Partners for Health 2027 Dental Insurance

PARTNERS FOR HEALTH

TWO OPTIONS ARE AVAILABLE

1. **Dental health maintenance organization** - prepaid provider administered by Cigna
2. **Dental preferred provider organization** administered by MetLife

DHMO

- There is no deductible to meet, no annual maximum for services and no waiting periods.
- You pay copays for services, which are found in the *Patient Charge Schedule*. You will also be responsible for paying lab fees for certain services.

Teledentistry is available to members at a $0 copay with no frequency limit.

Routine exams and cleanings

- Oral evaluations are limited to a combined total of 4 of the following during a 12 consecutive month period
  - periodic oral evaluations,
  - comprehensive oral evaluations, and
  - comprehensive periodontal evaluations
- Cleaning – limit 2 per calendar year; can add 2 additional per year at copay of $45

Orthodontics

- $3,360 maximum ($140 x 24 months) for treatment fee only. Member pays full charge after 24 months
- No age limit

Waiting periods

- There are no waiting periods.

Providers/Network

- You must select and use a Cigna network general dentist from the DHMO list for the state's dental plan and let Cigna know of your choice. You may select a network pediatric dentist for your child under age 13; the dentist will be considered a specialist.
- Before enrolling, carefully check the network for your location. You may be able to cancel this coverage if you enroll and later there are no network general dentists within a 25-mile driving-distance of your home address.
- Providers can be found here: *hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC060*

DPPO

Deductible

- In-network: $50 single; $150 family, per plan year
- Out of network: $100 single; $300 family, per plan year
- $1,500 plan benefit maximum per person per calendar year

Costs

- You pay deductible and coinsurance for services
- Provider negotiated fee, or maximum plan allowance, is the highest dollar amount of reimbursement for specific dental procedures provided by MetLife DPPO in-network providers. The in-network dentists have agreed to not charge members or the plan more than the provider negotiated fee.

Member coinsurance breakdown for in-network

- Diagnostic and preventive services: 0%
- Basic services: 20%
- Major services: 50%
- Orthodontic services: 50%

Routine exams & cleanings

- 2 routine office exams per calendar year
- 2 problem-focused exams (office or teledentistry) per calendar year

Orthodontics

- $1,500 lifetime plan benefit maximum per person

Waiting periods

- There are no waiting periods.

Providers/Network

- You can use any dentist, but you'll save money and receive maximum benefits when visiting an in-network MetLife PDP Plus provider for the Partners for Health DPPO dental plan.
- Providers can be found here: *metlife.com/StateOfTN*

Visit *tn.gov/partnersforhealth/other-benefits/dental* for details.

Review the member handbooks and certificates of coverage for details at *tn.gov/partnersforhealth/publications/publications*. Request pre-treatment estimates to understand costs prior to receiving service.