

Cigna Dental Care® (*DHMO) 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 by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist, Orthodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 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 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- Procedures **NOT** listed on this Patient Charge Schedule are NOT covered and are the patient's responsibility at the dentist's usual fees.
- The administration of IV sedation, general anesthesia, and/or Nitrous Oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization 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.
- 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.

Cigna Dental Care®

Patient Charge Schedule (C0608)

Important Highlights *(continued)*

- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

Code	Procedure Description	Patient Charge
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).		
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician)	\$0.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$5.00
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	\$0.00
D0170	Re-evaluation – Limited, Problem Focused (Not Postoperative Visit)	\$0.00
D0210	X-Rays Intraoral – Complete Series (Including Bitewings) <i>(Limit 1 Every 3 Years)</i>	\$0.00
D0220	X-Rays Intraoral – Periapical – First Film	\$0.00
D0230	X-Rays Intraoral – Periapical – Each Additional Film	\$0.00
D0240	X-Rays Intraoral – Occlusal Film	\$0.00
D0270	X-Rays (Bitewing) – Single Film	\$0.00
D0272	X-Rays (Bitewings) – 2 Films	\$0.00
D0273	X-Rays (Bitewings) – 3 Films	\$0.00
D0274	X-Rays (Bitewings) – 4 Films	\$0.00

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Code	Procedure Description	Patient Charge
D0277	X-Rays (Bitewings, Vertical) – 7 to 8 Films	\$0.00
D0330	X-Rays (Panoramic Film) – <i>(Limit 1 Every 3 Years)</i>	\$0.00
D0431	Oral Cancer Screening Using a Special Light Source	\$50.00
D0460	Pulp Vitality Tests	\$0.00
D0470	Diagnostic Casts	\$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
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	\$45.00
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	\$30.00
D1203	Topical Application of Fluoride – Child <i>(Up to 19th Birthday)</i> <i>(Limited to 2 per Calendar Year). There is a Combined Limit of a Total of 2 D1203s and/or D1206s per Calendar Year.</i>	\$0.00
D1206	Topical Fluoride Varnish – Therapeutic Application for Moderate to High Caries Risk Patients – Child <i>(Up to 19th Birthday) (Limited to 2 per Calendar Year). There is a Combined Limit of a Total of 2 D1203s and/or D1206s per Calendar Year.</i>	\$0.00
D1330	Oral Hygiene Instructions	\$0.00
D1351	Sealant – Per Tooth	\$5.00
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$5.00
D1510	Space Maintainer – Fixed – Unilateral	\$15.00
D1515	Space Maintainer – Fixed – Bilateral	\$15.00
D1520	Space Maintainer – Removable – Unilateral	\$15.00
D1525	Space Maintainer – Removable – Bilateral	\$15.00
D1550	Recementation of Space Maintainer	\$0.00

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Code	Procedure Description	Patient Charge
Restorative (Fillings)		
D2140	Amalgam – 1 Surface, Primary or Permanent	\$0.00
D2150	Amalgam – 2 Surfaces, Primary or Permanent	\$0.00
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
D2391	Resin-Based Composite – 1 Surface, Posterior	\$35.00
D2392	Resin-Based Composite – 2 Surfaces, Posterior	\$45.00
D2393	Resin-Based Composite – 3 Surfaces, Posterior	\$65.00
D2394	Resin-Based Composite – 4 or More Surfaces, Posterior	\$80.00
<p>Crown and Bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). Post and Core includes canal preparation. The charges below include the cost of base metal or noble metal. High noble metal (precious) or titanium metal, if used, will be charged to the Member at an additional maximum amount of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth may be charged for the upgraded post and core. Porcelain and other tooth-colored materials on molars is considered a material upgrade with a maximum additional charge to the Member of \$150.00.</p>		
D2510	Inlay – Metallic – 1 Surface	\$0.00
D2520	Inlay – Metallic – 2 Surfaces	\$0.00
D2530	Inlay – Metallic – 3 or More Surfaces	\$0.00
D2542	Onlay – Metallic – 2 Surfaces	\$0.00
D2543	Onlay – Metallic – 3 Surfaces	\$0.00
D2544	Onlay – Metallic – 4 or More Surfaces	\$0.00
D2710	Crown – Resin, Laboratory	\$40.00
D2720	Crown – Resin with High Noble Metal	\$60.00

