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VANDERBILT UNIVERSITY MEDICAL CENTER

# DENTAL INSURANCE

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# Postdoctoral Trainee Benefits Program
# Cigna Dental Plans

| CIGNA Dental Plans | Total Monthly Cost | VUMC Contribution | Postdoc Contribution |
|---|---|---|---|
| **HMO Dental Plan** | | | |
| Postdoc | $17.52 | $17.52 | $0 |
| Postdoc + Spouse | $32.63 | $32.63 | $0 |
| Postdoc + Child(ren) | $45.87 | $45.87 | $0 |
| Postdoc + Family | $67.13 | $67.13 | $0 |
| **PPO Dental Plan** | | | |
| Postdoc | $31.81 | $31.81 | $0 |
| Postdoc + Spouse | $62.59 | $62.59 | $0 |
| Postdoc + Child(ren) | $79.86 | $79.86 | $0 |
| Postdoc + Family | $119.08 | $119.08 | $0 |

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# Postdoctoral Trainee Benefits Program: Dental HMO Plan

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| Core Benefits | | Aetna DMO (No longer offered) In-Network (% of Negotiated Fee) | Aetna DMO (No longer offered) Non-Network Dentist | Cigna Cigna DHMO P7X00 PCS PPO Network Dentist* | Cigna Cigna DHMO P7X00 PCS Non-Network Dentist |
|---|---|---|---|---|---|
| Deductible | | None | | None | |
| Annual Benefit Maximums | | Unlimited | | Unlimited | |
| PREVENTIVE/DIAGNOSTIC | | | | | |
| Oral Exam | D0120 | $0 | Not covered | $0 | Not covered |
| X-rays | D0210 | $0 | Not covered | $0 | Not covered |
| Prophylaxis (Cleaning) | D1110 | $0 | Not covered | $0 | Not covered |
| BASIC RESTORATIVE | | | | | |
| Amalgam Fillings | | | | | |
| One Surface | D2140 | $10 | Not covered | $0 | Not covered |
| Two Surfaces | D2150 | $12 | Not covered | $0 | Not covered |
| Resin/Composite Fillings | | | Not covered | | Not covered |
| One Surface | D2330 | $15 | Not covered | $0 | Not covered |
| Two Surfaces | D2331 | $21 | Not covered | $0 | Not covered |
| ENDODONTICS | | | | | |
| Root Canals | | $70 - $280 | Not covered | $100 - $340 | Not covered |
| Anterior Root Canal | D3310 | $70 | Not covered | $100 | Not covered |
| Bicuspid Root Canal | D3320 | $109 | Not covered | $150 | Not covered |
| Molar Root Canal | D3330 | $280 | Not covered | $305 | Not covered |
| PERIODONTICS | | | | | |
| Surgical & Non-Surgical gum maintenance | | $23 - $134 | Not covered | $40 - $70 | Not covered |
| Gingivectomy (per quad) | D4210 | $133 | Not covered | $160 | Not covered |
| Root Planning (per quad) | D4341 | $51 | Not covered | $50 | Not covered |
| ORAL SURGERY | | | | | |
| Simple Extraction | D7110 | $25 | Not covered | $6 - $40 | Not covered |
| Surgical extractions including general anesthesia/ IV sedation | D7220 | $46 | Not covered | $65 | Not covered |
| Oral Surgery (all other) | D7230 | $58 | Not covered | $85 | Not covered |
| Complete Bony Extraction | D7240 | $117 | Not covered | $110 | Not covered |
| MAJOR RESTORATIVE | | | | | |
| Crowns & Bridge Repairs | | Starting at $255 | Not covered | Starting at $225 | Not covered |
| Inlays, Onlays, Veneers | | Starting at $195 | Not covered | Starting at $525 | Not covered |
| Implants | D2752 | Starting at $255 | Not Covered | Starting at $270 | Not Covered |
| ORTHODONTIA | | $1,945 Copay; Coverage for Adults & Dependents | | $1,608 (under 19yo); $2,592 (adults) For 24 month treatment | |

For more detailed plan design information: https://clients.garnett-powers.com/pd/vumc/documents/

