

DENTAL COVERAGE THAT FITS



Cigna Dental Care DHMO¹

Regular dental care is important for a healthy smile. And a healthy body. With Cigna Dental Care[®] DHMO, you get comprehensive dental coverage that's easy to use. At a wallet-friendly price. Now that's something to smile about.

This overview shows you a sampling of covered services. And your estimated costs with – and without – coverage. For a full listing of covered services, please call Customer Service at **800.Cigna24 (800.244.6224)**.

Get the most value from your plan

With your Cigna DHMO plan, some preventive services are covered at no extra cost to you. (See below.) Your plan also covers many other dental services that can help your mouth stay healthy.

Your Cigna DHMO plan is a **copayment** plan. Here's how it works. When you get a dental service, Cigna allows your network dentist to charge a certain amount. Then you **pay a fixed portion** of that cost. You'll also be charged a \$5 fee each time you visit your dentist. And your plan pays the rest. There are **no annual maximums** and **no deductibles!**

Review your plan materials for more information about how your plan works. If you have questions before enrollment, call **800.Cigna24 (800.244.6224)** and select the "Enrollment Information" prompt.

WHAT YOU'LL PAY²

Sampling of covered procedures

	With Cigna Dental Care	Without dental coverage
Adult cleaning (two per calendar year – each at \$0) (additional cleanings available at \$55 each)	\$0	\$69 - \$139 each
Child cleaning (two per calendar year – each at \$0) (additional cleanings available at \$45 each)	\$0	\$69 - \$139 each
Periodic oral evaluation	\$0	\$40 - \$81
Comprehensive oral evaluation	\$0	\$62 - \$126
Topical fluoride (two per calendar year – each at \$0) (additional topical fluoride available at \$15 each)	\$0	\$28 - \$57
X-rays – (bitewings) 2 films	\$0	\$32 - \$66
X-rays – panoramic film	\$0	\$83 - \$168
Sealant – per tooth	\$12	\$41 - \$84
Amalgam filling (silver colored – 2 surfaces)	\$0	\$116 - \$237
Composite filling (tooth – colored) – 1 surface, Anterior	\$0	\$119 - \$241
Molar root canal (excluding final restoration)	\$305	\$847 - \$1,720
Comprehensive orthodontic treatment of the adolescent detention – Banding	\$485	\$987 - \$2,004
Periodontal (gum) scaling & root planning – 1 quadrant	\$50	\$181 - \$367
Periodontal (gum) maintenance	\$40	\$107 - \$217
Removal / extraction of erupted tooth	\$6	\$123 - \$250
Removal / extraction of impacted tooth – completely bony	\$110	\$366 - \$743
Crown – porcelain fused to high noble metal	\$270	\$845 - \$1,717
Implant supported retainer for porcelain fused to metal fixed partial denture	\$740	\$1,200 - \$2,437
Occlusal appliance, by report (for treatment of TMJ)	\$200	\$632 - \$1,284

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Smile. You're covered.

You can save money on a wide range of services, including:

- › **Preventive care** – cleanings, fluoride, sealants, bitewing X-rays, full mouth X-rays and more
- › **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam)
- › **Major services** – crowns, bridges, dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more
- › **Orthodontic care** – braces for children and adults
- › **General anesthesia** – when medically necessary
- › **Temporomandibular joint (TMJ)** – diagnosis and treatment, including cone beam x-ray and appliance
- › **Athletic mouth guard** – including creation and adjustments

More about your DHMO coverage

- › **No deductibles** You don't have to reach an out-of-pocket cost before your insurance starts.
- › **No dollar maximums** Your coverage isn't limited by a dollar amount. No matter the amount of your covered expenses.
- › **Easy to understand plan.** Dentist fees are clearly listed on your Patient Charge Schedule (PCS).
- › **No claim forms to file.** And no waiting periods for coverage.
- › **No age limit on sealants.** Helps prevent tooth decay.
- › **Cancer detection** Your plan covers procedures such as biopsy and light detection to help find oral cancer in its early stages.
- › **24/7 access to dental information line.** Trained professionals can help answer your questions about dental treatment and clinical symptoms.
- › **Cigna's Identity Theft Program.**³ Help resolving critical identity theft issues.
- › **Cigna Dental Oral health Integration Program**[®]. Enhanced dental coverage for enrolled Cigna dental plan participants with certain medical conditions.

How the plan works

- › You must choose a network general dentist to manage your overall care. You won't be covered if you go to a dentist who's not in our network.
- › Each family member can choose their own dentist
- › Referrals are required for specialty care services. Exceptions are pediatric dentists for children under 7, orthodontics and endodontics.*
- › You will be charged a \$5 fee each time you visit your dentist.