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Code	Procedure Description	Patient Charge
D2721	Crown – Resin with Predominantly Base Metal	\$60.00
D2722	Crown – Resin with Noble Metal	\$60.00
D2740	Crown – Porcelain/Ceramic Substrate	\$60.00
D2750	Crown – Porcelain Fused to High Noble Metal	\$60.00
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$60.00
D2752	Crown – Porcelain Fused to Noble Metal	\$60.00
D2780	Crown – 3/4 Cast High Noble Metal	\$60.00
D2781	Crown – 3/4 Cast Predominantly Base Metal	\$60.00
D2782	Crown – 3/4 Cast Noble Metal	\$60.00
D2790	Crown – Full Cast High Noble Metal	\$60.00
D2791	Crown – Full Cast Predominantly Base Metal	\$60.00
D2792	Crown – Full Cast Noble Metal	\$60.00
D2794	Crown – Titanium	\$60.00
D2910	Recement Inlay – Onlay or Partial Coverage Restoration	\$0.00
D2920	Recement Crown	\$0.00
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$0.00
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$0.00
D2932	Prefabricated Resin Crown	\$10.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$10.00
D2940	Protective Restoration	\$10.00
D2950	Core Buildup – Including Any Pins	\$35.00
D2951	Pin Retention – Per Tooth – In Addition to Restoration	\$10.00
D2952	Post and Core – In Addition to Crown, Indirectly Fabricated	\$10.00
D2953	Each Additional Cast Post – Same Tooth	\$10.00
D2954	Prefabricated Post and Core – In Addition to Crown – Base Metal Post	\$35.00
D2957	Each Additional Prefabricated Post – Same Tooth – Base Metal Post	\$10.00
D2970	Temporary Crown – Fractured Tooth	\$10.00
D2980	Crown Repair	\$10.00

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Code	Procedure Description	Patient Charge
D6210	Pontic – Cast High Noble Metal	\$60.00
D6211	Pontic – Cast Predominantly Base Metal	\$60.00
D6212	Pontic – Cast Noble Metal	\$60.00
D6240	Pontic – Porcelain Fused to High Noble Metal	\$60.00
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$60.00
D6242	Pontic – Porcelain Fused to Noble Metal	\$60.00
D6250	Pontic – Resin with High Noble Metal	\$60.00
D6251	Pontic – Resin with Predominantly Base Metal	\$60.00
D6252	Pontic – Resin with Noble Metal	\$60.00
D6602	Inlay – Cast High Noble Metal, 2 Surfaces	\$0.00
D6603	Inlay – Cast High Noble Metal, 3 or More Surfaces	\$0.00
D6610	Onlay – Cast High Noble Metal, 2 Surfaces	\$0.00
D6611	Onlay – Cast High Noble Metal, 3 or More Surfaces	\$0.00
D6720	Crown – Resin with High Noble Metal	\$60.00
D6721	Crown – Resin with Predominantly Base Metal	\$60.00
D6722	Crown – Resin with Noble Metal	\$60.00
D6750	Crown – Porcelain Fused to High Noble Metal	\$60.00
D6751	Crown – Porcelain Fused to Predominantly Base Metal	\$60.00
D6752	Crown – Porcelain Fused to Noble Metal	\$60.00
D6780	Crown – 3/4 Cast High Noble Metal	\$60.00
D6781	Crown – 3/4 Cast Predominantly Base Metal	\$60.00
D6782	Crown – 3/4 Cast Noble Metal	\$60.00
D6790	Crown – Full Cast High Noble Metal	\$60.00
D6791	Crown – Full Cast Predominantly Base Metal	\$60.00
D6792	Crown – Full Cast Noble Metal	\$60.00
D6794	Crown – Titanium	\$60.00
D6930	Recement Fixed Partial Denture	\$0.00
D6940	Stress Breaker	\$0.00

