



2025 BENEFITS SUMMARY

DENTAL PLAN COMPARISON			
CIGNA DENTAL <small>(www.cigna.com)</small>	Cigna Dental Care HMO	Cigna Dental PPO	
		IN-NETWORK	NON-NETWORK
DEDUCTIBLE			
Per Individual	None	\$50	\$50
Family	None	\$150	\$150
MAXIMUMS			
Maximum coverage per individual per calendar year	None	Year 1: \$1200 Year 2: \$1450 Year 3: \$1700 Year 4: \$1950	Year 1: \$1200 Year 2: \$1450 Year 3: \$1700 Year 4: \$1950
Orthodontia	See Co-Pay Schedule	\$1000 per member	\$1000 per member
MEMBER COSTS			
Preventative & Diagnostic Care <small>(Oral Exams, Routine Cleanings, X-Rays, Fluoride, Sealants, Space Maintainers)</small>	\$5 Co-Pay only	0%	10%
Basic Restorative Care <small>(Fillings, Root Canal, Simple Extraction, Anesthetic)</small>	See Co-Pay Schedule	20%	30%
Major Restorative Care <small>(Crowns, Dentures, Bridges, Orthodontia)</small>	See Co-Pay Schedule	50%	60%
EMPLOYEE MONTHLY RATE			
Single	\$20.25	\$41.64	
2-Person	\$31.83	\$80.72	
Family	\$51.17	\$119.29	

Note: This is only a summary. Detailed plan descriptions can be obtained online at www.jcu.edu/hr or from the JCU Human Resources Department