Cigna. Spring Branch ISD – Plan Options

Benefits and Covered Services	Low Plan		High Plan		DHMO
Plan Design	Total Cigna DPPO Dentist	Non- Total Cigna DPPO Dentist	Total Cigna DPPO Dentist	Non- Total Cigna DPPO Dentist	Cigna Dental Care P6XVO
DEDUCTIBLES	\$50 per person \$150 per family		\$25 per person \$75 per family		None
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE?	Yes		Yes		N/A
ANNUAL MAXIMUM	\$1,500		\$1,500		None
DIAGNOSTIC & PREVENTIVE BENEFITS – Oral examinations, cleanings, x-rays, fluoride treatment	100%	100%	80%	80%	Co-Pay \$0 - \$240
BASIC BENEFITS – fillings and simple tooth extractions	80%	80%	80%	80%	Co-Pay \$0 - \$125
ENDODONTICS – root canals covered under Basic Services	80%	80%	80%	80%	Co-Pay \$0 - \$310
PERIODONTICS – gum treatment covered under Basic Services	80%	80%	80%	80%	Co-Pay \$0 - \$420
ORAL SURGERY Covered under Basic Services	80%	80%	80%	80%	Co-Pay \$35 - \$125
MAJOR BENEFITS – Crowns, Prosthodontics (bridges and dentures), jackets and cast restorations	50%	50%	80%	80%	Co-Pay \$195 - \$255
ORTHODONTIC BENEFITS Adult and Dependent children Lifetime Max \$750	50%	50%	50%	50%	Co-Pay \$2,160 / \$1,464

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