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Code	Procedure Description	Patient Charge
D6970	Cast Post and Core – In Addition to Fixed Partial Denture Retainer	\$10.00
D6972	Prefabricated Post and Core – In Addition to Fixed Partial Denture Retainer – Base Metal Post	\$10.00
D6973	Core Buildup for Retainer – Including Any Pins	\$10.00
D6976	Each Additional Cast Post – Same Tooth	\$10.00
D6977	Each Additional Prefabricated Post – Same Tooth	\$10.00
D6980	Fixed Partial Denture Repair	\$15.00
<p>Implant Supported Prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant equals 1 unit). Post and Core includes canal preparation. The charges below include the cost of base or noble metal. High noble metal (precious) or titanium metal, if used, will be charged to the Member at an additional maximum amount of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth may be charged for the upgraded post and core. Porcelain and other tooth-colored materials on molars is considered a material upgrade with a maximum additional charge to the Member of \$150.00.</p>		
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	\$375.00
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	\$385.00
D6058	Abutment Supported Porcelain/Ceramic Crown	\$360.00
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$360.00
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$360.00
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$360.00
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$360.00
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$360.00
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$360.00
D6065	Implant Supported Porcelain/Ceramic Crown	\$360.00

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Code	Procedure Description	Patient Charge
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$360.00
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$360.00
D6069	Abutment Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture (High Noble Metal)	\$360.00
D6070	Abutment Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture (Predominantly Base Metal)	\$360.00
D6071	Abutment Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture (Noble Metal)	\$360.00
D6072	Abutment Supported Retainer for Cast Metal Fixed Partial Denture (High Noble Metal)	\$360.00
D6073	Abutment Supported Retainer for Cast Metal Fixed Partial Denture (Predominantly Base Metal)	\$360.00
D6074	Abutment Supported Retainer for Cast Metal Fixed Partial Denture (Noble Metal)	\$360.00
D6077	Implant Supported Retainer for Cast Metal Fixed Partial Denture (Titanium, Titanium Alloy, High Noble Metal)	\$360.00
D6078	Implant/ Abutment Supported Fixed Denture for Completely Edentulous Arch	\$375.00
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch	\$385.00
D6092	Recement Implant/Abutment Supported Crown	\$40.00
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	\$40.00
D6094	Abutment Supported Crown (Titanium)	\$360.00
D6194	Abutment Supported Retainer Crown for Fixed Partial Denture (Titanium)	\$360.00
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	\$0.00
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$6.00

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Code	Procedure Description	Patient Charge
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$0.00
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$6.00
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$6.00
D3310	Anterior Root Canal (Excluding Final Restoration)	\$40.00
D3320	Bicuspid Root Canal (Excluding Final Restoration)	\$65.00
D3330	Molar Root Canal (Excluding Final Restoration)	\$100.00
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$45.00
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$75.00
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$105.00
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$50.00
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$50.00
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$50.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$0.00
D3430	Retrograde Filling per Root	\$50.00
D3450	Root Amputation per Root (Not Covered in Conjunction with Procedure D3920)	\$0.00
Periodontics – Includes Postoperative Evaluations and Treatment Under a Local Anesthetic		
D4210	Gingivectomy or Gingivoplasty – 4 or More Teeth per Quadrant	\$75.00
D4211	Gingivectomy or Gingivoplasty – 1 to 3 Teeth per Quadrant	\$15.00
D4240	Gingival Flap (Including Root Planing) – 4 or More Teeth per Quadrant	\$75.00
D4241	Gingival Flap (Including Root Planing) – 1 to 3 Teeth per Quadrant	\$40.00
D4260	Osseous Surgery – 4 or More Teeth per Quadrant	\$150.00
D4261	Osseous Surgery – 1 to 3 Teeth per Quadrant	\$75.00
D4341	Periodontal Scaling and Root Planing – 4 or More Teeth per Quadrant (<i>Limit 4 Quadrants per Consecutive 12 Months</i>)	\$15.00

