

## 2024 Covered Dental Services

Here is a comparison of your deductibles, copays and share of coinsurance for 2024 under the dental options. The benefits listed are a sample of the most frequently utilized dental treatments.

For a complete list of copays for the Cigna DHMO (Prepaid Provider) option, please refer to the Patient Charge Schedule. Also, review the Cigna DHMO Certificate of Coverage for complete details on benefits, limitations, and exclusions. Both documents may be found on the website [cigna.com/stateoftn](https://cigna.com/stateoftn).

PNF—Provider Negotiated Fee, or Maximum Plan Allowance, is the highest dollar amount of reimbursement for specific dental procedures provided by Delta Dental DPPO in-network providers. The in-network dentists have agreed to not charge members or the plan more than the PNF. When a member receives dental services from an out-of-network provider, the out-of-network dentist will be paid by the plan for covered procedures according to the average PNF (APNF) for in-network providers and respective plan coinsurance. The member then is responsible for all other charges by the out-of-network dentist. Review additional information on the website [tennessee.deltadental.com/stateoftn/](https://tennessee.deltadental.com/stateoftn/).

COVERED SERVICES	Cigna DHMO OPTION		Delta Dental DPPO OPTION	
	General Dentist	Specialist Dentist	In-Network	Out-of-Network
<b>Annual Deductible</b>	none		\$25 single; \$75 family, per plan year <sup>[1]</sup>	\$100 single; \$300 family, per plan year <sup>[1]</sup>
<b>Annual Maximum Benefit</b>	none		\$1,500 per person, per policy year	
<b>Pre-existing Conditions</b>	covered		some exclusions	
<b>Office Visit</b>	\$10 copay <sup>[2]</sup>		no charge	20% of APNF
<b>Periodic Oral Evaluation</b>	no charge		no charge	20% of APNF
<b>Routine Cleaning – Adult</b>	no charge		no charge	20% of APNF
<b>Routine Cleaning – Child</b>	no charge	\$15 copay	no charge	20% of APNF
<b>X-ray — Intraoral, Complete Series</b>	no charge	\$5 copay	no charge	20% of APNF
<b>Amalgam (silver) Filling Two Surfaces Permanent teeth</b>	\$8 copay	\$10 copay	20% of PNF	40% of APNF
<b>Endodontics — Root Canal Therapy Molar (excluding final restoration)</b>	\$125 copay <sup>[7]</sup>	\$600 copay <sup>[7]</sup>	20% of PNF	40% of APNF
<b>Major Restorations — Crowns</b>	\$190 copay, plus lab fees <sup>[3] [7]</sup>		50% of PNF <sup>[4]</sup>	50% of APNF <sup>[4]</sup>
<b>Extraction of Erupted Tooth (minor oral surgery)</b>	\$15 copay	\$70 copay	20% of PNF	40% of APNF
<b>Implant (endosteal)</b>	\$1,025 copay <sup>[7]</sup>	\$1,025 copay <sup>[7]</sup>	50% of PNF <sup>[4] [8]</sup>	50% of APNF <sup>[4] [8]</sup>
<b>Removal of Impacted Tooth — Complete Bony (complex oral surgery)</b>	\$100 copay	\$120 copay	50% of PNF	50% of APNF
<b>Dentures — Complete Upper</b>	\$310 copay, plus lab fees <sup>[3] [7]</sup>		50% of PNF <sup>[4] [8]</sup>	50% of APNF <sup>[4] [8]</sup>
<b>Orthodontics</b>	\$140 monthly copay for treatment equal or less than 24 months. Then, full charge. <sup>[6]</sup>		50% of PNF	50% of APNF
• <b>Annual Deductible</b>	none		none	
• <b>Lifetime Maximum</b>	\$3,360 copay (\$140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. <sup>[6]</sup>		\$1,250 <sup>[5]</sup>	
• <b>Waiting Period</b>	none		12 months	
• <b>Age Limit</b>	none		up to age 19	

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

[2] A charge may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[3] Members are responsible for additional lab fees for these services.

[4] A 6-month waiting period applies. (See #8 for additional information for dentures and implants.)

[5] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[6] Additional copays apply for specific orthodontic procedures.

[7] Completion of crowns, bridges, dentures, implants, or root canal already in progress on member's effective date of coverage with Cigna DHMO will not be covered.

Contact Cigna for possible reimbursement of ongoing expenses related to orthodontia in progress prior to a member's effective date of coverage.

[8] A 12-month waiting period applies to dentures and implants to replace one or more natural teeth missing before member's effective date of coverage.