3, Major Restorative services, and not more than 63 days have lapsed between the prior coverage and this plan. Any prior dental insurance plan that did not include Class 3 services will not count toward waiting period waiver. Orthodontia and implant waiting periods are not eligible for waiver.
- Covered services have frequency limitations, and some covered services are determined by age. For a complete listing of covered services, please read your plan documents. You are free to choose a provider from our large national network or one from outside the network. Keep in mind, you'll save the most if you visit a network provider. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference in the amount that Cigna Healthcare reimburses for such services and the amount charged by the dentist, except for emergency services as defined in your policy. This is known as balance billing.
- Premiums vary by geographic area. Sample rates shown reflect single coverage. Cigna internal data as of November 2023.
- In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

**Please see the Policy, Outline of Coverage or Summary of Benefits for exclusions and limitations. Dental preferred-provider insurance policies have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued:**

**Cigna Dental Preventive, 1000 and 1500 plans:** AL, CO, CT, DE, HI, IA, IL, MI, ND, WV and WY: HC-NOT11 et al., AK: HC-NOT53, AR: HC-NOT36 et al., AZ: INDDENTPOLAZ032017, CA: INDDENTPOLCA0713 et al., DC: HC-NOT42 et al., FL: HC-NOT15 et al., GA: INDDENPOLGA0317, ID: HC-NOT51 et al., IN: HC-NOT23 et al., KS: HC-NOT49 et al., KY: HC-NOT44 et al., LA: INDDENTPOLLA0713, MA: HC-NOT11, HC-NOT32, et al., ME: HC-NOT58 et al., MD: INDDENTPOLMD.PREV, INDDENTPOLMD.1000, INDDENTPOLMD.1500 and MDINDSADOHIPAMND10-20, MI: INDSADPOLMI.1000, INDDENTPOLAMI042021.1500, INDDENTPOLAMI042021.Prev, MO: INDDENTPOLMO0713, MN: INDDENTPOLMN0713, MS: HC-NOT48 et al., MT: INDDENTPOLMT0713, NC: HC-NOT18, NE HC-NOT47 et al., NH, INDDENTPOLNH.1000, INDDENTPOLNH.1500, INDDENTPOLNH.PREV, NJ: HC-NOT46, et al., NM: INDDENPOLNM0322.1000 and INDDENPOLNM0322.1500, NY: INDDENTPOLNY.PREV, INDDENTPOLNY.1000, INDDENTPOLNY.1500, NV: HC-NOT39 et al., OH: INDDENTPOLOH0317, OK: HC-NOT26 et al., OR: INDDENTPOLOR0713, PA: INDDENPOLPA0917, RI: INDDENPOLRI0918., SC: HC-NOT19 et al., SD: HC-NOT59 et al., TN: HC-NOT20 et al., TX: HC-NOT21 et al., UT: HC-NOT50 et al., VA: INDDENTPOLVA0317, VT HC-NOT56 et al., WA: INDDENTPOLWA0317, WI HC-NOT54 et al).

Cigna Dental Preventive plan is not available in NM.

**Cigna Dental 3000/100 plan:** AL, CO, CT, DE, HI, IA, IL, ND, PA, WV and WY: HC-NOT11 et al., AK: HC-NOT53 et al., AR: HC-NOT36 et al., AZ: INDDENPOLAZ, DC: HC-NOT42 et al., FL: HC-NOT15 et al., GA: INDDENPOLGAv1, ID: HC-NOT51 et al., IN: HC-NOT23 et al., KS: HC-NOT49 et al., KY: HC-NOT44 et al., LA: INDDENPOLLA, ME: INDDENPOLME, MI: INDDENPOLMI, MO: INDDENPOLMO, MS: HC-NOT48 et al., MT: INDDENPOLMT, NC: HC-NOT18 et al., NE HC-NOT47 et al., NH: INDDENPOLNH, NM: INDDENPOLNM, NJ: HC-NOT46 et al., NV: HC-NOT39 et al., OH: INDDENPOLOH, OK: HC-NOT26 et al., RI: INDDENPOLRI, SC: INDDENPOLSC1022, SD: HC-NOT59 et al., TN: HC-NOT20 et al., TX: HC-NOT21 et al., UT: HC-NOT50 et al., VT: HC-NOT56 et al., WI: HC-NOT54 et al., VA: INDDENPOLVA.

Cigna Dental 3000/100 plan is not available in CA, MA, MD, MN, NY, OR and WA.

**Cigna Dental Vision/Dental Vision Hearing:** INDDVPOL[State]1021.1000, INDDVHPOL[State], 1021.2000, INDDVHPOL[State], 1021.3500 (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV and WY).

Cigna Dental Vision/Dental Vision Hearing plans are not available in MT, NM, NY, VA and WA.

Product availability may vary by location and plan type and is subject to change. All dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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