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Code	Procedure Description	Patient Charge
D4342	Periodontal Scaling and Root Planing – 1 to 3 Teeth per Quadrant <i>(Limit 4 Quadrants per Consecutive 12 Months)</i>	\$10.00
D4355	Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	\$50.00
D4910	Periodontal Maintenance <i>(Limited to 2 per Calendar Year) (Only Covered after Active Therapy)</i>	\$0.00
<p>Prosthetics (Removable Tooth Replacement – Dentures) Includes up to 4 adjustments within first 6 months after insertion. Characterization is considered an upgrade with maximum additional charge to the Member of \$225.00 per denture.</p>		
D5110	Full Upper Denture	\$75.00
D5120	Full Lower Denture	\$75.00
D5130	Immediate Full Upper Denture	\$90.00
D5140	Immediate Full Lower Denture	\$90.00
D5211	Upper Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$85.00
D5212	Lower Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$85.00
D5213	Upper Partial Denture – Cast Metal Framework (Including Clasps, Rests and Teeth)	\$85.00
D5214	Lower Partial Denture – Cast Metal Framework (Including Clasps, Rests and Teeth)	\$85.00
D5225	Upper Partial Denture – Flexible Base (Including Clasps, Rests and Teeth)	\$85.00
D5226	Lower Partial Denture – Flexible Base (Including Clasps, Rests and Teeth)	\$85.00
D5410	Adjust Complete Denture – Upper	\$0.00
D5411	Adjust Complete Denture – Lower	\$0.00
D5421	Adjust Partial Denture – Upper	\$0.00
D5422	Adjust Partial Denture – Lower	\$0.00

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Code	Procedure Description	Patient Charge
Repairs to Prosthetics		
D5510	Repair Broken Complete Denture Base	\$15.00
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$5.00
D5610	Repair Resin Denture Base	\$15.00
D5620	Repair Cast Framework	\$15.00
D5630	Repair or Replace Broken Clasp	\$15.00
D5640	Replace Broken Teeth – Per Tooth	\$5.00
D5650	Add Tooth to Existing Partial Denture	\$5.00
D5660	Add Clasp to Existing Partial Denture	\$5.00
Denture Relining (Limit 1 Every 36 Months)		
D5710	Rebase Complete Upper Denture	\$30.00
D5711	Rebase Complete Lower Denture	\$30.00
D5720	Rebase Upper Partial Denture	\$30.00
D5721	Rebase Lower Partial Denture	\$30.00
D5730	Reline Complete Upper Denture – Chairside	\$15.00
D5731	Reline Complete Lower Denture – Chairside	\$15.00
D5740	Reline Upper Partial Denture – Chairside	\$15.00
D5741	Reline Lower Partial Denture – Chairside	\$15.00
D5750	Reline Complete Upper Denture – Laboratory	\$30.00
D5751	Reline Complete Lower Denture – Laboratory	\$30.00
D5760	Reline Upper Partial Denture – Laboratory	\$30.00
D5761	Reline Lower Partial Denture – Laboratory	\$30.00
Interim Dentures (Limited to Initial Placement of Interim Partial Denture/Stayplate to Replace Extracted Anterior Teeth During Healing)		
D5820	Interim Partial Denture – Upper	\$0.00
D5821	Interim Partial Denture – Lower	\$0.00
D5850	Tissue Conditioning – Upper	\$0.00
D5851	Tissue Conditioning – Lower	\$0.00