Finding a network dentist is easy.

Visit **Cigna.com** to find a network general dentist.

Call **800.Cigna24 (800.244.6224)** to speak with a customer service representative. You can ask for a customized dental directory to be sent to you via email.

* Coverage for treatment by a pediatric dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services generally must be obtained from a network general dentist.

Limitations

PROCEDURE	LIMIT
Oral evaluations	Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Periodontal root planning and scaling	Limit 4 quadrants per consecutive 12 months
Periodontal maintenance	Limited to 4 per year and (only covered after active periodontal therapy)
Crowns and inlays	Replacement 1 every 5 years
Bridges	Replacement 1 every 5 years
Dentures and partials	Replacement 1 every 5 years
Orthodontic treatment	Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient
Relines, rebases	One every 36 months
Denture adjustments	Four within the first 6 months after installation

Limitations

PROCEDURE	LIMIT
Prosthesis over implant	Replacement 1 every 5 years if unserviceable and cannot be repaired
Temporomandibular Joint (TMJ) treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One athletic mouth guard per 12 months
General anesthesia/IV sedation	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the PCS. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment.

Specialty treatment plans require payment authorization for services to be covered. Before treatment starts, you should verify with your network specialty dentist that your treatment plan has been authorized for payment by Cigna.

Listed below are the services or expenses which are NOT covered under your Dental plan. You will be responsible for these services at the dentist's usual fees. There's no coverage for:

- › Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- › Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- › Services received to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- › Services for the charges which the person is not legally required to pay
- › Charges which would not have been made if the person had no insurance
- › Services received due to injuries which are intentionally self-inflicted
- › Services not listed on the PCS
- › Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)⁴
- › Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- › Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- › Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war
- › Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- › General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- › General anesthesia or IV sedation when used for the purpose of anxiety control or patient management
- › Prescription medications
- › Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction
- › Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- › Surgical implant of any type unless specifically listed on your PCS
- › Services considered unnecessary or experimental in nature or do not meet commonly accepted dental standards
- › Procedures or appliances for minor tooth guidance or to control harmful habits
- › Services and supplies received from a hospital
- › The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage⁵
- › The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your PCS⁵
- › Consultations and/or evaluations associated with services that are not covered

- › Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- › Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- › Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- › Services performed by a prosthodontist
- › Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- › Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service
- › Infection control and/or sterilization
- › The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- › The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- › Services to correct congenital malformations, including the replacement of congenitally missing teeth
- › The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- › Crowns, bridges and/or implant supported prosthesis used solely for splinting
- › Resin bonded retainers and associated pontics
- › As to orthodontic treatment: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment.

If any law requires coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) does not apply.

This document outlines the highlights of your plan. For a complete list of both covered and non-covered services, including benefits required by your state, see your insurance certificate or plan description. If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.



1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VT, VT, WV, and WY.
2. Costs listed for the Cigna Dental Care plan do not vary. Estimated costs without dental coverage may vary based on location and dentists' actual charges. These estimated costs are based on charges submitted to Cigna in 2014/2015 and are intended to reflect national average charges as of July 2016 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2015 Cigna DHMO geographical membership distribution. Office visit fee may also apply.
3. This is NOT insurance and does not provide for reimbursement of financial losses. Cigna's Identity Theft services are provided under a contract with Europ Assistance USA. Full terms are contained in Cigna's Identity Theft Program service agreement.
4. **Minnesota residents:** You must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. Of course, you'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Services for more information.
Oklahoma residents: DHMO for Oklahoma is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. Of course, you'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Services for more information.
5. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a **Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NB), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK - HP-POL115 (CHLIC), GM6000 DEN201V1 (CGLIC); TN - HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

CIGNA DENTAL CARE® PLAN PATIENT CHARGE SCHEDULE

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

Important Highlights

- ▶ This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested that you check with your Network Dentist in advance of receiving services.
- ▶ This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made by your Network General Dentist to a Network Specialty Endodontist, Periodontist or Oral Surgeon. A referral is not required for Specialty Care at a Network Specialty Pediatric Dentist or Orthodontist. You may select a Network Pediatric Dentist for your child under the age of 13 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 13th birthday.
- ▶ Procedures **not** listed on this Patient Charge Schedule are **not** covered and are the patient's responsibility at the dentist's usual fees.
- ▶ Infection control and/or sterilization are considered to be incidental to and part of the charges for services provided and not separately chargeable.
- ▶ This Patient Charge Schedule is subject to *annual change* in accordance with the terms of the group agreement.



CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

Important Highlights (Continued)

- ▶ Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.
- ▶ All patient charges correspond to the Patient Charge Schedule in effect on the date the *procedure is initiated*.
- ▶ Current Dental Terminology ("CDT") codes are established by the American Dental Association (ADA) Council on Dental Benefit Programs in accordance with authority granted by the federal government under the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) as the national terminology for reporting dental services, and are recognized as the industry standard. The ADA publishes CDT as part of a reference manual and may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures. The language in *italics* is intended to clarify the members' benefit.

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

Office visit fee – (per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	\$5.00
<p>Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180) and oral evaluations for patients under 3 years of age (D0145).</p>		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$12.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit for observation – No other services performed	\$6.00
D9450	Case presentation – Detailed and extensive treatment planning	\$0.00
D0120	Periodic oral evaluation – Established patient	\$0.00
D0140	Limited oral evaluation – Problem focused	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – New or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report (<i>limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i>)	\$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	\$0.00
D0171	Re-evaluation – Post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$0.00
D0210	X-rays intraoral – Complete series of radiographic images (<i>limited to 1 D0210 or D0709 every 3 years</i>)	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00

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PATIENT CHARGE SCHEDULE (P7XVO)

D0240	X-rays intraoral – Occlusal radiographic image	\$0.00
D0250	X-rays extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00
D0251	X-rays extra-oral posterior dental radiographic image <i>(limit 1 D0251 or D0705 per calendar year)</i>	\$0.00
D0270	X-rays (bitewing) – Single radiographic image	\$0.00
D0272	X-rays (bitewings) – 2 radiographic images	\$0.00
D0273	X-rays (bitewings) – 3 radiographic images	\$0.00
D0274	X-rays (bitewings) – 4 radiographic images	\$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	\$0.00
D0330	X-rays (panoramic radiographic image) – <i>(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)</i>	\$0.00
D0340	2D cephalometric radiographic image - Acquisition, measurement and analysis <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0351	3D photographic image <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$240.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0.00
D0393	Treatment simulation using 3D image volume	\$0.00
D0394	Digital subtraction of two or more images or image volumes of the same modality	\$0.00
D0395	Fusion of two or more 3D image volumes of one or more modalities	\$0.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	\$0.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0431	Oral cancer screening using a special light source	\$50.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0472	Pathology report – Gross examination of lesion (only when tooth related)	\$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	\$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	\$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	\$0.00
D0701	X-rays (panoramic radiographic image) – Image capture only <i>(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)</i>	\$0.00
D0702	2D cephalometric radiographic image – Image capture only <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – Image capture only <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0704	3D photographic image – Image capture only <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0705	X-rays extra-oral posterior dental radiographic image – Image capture only <i>(limited to 1 D0251 or D0705 per calendar year)</i>	\$0.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (P7XVO)

D0706	X-rays intraoral – Occlusal radiographic image – Image capture only	\$0.00
D0707	X-rays intraoral – Periapical radiographic image – Image capture only	\$0.00
D0708	X-rays intraoral – Bitewing radiographic image – Image capture only	\$0.00
D0709	X-rays intraoral – Complete series of radiographic images – Image capture only (<i>limit 1 D0210 or D0709 every 3 years</i>)	\$0.00
D1110	Prophylaxis (cleaning) – Adult (<i>limit 2 per calendar year</i>)	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$55.00
D1120	Prophylaxis (cleaning) – Child (<i>limit 2 per calendar year</i>)	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$45.00
D1206	Topical application of fluoride varnish (<i>limit 2 per calendar year</i>). <i>There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	\$0.00
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	\$15.00
D1208	Topical application of fluoride - Excluding varnish (<i>limit 2 per calendar year</i>) <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i>	\$0.00
	Additional topical application of fluoride - Excluding varnish - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	\$15.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$12.00
D1353	Sealant repair – Per tooth	\$8.00
D1354	Application of caries arresting medicament - Per tooth	\$0.00
D1355	Caries preventive medicament application – Per tooth	\$0.00
D1510	Space maintainer – Fixed - Unilateral - Per quadrant	\$35.00
D1516	Space maintainer – Fixed – Bilateral, upper	\$35.00
D1517	Space maintainer – Fixed – Bilateral, lower	\$35.00
D1520	Space maintainer – Removable - Unilateral - Per quadrant	\$45.00
D1526	Space maintainer – Removable – Bilateral, upper	\$45.00
D1527	Space maintainer – Removable – Bilateral, lower	\$45.00
D1551	Re-cement or re-bond bilateral space maintainer – Upper	\$6.00
D1552	Re-cement or re-bond bilateral space maintainer – Lower	\$6.00
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	\$6.00
D1556	Removal of fixed unilateral space maintainer – Per quadrant	\$6.00
D1557	Removal of fixed bilateral space maintainer – Upper	\$6.00
D1558	Removal of fixed bilateral space maintainer – Lower	\$6.00
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	\$30.00
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$0.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$0.00

