

# Dental



**All Plans Administered By:**

Delta Dental of Colorado

Cigna (where available)

**Phone Number:**

(800) 610-0201

(800) 367-1037

**Website:**

[www.deltadentalco.com/](http://www.deltadentalco.com/)

[www.cigna.com/](http://www.cigna.com/)

You can choose from three comprehensive dental plan options through Delta Dental of Colorado. All three options cover preventive and diagnostic services at 100%. You can go to any dentist, but your costs are lower when you see a Preferred Dentist Program Plus (PDP Plus) network provider. For more information or to find a PDP Plus network provider, go to [www.deltadentalco.com](http://www.deltadentalco.com) or visit MyBenefits found on EmployeeCentral.

When you elect the CIGNA DHMO, you must select a dental provider from the CIGNA Dental Care Access Plus network. No Dental Benefits are covered unless the dental service is received from your designated dental provider, referred by a network general dentist at that facility to a specialist approved by CIGNA, or otherwise authorized by CIGNA, except for emergency dental treatment. A transfer from one dental provider to another dental provider may be requested by you through CIGNA. For more information or to find a CIGNA Dental Care Access Plus network provider, go to [www.cigna.com](http://www.cigna.com) or visit MyBenefits found on EmployeeCentral.

	Basic Plan	Standard Plan		Enhanced Plan		CIGNA
	Passive PPO	PPO	OUT OF NETWORK	PPO	OUT OF NETWORK	DHMO
<b>Annual Maximum</b>	\$50 per person / \$150 per family \$1,000 per person	\$50 per person / \$150 per family \$1,500 per person		\$25 per person / \$75 per family \$2,500 per person		N/A
<b>Ortho Lifetime Maximum</b>	Not covered	\$2500 (combined with TMJ)		\$2500 (combined with TMJ)		Child: \$1,460 copayment for entire treatment plus \$565 start up cost (lifetime maximum benefit of 24-month treatment) Adult: \$2,160 copayment for entire treatment plus \$565 start up cost (lifetime maximum benefit of 24-month treatment) Orthodontic retention: \$285 (including appliance[s] and treatment)
<b>TMJ Lifetime Maximum</b>	Not covered	\$2500 (combined with ortho)		\$2500 (combined with ortho)		Please call CIGNA customer service for coverage details
<b>Enrollment</b>	To age 26 (end of birth month)	To age 26 (end of birth month)		To age 26 (end of birth month)		To age 26 (end of birth month)
<b>Preventive/Diagnostic</b>	80%	100%	100%	100%	100%	Office Visit \$5 Copayment per visit
<b>Exams/Prophylaxis</b>	Exams - 2 in calendar year Prophylaxis - 2 in calendar year combined with periodontal cleaning (D4910) and scaling (D4346)	Exams - 2 in calendar year Prophylaxis - 2 in calendar year combined with periodontal cleaning (D4910) and scaling (D4346)		Exams - 2 in calendar year Prophylaxis - 2 in calendar year combined with periodontal cleaning (D4910) and scaling (D4346)		Exams- 2 in calendar year
<b>X-rays – Full/Panorex</b>	Full Mouth Series/PANO 1 in 60 months	Full Mouth Series/PANO 1 in 60 months		Full Mouth Series/PANO 1 in 60 months		Full Mouth Series/Pano 1 in 36 months
<b>X-rays – Bite Wings</b>	1 in a calendar year	1 in a calendar year		1 in a calendar year		No age limit or frequency
<b>Fluoride</b>	No age limit; 2 in calendar year	no age limit; 2 in calendar year		no age limit; 2 in calendar year		no age limit; 2 in calendar year
<b>Space Maintainers &lt; 19</b>	Through age 13 1 in lifetime	Through age 13 1 in lifetime		Through age 13 1 in lifetime		No age limit or frequency
<b>Sealants &lt; 19</b>	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth	Through age 14 1 in 36 months benefitted on posterior permanent molar teeth		Through age 14 1 in 36 months benefitted on posterior permanent molar teeth		No age limit or frequency
<b>Consultations</b>	2 in a calendar year combined with oral exams	2 in a calendar year combined with oral exams		2 in a calendar year combined with oral exams		2 in a calendar year combined with oral exams
<b>Basic Services</b>	80% (after deductible)	90% (after deductible)	80% (after deductible)	90% (after deductible)	80% (after deductible)	Copayment Varies- Please call CIGNA customer service
<b>Fillings</b>	1 in 12 months	1 in 12 months		1 in 12 months		Copayments: Fillings: \$0 (copay applies to resin fillings) Extractions: \$6
<b>Oral Surgery</b>	Anesthesia is covered with covered Oral Surgery procedures	Anesthesia is covered with covered Oral Surgery procedures		Anesthesia is covered with covered Oral Surgery procedures		Oral Surgery: \$55 (\$55 - \$125 for removal of impacted or erupted tooth) Root Canals: \$90 - \$275
<b>Endodontics</b>	1 in 24 months	1 in 24 months		1 in 24 months		Please call CIGNA customer service
<b>Scaling/Root Planing</b>	1 in 24 months	1 in 24 months		1 in 24 months		Copayments: Periodontal Scaling: \$35 - \$45 per quadrant Gingivectomy: \$90 - \$145 per quadrant
<b>Periodontal Surgery</b>	1 in 36 months	1 in 36 months		1 in 36 months		Please call CIGNA customer service for coverage details
<b>Periodontal Maintenance</b>	2 in calendar year combined with regular cleaning	2 in calendar year combined with regular cleaning		2 in calendar year combined with regular cleaning		Please call CIGNA customer service for coverage details
<b>Major Services</b>	50% (after deductible)	60% (after deductible)	50% (after deductible)	60% (after deductible)	50% (after deductible)	Copayment Varies- Please call CIGNA customer service
<b>Denture</b>	1 in 60 months	1 in 60 months		1 in 60 months		Please call CIGNA customer service for coverage details
<b>Denture Reline/Rebase</b>	1 in 36 months	1 in 36 months		1 in 36 months		Please call CIGNA customer service for coverage details
<b>Adjust Dentures</b>	2 in 12 months	2 in 12 months		2 in 12 months		Please call CIGNA customer service for coverage details
<b>Tissue Conditioning</b>	2 in 36 months	2 in 36 months		2 in 36 months		Please call CIGNA customer service for coverage details
<b>Crowns (Same Tooth)</b>	1 in 60 months	1 in 60 months		1 in 60 months		Please call CIGNA customer service for coverage details
<b>Core Buildup, Posts &amp; Cores</b>	1 in 60 months	1 in 60 months		1 in 60 months		Please call CIGNA customer service for coverage details
<b>Implants</b>	1 in 60 months	1 in 60 months		1 in 60 months		Please call CIGNA customer service for coverage details
<b>Implant Supported Prosthetic</b>	1 in 60 months	1 in 60 months		1 in 60 months		Please call CIGNA customer service for coverage details
<b>Occlusal Guard or Treatment</b>	Major 1 in 36 months	Major 1 in 36 months		Major 1 in 36 months		Please call CIGNA customer service for coverage details