

2018 Comparison of Coverage: Delta Dental versus Cigna Dental Care HMO

		Cigna	Delta Dental
Plan Type		DHMO/Prepaid	Indemnity/PPO
Plan Year Deductibles		None	\$50/\$150
Annual Combined Basic and Major Services		No Dollar Limit	\$2,000 per person
Orthodontia Lifetime		No Dollar Limit	\$1,500 per person
EMPLOYEE COST FOR CARE			
	Oral Exam	\$0	\$0 - Deductible Waived ²
	Emergency Exam	\$0 (treatment of pain) \$55 (after hours office visit)	\$0 - Deductible Waived ²
	Prophylaxis/Cleaning	\$0	\$0 - Deductible Waived ²
	Fluoride Treatment	\$0	\$0 (to age 18) - Deductible Waived ²
	X-Rays	\$0	\$0 - Deductible Waived ²
Sealants		\$12 per tooth	20% (to age 19)
Fillings		Amalgam: \$0 Resin: \$0	20%
Extractions		Simple: \$12 Surgical \$53	20%
Periodontal Gingivectomy		\$91 1 to 3 teeth \$180 4 or more teeth	20%
Oral Surgery		\$12 - \$850	20%
Crowns		\$150 - \$500	50%
Dentures		\$680 upper & lower	50%
Fixed Bridgework		\$135 per unit	50%
Crown/Bridge Repair		\$43	50%
Implant Body		\$1,025	50% ³
ORTHODONTIA		Coverage for Adults & Children 24-month treatment fee (see charge schedule)	See lifetime
	TMJ Exam/Services	\$330 Occlusal orthotic device	Not covered
	External Bleaching	\$165	Not covered
<p>¹ UA has 24 pay period deductions. Refer to your Human Resources website for more information.</p> <p>² Routine visits, exams, and cleanings, and fluoride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapicals) are covered once per Plan Year at 100%.</p> <p>³ Subject to both the benefit year allowance and the lifetime maximum limit of \$1,000 per tooth. Subject to all provisions, terms and conditions of the Plan Description.</p>			