

Mesquite ISD - Low 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	85%, No Deductible	85%, 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	50%, After Deductible	50%, 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 Planing 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	30%, After Deductible	30%, 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	30%, After Deductible \$1250	30%, After Deductible \$1250
Dental Plan Reimbursement Levels	Based on Contracted Fees	Based on Maximum Allowable Charge Standard schedule (for location of service rendered).
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	