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# Postdoctoral Trainee Benefits Program: Dental PPO Plan

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| Core Benefits | | Aetna | | Cigna | |
|---|---|---|---|---|---|
| | | Active PPO Max (No longer offered) | | Cigna DPPO | |
| | | In-Network (% of Negotiated Fee) | Non-Network Dentist UCR 90th | PPO Network Dentist* | Non-Network Dentist MAC |
| Deductible | | $0 Single/$0 Family Annually* | $50 Single/$150 Family Annually* | $0 Single/$0 Family Annually* | $50 Single/$150 Family Annually* |
| Annual Benefit Maximums | | $1,500 per person | $1,500 per person | $1,500 per person | |
| PREVENTIVE/DIAGNOSTIC | | | | | |
| Oral Exam | D0120 | 100% | 70% | 100% | 70% |
| X-rays | D0210 | 100% | 70% | 100% | 70% |
| Prophylaxis | D1110 | 100% | 70% | 100% | 70% |
| BASIC RESTORATIVE | | | | | |
| Amalgam Fillings | | | | | |
| One Surface | D2140 | 80% | 60% | 80% | 60% |
| Two Surfaces | D2150 | 80% | 60% | 80% | 60% |
| Resin/Composite Fillings | | | | | |
| One Surface | D2330 | 80% | 60% | 80% | 60% |
| Two Surfaces | D2331 | 80% | 60% | 80% | 60% |
| ENDODONTICS | | | | | |
| Root Canals | | 80% | 60% | 80% | 60% |
| Anterior Root Canal | D3310 | 80% | 60% | 80% | 60% |
| Bicuspid Root Canal | D3320 | 80% | 60% | 80% | 60% |
| Molar Root Canal | D3330 | 80% | 60% | 80% | 60% |
| PERIODONTICS | | | | | |
| Surgical & Non-Surgical gum maintenance | | 80% | 60% | 80% | 60% |
| Gingivectomy (per quad) | D4210 | 80% | 60% | 80% | 60% |
| Root Planning (per quad) | D4341 | 80% | 60% | 80% | 60% |
| ORAL SURGERY | | | | | |
| Simple Extraction | D7110 | 80% | 60% | 80% | 60% |
| Surgical extractions including general anesthesia/ IV sedation | D7220 | 80% | 60% | 80% | 60% |
| Oral Surgery (all other) | D7230 | 80% | 60% | 80% | 60% |
| Complete Bony Extraction | D7240 | 80% | 60% | 80% | 60% |
| MAJOR RESTORATIVE | | | | | |
| Crowns & Bridge Repairs | | 50% | 50% | 50% | 50% |
| Inlays, Onlays, Veneers | | 50% | 50% | 50% | 50% |
| Implants | D2752 | Not Covered | Not Covered | Not Covered | Not Covered |
| ORTHODONTIA | | 50% ($1,500 Lifetime Maximum) Dependent Children only; No Coverage for Adults | | 50%; $1,500 Lifetime Maximum Dependent Children only; No Coverage for Adults | |

For more detailed plan design information go to: https://clients.garnett-powers.com/pd/vumc/documents/

# Accessing the Out-of-Network Tier

**An example of how seeking Out-of-Network services can impact your out-of-pocket costs:**

- Porcelain Crown on a molar - We will estimate that the usual, customary and reasonable charge that Cigna allows is $800
- Per the out-of-network benefit structure, you will pay 50% (your coinsurance) toward that crown, which would be $400
- In addition, if the out-of-network dentist performing your crown services charges more than what is considered usual, customary and reasonable, you will pay the $400 **plus** any additional amount that the dentist wishes to charge. So, if the dentist charged $900 for the crown in total, you would pay a total of $500 for the crown, which includes the extra $100 that the dentist charged above what is considered usual, customary and reasonable
- Using the out-of-network tier costs you more because the dentists do not discount their services per a provider contract, whereas those contracts do reduce your out-of-pocket costs in the In-Network PPO tier
- When you access care out-of-network, you and the insurance carrier incur more costs, consequently affecting the overall pricing of the plan