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Compare Dental Plans

Dental plan navigation shortcuts

Cost

Dental Coverage

The Health Plan Comparison Chart is provided for informational purposes. In the event of a conflict between the Health Plan Comparison Chart and plan terms, plan terms will govern.

Compare different plans

Cost

Plan Prices	AT&T Dental HMO	AT&T Dental PPO
Individual	$9.00	$9.00
Individual + 1	$19.00	$19.00
Family	$30.00	$30.00

Plan Prices	AT&T Dental HMO	AT&T Dental PPO
Individual + Spouse/Partner	Not Applicable	Not Applicable
Individual + Child(ren)	Not Applicable	Not Applicable
Family	Not Applicable	Not Applicable
Individual + 1 or More	Not Applicable	Not Applicable

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Dental Coverage

Plan Facts	AT&T Dental HMO	AT&T Dental PPO
Carrier Name	Cigna	Cigna
Carrier Address	Please check with Plan	Please check with Plan
Network Name	Cigna	Cigna
Member Services Phone Number	1-888-722-5505	1-888-722-5505
Website	mycigna.com	mycigna.com

Plan Facts	AT&T Dental HMO	AT&T Dental PPO
Group ID	40004 - For AT&T Benefits Center Use Only	40023 - For AT&T Benefits Center Use Only
Plan description	Dental HMO Q5IV0	Dental PPO
General Dental Expenses	**AT&T Dental HMO**	**AT&T Dental PPO**
See SPD for Full Information	Please check with Plan	Please check with Plan
Annual Deductible	Not applicable	**Network** $25 Annual Deductible per individual per calendar year **Non-Network** $50 Annual Deductible per individual per calendar year
Annual Maximum Benefit	Maximum does not apply	**Network** $1,750 per individual per calendar year **Non-Network** $1,300 per individual per calendar year
Preventive Care	**AT&T Dental HMO**	**AT&T Dental PPO**
Routine exams and cleanings, fluoride, x-ray, sealants	$5 Office Visit Co-pay then 0% Coinsurance	**Network** 0% Coinsurance **Non-Network** 0% of Reasonable and Customary charge. Member owes differ-

Preventive Care	AT&T Dental HMO	AT&T Dental PPO
		ence between Provider's fee and Program payment
Emergency Treatment for Pain Management Only	$5 Office Visit Co-pay then 0% Coinsurance	**Network** 0% Coinsurance **Non-Network** 0% of Reasonable and Customary charge. Member owes difference between Provider's fee and Program payment
Basic Services	**AT&T Dental HMO**	**AT&T Dental PPO**
Fillings, Extractions, Endodontics, Periodontics, Surgery	$5 Office Visit Co-pay then 0% Coinsurance	**Network** 10% Coinsurance **Non-Network** 30% of Reasonable and Customary charge
Major Services	**AT&T Dental HMO**	**AT&T Dental PPO**
Inlays, Onlays, Crowns, Bridges and Dentures	$5 Office Visit Co-pay then 50% Coinsurance	**Network** 20% Coinsurance **Non-Network** 50% of Reasonable and Customary charge
Dental Implants	$5 Office Visit Co-pay then 50% Coinsurance	**Network** 20% Coinsurance **Non-Network** 50% of Reasonable and Customary charge
Orthodontia	**AT&T Dental HMO**	**AT&T Dental PPO**

Orthodontia	AT&T Dental HMO	AT&T Dental PPO
Orthodontia Services	$5 Office Visit Co-pay then 50% Coinsurance	**Network** 20% Coinsurance **Non-Network** 50% of Reasonable and Customary charge
Orthodontia Lifetime Maximum Benefit	Limited to 24 months of treatment per individual per lifetime	**Network** Maximum reimbursement: $2,000 per individual Network/Non-Network combined. **Non-Network** Maximum reimbursement: $1,400 per individual Network/Non-Network combined.

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Compare different plans

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Also, keep in mind that the information on access and quality of care is provided by the health plans. Neither AT&T nor Alight Solutions is responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. AT&T reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.