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D2160	Amalgam – 3 surfaces, primary or permanent	\$0.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – 1 surface, anterior	\$0.00
D2331	Resin-based composite – 2 surfaces, anterior	\$0.00
D2332	Resin-based composite – 3 surfaces, anterior	\$0.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$0.00
D2390	Resin-based composite crown, anterior	\$45.00
D2391	Resin-based composite – 1 surface, posterior	\$70.00
D2392	Resin-based composite – 2 surfaces, posterior	\$80.00
D2393	Resin-based composite – 3 surfaces, posterior	\$95.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$105.00
<p>Crown and bridge – All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years.</p> <p>For single crowns, retainer (“abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amount, based on the type of material the dentist uses for your restoration. You may be charged:</p> <ul style="list-style-type: none"> • No more than \$150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys • No more than \$75.00 per tooth for any porcelain fused to metal (only on molar teeth) • Porcelain/ceramic substrate crowns on molar teeth are not covered. <p>In addition, you may be charged up to these additional amounts:</p> <ul style="list-style-type: none"> • No more than \$100.00 per tooth if an indirectly fabricated (“cast”) post and core is made of high noble metal alloy • No more than \$150.00 per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. <p>Complex rehabilitation – An additional \$125 charge per unit for multiple crown units/ complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)</p>		
D2510	Inlay – Metallic – 1 surface	\$260.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D2520	Inlay – Metallic – 2 surfaces	\$260.00
D2530	Inlay – Metallic – 3 or more surfaces	\$260.00
D2542	Onlay – Metallic – 2 surfaces	\$260.00
D2543	Onlay – Metallic – 3 surfaces	\$260.00
D2544	Onlay – Metallic – 4 or more surfaces	\$260.00
D2610	Inlay – Porcelain/ceramic, 1 surface	\$240.00
D2620	Inlay – Porcelain/ceramic, 2 surfaces	\$240.00
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D2642	Onlay – Porcelain/ceramic, 2 surfaces	\$240.00
D2643	Onlay – Porcelain/ceramic, 3 surfaces	\$240.00
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	\$240.00
D2650	Inlay – Resin-based composite, 1 surface	\$225.00
D2651	Inlay – Resin-based composite, 2 surfaces	\$225.00
D2652	Inlay – Resin-based composite, 3 or more surfaces	\$225.00
D2662	Onlay – Resin-based composite, 2 surfaces	\$225.00
D2663	Onlay – Resin-based composite, 3 surfaces	\$225.00
D2664	Onlay – Resin-based composite, 4 or more surfaces	\$225.00
D2710	Crown – Resin-based composite, indirect	\$225.00
D2712	Crown – 3/4 resin-based composite, indirect	\$225.00
D2720	Crown – Resin with high noble metal	\$260.00
D2721	Crown – Resin with predominantly base metal	\$225.00
D2722	Crown – Resin with noble metal	\$260.00
D2740	Crown – Porcelain/ceramic	\$285.00
D2750	Crown – Porcelain fused to high noble metal	\$270.00
D2751	Crown – Porcelain fused to predominantly base metal	\$240.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (P7XVO)

D2752	Crown – Porcelain fused to noble metal	\$270.00
D2753	Crown - Porcelain fused to titanium and titanium alloys	\$270.00
D2780	Crown – 3/4 cast high noble metal	\$260.00
D2781	Crown – 3/4 cast predominantly base metal	\$225.00
D2782	Crown – 3/4 cast noble metal	\$260.00
D2783	Crown – 3/4 porcelain/ceramic	\$240.00
D2790	Crown – Full cast high noble metal	\$260.00
D2791	Crown – Full cast predominantly base metal	\$225.00
D2792	Crown – Full cast noble metal	\$260.00
D2794	Crown – Titanium and titanium alloys	\$260.00
D2799	Interim crown <i>(not to be used as a temporary crown for a routine prosthetic restoration)</i>	\$100.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0.00
D2920	Re-cement or re-bond crown	\$0.00
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	\$130.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	\$130.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$35.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$35.00
D2932	Prefabricated resin crown	\$45.00
D2933	Prefabricated stainless steel crown with resin window	\$45.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$130.00
D2940	Protective restoration	\$6.00
D2941	Interim therapeutic restoration - Primary dentition	\$6.00

**CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P7XV0)**

D2950	Core buildup – Including any pins	\$65.00
D2951	Pin retention – Per tooth – In addition to restoration	\$10.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$65.00
D2953	Each additional indirectly prefabricated post – Same tooth	\$65.00
D2954	Prefabricated post and core – In addition to crown	\$40.00
D2957	Each additional prefabricated post – Same tooth	\$40.00
D2960	Labial veneer (resin laminate) – Direct	\$250.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$65.00
D2980	Crown repair, necessitated by restorative material failure	\$18.00
D2983	Veneer repair necessitated by restorative material failure	\$18.00
D6210	Pontic – Cast high noble metal	\$260.00
D6211	Pontic – Cast predominantly base metal	\$225.00
D6212	Pontic – Cast noble metal	\$260.00
D6214	Pontic – Titanium and titanium alloys	\$260.00
D6240	Pontic – Porcelain fused to high noble metal	\$250.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$220.00
D6242	Pontic – Porcelain fused to noble metal	\$250.00
D6243	Pontic – Porcelain fused to titanium and titanium alloys	\$250.00
D6245	Pontic – Porcelain/ceramic	\$220.00
D6250	Pontic – Resin with high noble metal	\$260.00
D6251	Pontic – Resin with predominantly base metal	\$225.00
D6252	Pontic – Resin with noble metal	\$260.00
D6253	Interim Pontic	\$225.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	\$225.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (P7XVO)

D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	\$240.00
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	\$260.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	\$260.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	\$225.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	\$225.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	\$260.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	\$260.00
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	\$240.00
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	\$260.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	\$260.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	\$225.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	\$225.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	\$260.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	\$260.00
D6624	Retainer inlay – Titanium	\$250.00
D6634	Retainer onlay – Titanium	\$220.00
D6710	Retainer crown – Indirect resin based composite	\$225.00
D6720	Retainer crown – Resin with high noble metal	\$260.00
D6721	Retainer crown – Resin with predominantly base metal	\$225.00
D6722	Retainer crown – Resin with noble metal	\$260.00
D6740	Retainer crown – Porcelain/ceramic	\$220.00
D6750	Retainer crown – Porcelain fused to high noble metal	\$250.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D6751	Retainer crown – Porcelain fused to predominantly base metal	\$220.00
D6752	Retainer crown – Porcelain fused to noble metal	\$250.00
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	\$250.00
D6780	Retainer crown – 3/4 cast high noble metal	\$260.00
D6781	Retainer crown – 3/4 cast predominantly base metal	\$225.00
D6782	Retainer crown – 3/4 cast noble metal	\$260.00
D6783	Retainer crown – 3/4 porcelain/ceramic	\$220.00
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$250.00
D6790	Retainer crown – Full cast high noble metal	\$260.00
D6791	Retainer crown – Full cast predominantly base metal	\$225.00
D6792	Retainer crown – Full cast noble metal	\$260.00
D6794	Retainer crown – Titanium and titanium alloys	\$260.00
D6930	Re-cement or re-bond fixed partial denture	\$0.00
D6950	Precision attachment	\$195.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	\$0.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$0.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$12.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	\$55.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$17.00
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	\$40.00
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	\$45.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (P7XVO)

D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$100.00
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	\$150.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$305.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$105.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$85.00
D3333	Internal root repair of perforation defects	\$105.00
D3346	Retreatment of previous root canal therapy – Anterior	\$165.00
D3347	Retreatment of previous root canal therapy – Premolar	\$215.00
D3348	Retreatment of previous root canal therapy – Molar	\$340.00
D3351	Apexification/recalcification – Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$95.00
D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – Apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$115.00
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	\$115.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$115.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$75.00
D3430	Retrograde filling per root	\$75.00
D3450	Root amputation – Per root	\$115.00
D3471	Surgical repair of root resorption – Anterior	\$115.00
D3472	Surgical repair of root resorption – Premolar	\$115.00
D3473	Surgical repair of root resorption – Molar	\$115.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	\$115.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	\$115.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	\$115.00
D3911	Intraorifice barrier	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$110.00
D3921	Decoronation or submergence of an erupted tooth	\$115.00

Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4265, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule. The use of any tools or equipment, including but not limited to handpieces, lasers, scalers, etc., is considered inclusive to the overall covered procedure listed on the Patient Charge Schedule, and cannot be separately charged.

