

Covered Dental Services

Here is a comparison of your deductibles, copays and share of coinsurance for 2021 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 Prepaid option, please refer to the Patient Charge Schedule. Also, review the Cigna Certificate of Coverage for complete details on benefits, limitations, and exclusions. Both documents may be found on the website cigna.com/stateoftn.

MAC—Maximum Allowable Charge is the highest dollar amount of reimbursement for specific dental procedures provided by DPO network providers. The in-network dentists have agreed to not charge members or the plan more than the MAC. 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 in-network MAC and respective plan coinsurance. The member then is responsible for all other charges by the out-of-network dentist. Review additional information on the ParTners for Health website tn.gov/partnersforhealth.html under Other Benefits and Dental.

COVERED SERVICES	CIGNA PREPAID OPTION		METLIFE DPO OPTION	
	GENERAL DENTIST	SPECIALIST DENTIST	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	none		\$25 single; \$75 family, per plan year ^[1]	\$100 single; \$300 family, per plan year ^[1]
Annual Maximum Benefit	none		\$1,500 per person, per policy year	
Pre-existing Conditions	covered		some exclusions	
Office Visit	\$10 copay ^[2]		no charge	20% of MAC
Periodic Oral Evaluation	no charge		no charge	20% of MAC
Routine Cleaning – Adult	no charge		no charge	20% of MAC
Routine Cleaning – Child	no charge	\$15 copay	no charge	20% of MAC
X-ray — Intraoral, Complete Series	no charge	\$5 copay	no charge	20% of MAC
Amalgam (silver) Filling Two Surfaces Permanent teeth	\$8 copay	\$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	\$125 copay ^[7]	\$600 copay ^[7]	20% of MAC	40% of MAC
Major Restorations — Crowns	\$190 copay, plus lab fees ^{[3] [7]}		50% of MAC ^[4]	
Extraction of Erupted Tooth (minor oral surgery)	\$15 copay	\$70 copay	20% of MAC	40% of MAC
Implant (endosteal)	\$1,025 copay ^[7]	\$1,025 copay ^[7]	50% of MAC ^{[4] [8]}	
Removal of Impacted Tooth — Complete Bony (complex oral surgery)	\$100 copay	\$120 copay	50% of MAC	
Dentures — Complete Upper	\$310 copay, plus lab fees ^{[3] [7]}		50% of MAC ^{[4] [8]}	
Orthodontics	\$140 monthly copay for treatment equal or less than 24 months. Then, full charge. ^[6]		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	\$3,360 copay (\$140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. ^[6]		\$1,250 ^[5]	
• Waiting Period	none		12 months	
• Age Limit	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. Cigna will not cover orthodontic procedures after a member's effective date with Cigna Prepaid if orthodontic treatment began prior to the member's effective date. Orthodontic treatment started under the prior Cigna Prepaid contract with the state will continue to be covered under the new Cigna Prepaid contract effective January 1, 2021.

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

[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.