

Mesquite ISD - High Plan

Effective Date: September 01, 2026



This is a summary of benefits for your dental plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network. Your DPPO** plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses. **The percentages listed in the columns below represent Cigna's payment responsibilities for covered services.**

Plan Design	Total Network**	Out-of-Network
Calendar Year Maximum	Progressive Plan	
(Class I, II, III, IX Expenses)	Class I applies Level 1: \$1250, Level 2: \$1500 Level 3: \$1750, Level 4: \$2000	Class I applies Level 1: \$1250, Level 2: \$1500 Level 3: \$1750, Level 4: \$2000
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	No Limit	No Limit
Class I Expenses		
Oral Evaluations Routine Cleaning Routine X-rays Fluoride Application Non-Routine X-rays Perio Cleaning/Maintenance	100%, No Deductible	100%, No Deductible
Class II Expenses		
Sealants Space Maintainers (limited to non-orthodontic treatment) Emergency care to relieve pain (administrated at In Network coinsurance) Fillings Relines, Rebases, and Adjustments Repairs - Dentures Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses		
Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Periodontal Scaling and Root Planning Minor/Non-Surgical Periodontal Osseous Surgery Major/Surgical Periodontal Anterior/Bicuspid Root Canal Molar Root Canal Minor Endodontics Major Endodontics Repairs - Bridges, Crowns, and Inlays Inlays Onlays Crowns Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible

Class IV Expenses - Orthodontia		
Coverage for Eligible Children and Adults Lifetime Maximum	50%, No Ortho Deductible \$1000	50%, No Ortho Deductible \$1000
Class IX Expenses - Implants		
Plan Calendar Year Max	50%, After Deductible \$1250	50%, After Deductible \$1250
Dental Plan Reimbursement Levels	Based on Contracted Fees	80th Percentile of Allowed Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan
Student/Dependent Age	26/26	