Cigna Dental Care®
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Code	Procedure Description	Patient Charge
Oral Surgery (Includes Routine Postoperative Treatment) Surgical Removal of Impacted Tooth – Not covered for ages below 15 unless pathology (disease) exists. Surgical removal of wisdom tooth/3rd molar for orthodontic reasons only is not covered.		
D7111	Extraction of Coronal Remnants – Deciduous Tooth	\$0.00
D7140	Extraction, Erupted Tooth or Exposed Root – Elevation and/or Forceps Removal	\$0.00
D7210	Surgical Removal of Erupted Tooth – Removal of Bone and/or Section of Tooth	\$0.00
D7220	Removal of Impacted Tooth – Soft Tissue	\$0.00
D7230	Removal of Impacted Tooth – Partially Bony	\$30.00
D7240	Removal of Impacted Tooth – Completely Bony	\$40.00
D7241	Removal of Impacted Tooth – Completely Bony, Unusual Complications (Narrative Required)	\$40.00
D7250	Surgical Removal of Residual Tooth Roots – Cutting Procedure	\$0.00
D7251	Coronectomy - Intentional Partial Tooth Removal	\$30.00
D7286	Biopsy of Oral Tissue – Soft (All Others) (<i>Tooth Related – Not allowed when in conjunction with another surgical procedure</i>)	\$0.00
D7288	Brush Biopsy – Transepithelial Sample Collection	\$67.00
D7310	Alveoloplasty in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant	\$30.00
D7311	Alveoloplasty in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant	\$15.00
D7320	Alveoloplasty Not in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant	\$40.00
D7321	Alveoloplasty Not in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant	\$20.00
D7471	Removal of Exostosis – Per Site	\$0.00
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$0.00
D7960	Frenulectomy – Also Known as Frenectomy or Frenotomy – Separate Procedure Not Incidental to Another	\$0.00

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Code	Procedure Description	Patient Charge
Orthodontics (Tooth Movement) Orthodontic Treatment (Maximum lifetime benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)		
D8050	Interceptive Orthodontic Treatment of the Primary Dentition – Banding	\$275.00
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition – Banding	\$275.00
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition – Banding	\$300.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition – Banding	\$300.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition – Banding	\$300.00
D8660	Pre-Orthodontic Treatment Visit	\$40.00
D8670	Periodic Orthodontic Treatment Visit – As Part of Contract	
	Children – Up to 19th Birthday:	
	24-Month Treatment Fee	\$1,600.00
	Charge per Month for 24 Months	\$67.00
	Adults:	
	24-Month Treatment Fee	\$1,800.00
	Charge per Month for 24 Months	\$75.00
D8680	Orthodontic Retention – Removal of Appliances, Construction and Placement of Retainer(s)	\$300.00
D8999	Unspecified Orthodontic Procedure – By Report (<i>Orthodontic Treatment Plan and Records</i>)	\$150.00
Adjunctive Services		
D9211	Regional Block Anesthesia	\$0.00
D9212	Trigeminal Division Block Anesthesia	\$0.00
D9215	Local Anesthesia	\$0.00

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Code	Procedure Description	Patient Charge
<p>General Anesthesia/IV Sedation – General anesthesia is covered when performed by an Oral Surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a Periodontist or Oral Surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.</p>		
D9220	General Anesthesia – First 30 Minutes	\$160.00
D9221	General Anesthesia – Each Additional 15 Minutes	\$75.00
D9241	IV Conscious Sedation – First 30 Minutes	\$160.00
D9242	IV Conscious Sedation – Each Additional 15 Minutes	\$75.00
<p>Emergency Services</p>		
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	\$5.00
D9440	Office Visit – After Regularly Scheduled Hours	\$20.00
<p>Miscellaneous Services – External Bleaching (D9972) is limited to the use of take-home bleaching trays. All other bleaching methods are not covered.</p>		
D9972	External Bleaching per Arch	\$175.00
<p>This may contain CDT codes and/or portions of, or excerpts from the Nomenclature contained within the <i>Current Dental Terminology</i>, 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.</p>		

After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll-free number listed on your ID card or plan materials.

Multiple ways to locate a *DHMO Network General Dentist:

- Online provider directory at www.Cigna.com
- Online 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 licensed dentist. 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.

*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.

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