

## DENTAL PLANS

The district will continue to offer the choice of two dental plans **Cigna CARE DHMO** and **Cigna PPO** for you and your eligible dependents.

The **Cigna CARE DHMO** plan requires you to see In-Network dentists and offers lower rates and no maximum annual limits. If you are a new subscriber: **You must elect a provider by calling Cigna before using any services.** If you are a **current subscriber** and would like to change your provider, please call Cigna at 1-800-244-6224.

The **Cigna PPO** allows you to choose in- or out-of-network providers and has deductibles, coinsurance and maximum annual coverage limits.

### Highlights of the Dental Plan Options Offered by Mesa Public Schools

Benefit	Dental Care DHMO Plan You Pay:		Dental PPO Plan You Pay:	
	In-Network		In-Network CIGNA Advantage	Out-of-Network
<b>Dental Provider Choice</b>	Participants must use an in-network dentist or specialist		Participants may use an in-network or out-of-network dentist	
<b>Dental Plan Annual Maximum</b>	Unlimited		\$1,000 per person	
<b>Annual Deductible</b> • For one person • For your family	\$0 \$0		\$25 \$75	
<b>Diagnostic and Preventive Services</b> • Office visit • Oral Exams • Cleanings • X-rays • Fluoride treatment • Sealants	Scheduled amounts no copays \$0 \$0 \$0 \$0 \$0 \$17 per tooth		\$0 with no deductible	20% of allowed amount plus any charges in excess of the allowed amount, after deductible
<b>Basic Treatment</b> • Extractions, simple • Fillings (amalgam) • Fillings (composite for molars) • Root Canal (molar) • Periodontics (scaling, root planing) • Osseous Surgery	Scheduled amounts \$53 \$17 to \$35 per tooth \$47 to \$115 per tooth \$530 \$115 per quadrant \$350 to \$595		20% after deductible	20% of allowed amount plus any charges in excess of the allowed amount, after deductible
<b>Major Treatment</b> • Crown • Full denture (upper or lower) • Partial denture(upper or lower)	Scheduled amounts \$370 to \$515 \$575 \$430 -\$670		50% after deductible	50% of allowed amount plus any charges in excess of the allowed amount, after deductible
<b>Orthodontia</b> • Adults • Children (to age 19)	Scheduled amounts		Not covered 50% after deductible	50% of allowed amount plus any charges in excess of the allowed amount, after deductible
<b>Lifetime Orthodontia Benefit</b> • Adults • Children (to age 19)	Scheduled Amounts		Not covered \$1,000	
<b>Additional Benefits</b> • Specialist Services • General anesthesia (first 30 minutes)	Scheduled Amounts \$190		20% after deductible	20% of allowed amount plus any charges in excess of the allowed amount, after deductible