D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$160.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$100.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$100.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	\$185.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	\$140.00
D4245	Apically positioned flap	\$200.00
D4249	Clinical crown lengthening – Hard tissue	\$155.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$360.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$275.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XVO)

D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	\$250.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	\$115.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$95.00
D4266	Guided tissue regeneration – Resorbable barrier per site	\$215.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	\$255.00
D4270	Pedicle soft tissue graft procedure	\$300.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$75.00
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$85.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$460.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (<i>missing</i>) tooth position in graft	\$300.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous (<i>missing</i>) tooth position in same graft site	\$150.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$38.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$230.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant <i>(limited to once per quadrant per consecutive 12 months)</i>	\$50.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant <i>(limited to once per quadrant per consecutive 12 months)</i>	\$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 1 per calendar year)</i>	\$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 2 per calendar year)</i>	\$55.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit <i>(1 per lifetime, unless medically necessary)</i>	\$50.00
D4381	Localized delivery of antimicrobial agents per tooth	\$60.00
D4910	Periodontal maintenance <i>(limit 4 per calendar year) (only covered after active periodontal therapy)</i>	\$40.00
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	\$70.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00
D4921	Gingival irrigation - Per quadrant	\$0.00
<p>Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. Characterization is considered an upgrade with maximum additional charge to the member of \$200.00 per denture.</p>		
D5110	Full upper denture	\$225.00
D5120	Full lower denture	\$225.00
D5130	Immediate full upper denture	\$245.00
D5140	Immediate full lower denture	\$245.00

CIGNA DENTAL CARE PLAN

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D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$225.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$225.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$225.00
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$225.00
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5225	Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$165.00
D5226	Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$165.00
D5227	Immediate upper partial denture - Flexible base (including any clasps, rests and teeth)	\$225.00
D5228	Immediate lower partial denture - Flexible base (including any clasps, rests and teeth)	\$225.00
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), upper	\$225.00
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), lower	\$225.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D5284	Removable unilateral partial denture – One piece flexible base (including retentive/clasping materials, rests and teeth) - Per quadrant	\$225.00
D5286	Removable unilateral partial denture – One piece resin base (including retentive/clasping materials, rests and teeth) - Per quadrant	\$225.00
D5410	Adjust complete denture – Upper	\$12.00
D5411	Adjust complete denture – Lower	\$12.00
D5421	Adjust partial denture – Upper	\$12.00
D5422	Adjust partial denture – Lower	\$12.00
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	\$40.00
D5512	Repair broken complete denture base - Upper	\$40.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$40.00
D5611	Repair resin partial denture base - Lower	\$40.00
D5612	Repair resin partial denture base - Upper	\$40.00
D5621	Repair cast partial framework - Lower	\$40.00
D5622	Repair cast partial framework - Upper	\$40.00
D5630	Repair or replace broken retentive/clasping materials - Per tooth	\$45.00
D5640	Replace broken teeth – Per tooth	\$40.00
D5650	Add tooth to existing partial denture	\$40.00
D5660	Add clasp to existing partial denture - Per tooth	\$45.00
D5670	Replace all teeth and acrylic on cast metal framework – Upper	\$200.00
D5671	Replace all teeth and acrylic on cast metal framework – Lower	\$200.00
Denture relining (limit 1 every 24 months)		
D5710	Rebase complete upper denture	\$75.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XVO)

D5711	Rebase complete lower denture	\$75.00
D5720	Rebase upper partial denture	\$75.00
D5721	Rebase lower partial denture	\$75.00
D5725	Rebase hybrid prosthesis	\$150.00
D5730	Reline complete upper denture – Direct	\$45.00
D5731	Reline complete lower denture – Direct	\$45.00
D5740	Reline upper partial denture – Direct	\$45.00
D5741	Reline lower partial denture – Direct	\$45.00
D5750	Reline complete upper denture – Indirect	\$75.00
D5751	Reline complete lower denture – Indirect	\$75.00
D5760	Reline upper partial denture – Indirect	\$75.00
D5761	Reline lower partial denture – Indirect	\$75.00
D5765	Soft liner for complete or partial removable denture – Indirect	\$75.00
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	\$280.00
D5811	Interim complete denture – Lower	\$280.00
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	\$95.00
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	\$95.00
D5850	Tissue conditioning – Upper	\$12.00
D5851	Tissue conditioning – Lower	\$12.00
D5862	Precision attachment – By report	\$160.00
D5875	Modification of removable prosthesis following implant surgery	\$90.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$80.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

Implant/abutment supported prosthetics – All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years.

For single crowns, retainer (“abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amounts, based on the type of material the dentist uses for your restoration. You may be charged:

- No more than \$150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys
- No more than \$75.00 per tooth for any porcelain fused to metal (only on molar teeth)
- Porcelain/ceramic substrate crowns on molar teeth are not covered.

In addition, you may be charged up to these additional amounts:

- No more than \$100.00 per tooth if an indirectly fabricated (“cast”) post and core is made of high noble metal alloy

- No more than \$150.00 per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.

Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional \$125 charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)

D6058	Abutment supported porcelain/ceramic crown	\$625.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$760.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$580.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$760.00
D6062	Abutment supported cast metal crown (high noble metal)	\$710.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$525.00
D6064	Abutment supported cast metal crown (noble metal)	\$710.00
D6065	Implant supported porcelain/ceramic crown	\$625.00
D6066	Implant supported crown - Porcelain fused to high noble alloys	\$760.00

CIGNA DENTAL CARE PLAN

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D6067	Implant supported crown - High noble alloys	\$710.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	\$560.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	\$740.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	\$560.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	\$740.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	\$710.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	\$525.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	\$710.00
D6075	Implant supported retainer for ceramic fixed partial denture	\$560.00
D6076	Implant supported retainer for fixed partial denture - Porcelain fused to high noble alloys	\$740.00
D6077	Implant supported retainer for metal fixed partial denture - High noble alloys	\$710.00
D6082	Implant supported crown – Porcelain fused to predominantly base alloys	\$580.00
D6083	Implant supported crown – Porcelain fused to noble alloys	\$760.00
D6084	Implant supported crown – Porcelain fused to titanium and titanium alloys	\$760.00
D6085	Interim implant crown	\$100.00
D6086	Implant supported crown – Predominantly base alloys	\$525.00
D6087	Implant supported crown – Noble alloys	\$710.00
D6088	Implant supported crown – Titanium and titanium alloys	\$710.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D6092	Re-cement implant/abutment supported crown	\$40.00
D6093	Re-cement implant/abutment supported fixed partial denture	\$40.00
D6094	Abutment supported crown - Titanium and titanium alloys	\$710.00
D6096	Remove broken implant retaining screw	\$40.00
D6097	Abutment supported crown – Porcelain fused to titanium and titanium alloys	\$760.00
D6098	Implant supported retainer – Porcelain fused to predominantly base alloys	\$560.00
D6099	Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys	\$740.00
D6110	Implant /abutment supported removable denture for edentulous arch – Upper	\$725.00
D6111	Implant /abutment supported removable denture for edentulous arch – Lower	\$725.00
D6112	Implant /abutment supported removable denture for partially edentulous arch – Upper	\$740.00
D6113	Implant /abutment supported removable denture for partially edentulous arch – Lower	\$740.00
D6114	Implant /abutment supported fixed denture for edentulous arch – Upper	\$725.00
D6115	Implant /abutment supported fixed denture for edentulous arch – Lower	\$725.00
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Upper	\$740.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Lower	\$740.00
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	\$435.00
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	\$435.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XVO)

D6120	Implant supported retainer – Porcelain fused to titanium and titanium alloys	\$740.00
D6121	Implant supported retainer for metal fixed partial denture – Predominantly base alloys	\$525.00
D6122	Implant supported retainer for metal fixed partial denture – Noble alloys	\$710.00
D6123	Implant supported retainer for metal fixed partial denture – Titanium and titanium alloys	\$710.00
D6192	Semi-precision attachment - Placement	\$160.00
D6194	Abutment supported retainer crown for fixed partial denture - Titanium and titanium alloys	\$710.00
D6195	Abutment supported retainer – Porcelain fused to titanium and titanium alloys	\$740.00
D6198	Remove interim implant component	\$0.00
<p>Oral surgery (includes routine postoperative treatment) Surgical removal of impacted teeth are covered for ages below 15 when medically necessary.</p>		
D7111	Extraction of coronal remnants – Primary tooth	\$6.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$6.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$40.00
D7220	Removal of impacted tooth – Soft tissue	\$65.00
D7230	Removal of impacted tooth – Partially bony	\$85.00
D7240	Removal of impacted tooth – Completely bony	\$110.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	\$135.00
D7250	Removal of residual tooth roots – Cutting procedure	\$50.00
D7251	Coronectomy - Intentional partial tooth removal	\$85.00

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D7260	Oroantral fistula closure	\$135.00
D7261	Primary closure of a sinus perforation	\$135.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$105.00
D7280	Exposure of an unerupted tooth <i>(excluding wisdom teeth)</i>	\$110.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$110.00
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) <i>(tooth related – not allowed when in conjunction with another surgical procedure)</i>	\$0.00
D7286	Incisional biopsy of oral tissue – Soft (all others) <i>(tooth related – not allowed when in conjunction with another surgical procedure)</i>	\$0.00
D7287	Exfoliative cytological sample collection	\$50.00
D7288	Brush biopsy – Transepithelial sample collection	\$50.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$65.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$65.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$85.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$85.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$0.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$0.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$100.00
D7472	Removal of torus palatinus	\$75.00
D7473	Removal of torus mandibularis	\$75.00
D7485	Reduction of osseous tuberosity	\$60.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$40.00

