

Administered by Cigna

OPTION 1

OPTION 5

OPTION 6

OPTION 7

OPTION DHMO

\$1,000 Annual
Maximum Plan

Unlimited
Maximum Plan

\$750 Annual
Maximum Plan

\$1,500 Annual
Maximum Plan

Dental HMO Plan

with HEP | with ortho

with HEP | NO ortho

with HEP | NO ortho

with HEP | with ortho

with HEP | with ortho

Annual Deductible

\$25 indiv/\$75 family

\$0

\$0

\$0

Annual Maximum

\$1,000

NONE

\$750

\$1,500

Lifetime Orthodontia Max

\$1,500

N/A

N/A

\$1,500

DEDUCTIBLE WAIVED

Preventive

Yes

Yes

Yes

Yes

Basic

No

N/A

N/A

N/A

Major

No

N/A

N/A

N/A

PREVENTATIVE

X-Ray

100%

100%

100%

100%

Cleanings

100%

100%

100%

100%

Oral Exam

100%

100%

100%

100%

Flouride

80%

80%

100%

100%

BASIC

Fillings

80%

80%

0%

80%

Endodontics

80%

80%

0%

80%

Periodontics

80%/50%

80%/50%

0%

80%

Simple Extractions

80%

80%

100%

80%

Dentures (Repair Only)

80%

80%

0%

80%

Bridges (Repair Only)

80%

80%

0%

80%

MAJOR

Crown

50%

67%

0%

67%

Inlays

50%

67%

0%

67%

Onlays

50%

67%

0%

67%

Dentures

0%

0%

0%

67%

Bridges

0%

0%

0%

67%

Space Maintainers

50%

67%

100%

100%

Oral Surgery

50%

67%

0%

67%

ORTHODONTIA

Braces (Adult & Child)

50%

N/A

N/A

50% Child Only

MONTHLY PREMIUMS – effective 7/1/17 - 6/30/18

Single

~~\$38.74~~

~~\$45.56~~

\$13.79

\$51.24

~~\$29.61~~

Two Person

~~\$74.30~~

~~\$82.49~~

\$24.94

\$99.51

~~\$65.13~~

Family

~~\$120.09~~

~~\$132.43~~

\$39.98

\$162.28

~~\$79.93~~

Coverage is from a defined network of dentists based on a fee schedule. For additional information on network and services covered, go to www.cigna.com/stateofct.

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Effective dates July 1, 2017 - June 30, 2018

BENEFIT

IN-NETWORK

OUT-OF-NETWORK

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Materials Copay	\$0	N/A
Single Vision Lenses	Covered in Full	\$40 Allowance
Bifocal Lenses	Covered in Full	\$65 Allowance
Trifocal Lenses	Covered in Full	\$75 Allowance
Lenticular Lenses	Covered in Full	\$100 Allowance
Contact Lenses (Retail Allowance)		
Elective	\$360 Allowance	\$345 Allowance
Therapeutic	Covered in Full	\$345 Allowance
Frame (Retail Allowance)	\$175 Allowance	\$126 Allowance

COST PER EMPLOYEE PER MONTH

Employee Only	\$5.31
Employee +1	\$9.83
Employee + Family	\$16.03

Frequency is 12 months for lenses, contact lenses and frames.

IN-NETWORK BENEFITS INCLUDE:

One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)

Lens Options:

- Standard Polycarbonate: covered for under 18 years of age; min. 20% save, \$40 out-of-pocket max. for adults Oversize lenses: covered under plan
- Rose Tints: #1 and #2 - covered under plan
- Solid Tints: min. 20% save, \$15 out-of-pocket max.
- Gradient Tints: \$20 out-of-pocket max.
- Standard photochromic: 20% save, \$78 out-of-pocket max.
- Standard anti-reflective coating: min. 20% save, \$45 out-of-pocket max.
- Standard scratch/UV coating: min. 20% save, \$17 out-of-pocket max.
- Progressive lenses: covered up to bifocal lens amount with 20% savings on the difference; \$81 out-of-pocket max. for standard lens

One frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance. One pair or a single purchase supply of contact lenses - in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation), and contact lens materials.

Vision Network Savings Program:

- Minimum 20% savings on additional purchases of frames and/or lenses, including lens options, with a valid prescription; offered savings does not apply to contact lens materials. Check with your Cigna Vision Network Provider for details.

To Locate a Provider:

1. www.cigna.com Online Provider Directory:

Click on "Find a Doctor" at the top of the page.

Choose the "Eye Doctor" radio button and enter your search criteria.

2. www.myCigna.com: You can search for a provider by name, specialty or location after you enroll for coverage and your plan has taken effect.