

Summary Table of Dental Options

Johnson County Community College

Effective 06/01/2021-5/31/2022

Benefit	CIGNA Dental Care(CDC) Group # 10038177 (800) 367-1037	Delta Dental Premier/PPO Plan Group # 1499 (800) 234-3375
Contract Year Deductible	None	\$50/\$150 (Does not apply to Class I services.)
Contract Year Maximum Benefit	No Maximum	\$1,750 per contract year (Excluding Diagnostic & Preventive Services.)
Class I Diagnostic & Preventive Services Prophylaxis Oral Examination Topical Fluoride Application Space Maintainers X-rays Topical Application of Sealants	100%	In-network - 100% Out-of-Network - 100% of reasonable and customary. (Deductible is waived for preventive and diagnostic services.) <u>Note: Cleaning/exams covered twice per year</u>
Class II Basic Restorative Services Fillings Periodontics Endodontics Extractions General Anesthetics	Refer to Patient Charge Schedule on human resources web site for applicable patient copay. (Most services are covered at 100%)	In-network - 80% Out-of-Network - 80% of reasonable and customary. Subject to contract year deductible. <i>Composite Fillings on All Teeth.</i>
Class III Major Restorative Services Dentures Crowns Bridgework	Refer to Patient Charge Schedule for applicable patient copay.	In-network - 50% Out-of-Network - 50% of reasonable and customary. Subject to contract year deductible.
Class IV Orthodontics Consultation Treatment Plan Therapy	Refer to Patient Charge Schedule for applicable patient copay. (Coverage available for both Children & Adults)	In-network - 50% Out-of-Network - 50% of reasonable and customary. Subject to contract year deductible. \$1,750 Lifetime Maximum (Coverage limited to children under the age of 19)
Providers	Select licensed dentist participating in CIGNA Dental Care. Refer to CIGNA Dental Care Provider Directory. The most recent provider listing is available via the web www.cigna.com	Any licensed dentist. If the dentist is within the Delta Dental Premier and/or Passive PPO provider network claims will automatically be discounted according to appropriate fee schedule. http://www.deltadentalks.com/
Dependent Coverage	End of the year the child reaches age 26. If requested, please be prepared to provide evidence of your dependent's reliance upon you for maintenance and support subject to IRS definitions.	