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D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	\$40.00
D7520	Incision and drainage of abscess – Extraoral soft tissue	\$40.00
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	\$40.00
D7880	Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	\$200.00
D7881	Occlusal orthotic device adjustment	\$12.00
D7910	Suture of recent small wounds up to 5cm	\$35.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7961	Buccal / labial frenectomy (frenulectomy)	\$50.00
D7963	Frenuloplasty	\$50.00
<p>Orthodontics (tooth movement) - The Patient Charge for your entire orthodontic case, including retention, will be based upon the applicable charge in effect on the date your orthodontic treatment begins (banding/appliance insertion). Coverage is provided for twenty-four (24) months of active treatment. Cases beyond 24 months require an additional payment by the patient.</p>		
D8010	Limited orthodontic treatment of the primary dentition - Banding	\$485.00
D8020	Limited orthodontic treatment of the transitional dentition – Banding	\$485.00
D8030	Limited orthodontic treatment of the adolescent dentition – Banding	\$220.00
D8040	Limited orthodontic treatment of the adult dentition – Banding	\$240.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	\$485.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$485.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	\$485.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D8210	Removable appliance therapy	\$0.00
D8220	Fixed appliance therapy	\$0.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$125.00
D8670	Periodic orthodontic treatment visit	
	Children - Up to 19th birthday:	
	24-month treatment fee	\$1,608.00
	Charge per month for 24 months	\$67.00
	Adults:	
	24-month treatment fee	\$2,592.00
	Charge per month for 24 months	\$108.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	\$295.00
D8681	Removable orthodontic retainer adjustment	\$0.00
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$150.00
D8698	Re-cement or re-bond fixed retainer – Upper	\$0.00
D8699	Re-cement or re-bond fixed retainer – Lower	\$0.00
D8701	Repair of fixed retainer, includes reattachment – Upper	\$0.00
D8702	Repair of fixed retainer, includes reattachment – Lower	\$0.00
D8999	Unspecified orthodontic procedure – By report (<i>orthodontic treatment plan and records including all necessary images</i>)	\$290.00
<p>General anesthesia/IV sedation: coverage is provided when medically necessary for covered surgical procedures listed on the Patient Charge Schedule. Clinical guidelines related to the use of general anesthesia/IV sedation should be discussed with your treating network specialist.</p>		
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (P7XVO)

D9215	Local anesthesia	\$0.00
D9222	Deep sedation/general anesthesia – First 15 minutes	\$80.00
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	\$80.00
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis	\$50.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment	\$80.00
D9610	Therapeutic parenteral drug, single administration	\$15.00
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	\$25.00
D9613	Infiltration of sustained release therapeutic drug, per quadrant <i>(patient charge is per quadrant)</i>	\$50.00
D9630	Drugs or medicaments dispensed in the office for home use	\$15.00
D9910	Application of desensitizing medicament	\$15.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$0.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	\$6.00
D9120	Fixed partial denture sectioning	\$0.00
D9440	Office visit – After regularly scheduled hours	\$40.00
Miscellaneous services		
D9912	Pre-visit patient screening	\$0.00
D9941	Fabrication of athletic mouthguard <i>(limit 1 per 12 months)</i>	\$110.00
D9942	Repair and/or reline of occlusal guard	\$40.00
D9943	Occlusal guard adjustment	\$0.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (P7XV0)

D9944	Occlusal guard – Hard appliance, full arch (<i>limit 1 per 24 months</i>)	\$125.00
D9945	Occlusal guard – Soft appliance, full arch (<i>limit 1 per 24 months</i>)	\$65.00
D9946	Occlusal guard – Hard appliance, partial arch (<i>limit 1 per 24 months</i>)	\$75.00
D9951	Occlusal adjustment – Limited	\$45.00
D9952	Occlusal adjustment – Complete	\$70.00
D9961	Duplicate/copy patient's records	\$0.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays (<i>all other methods of bleaching are not covered</i>)	\$125.00
D9990	Certified translation or sign language services, per visit	\$0.00
D9995	Teledentistry – Synchronous; real-time encounter	\$0.00
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00

This may contain CDT Dental Procedure Codes and/or portions of, or excerpts from the Code on Dental Procedures and Nomenclature (CDT Code) contained within the current version of the "Dental Procedure Codes", a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.

After your enrollment is effective:

Call your chosen Network General Dentist to schedule an appointment if desired. If you wish to change dental offices, a transfer can be arranged at no charge by calling the toll free number listed on your ID card or plan materials. Multiple ways to locate a Network General Dentist:

- › On-line provider directory at **Cigna.com**
- › On-line provider directory on **myCigna.com**
- › Call the number located on your ID card to:
 - Use the Dental Office Locator via Speech Recognition
 - Speak to a Customer Service Representative

EMERGENCY: If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any dental office, dental clinic, or other comparable facility. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.

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