

**State of Connecticut  
Cigna Dental Care Plan  
Patient Charge Schedule**

This Patient Charge Schedule describes the benefits of your dental plan and includes a list of covered procedures, and Coinsurance percentage or copay for each covered procedure.

**Important Highlights**

**The covered procedures are listed by American Dental Association Common Dental Terminology (CDT) code so you'll always know what services are included in your plan.**

Remember, if a procedure is not listed on the Patient Charge Schedule, then it's not a covered benefit on your plan.

**The coinsurance is listed as a percentage of the total cost that you owe directly to the dentist** and is calculated based on the network dentist's contracted fee schedule, which is the amount Cigna agrees to pay dentists for their services. The contracted fee schedules vary by network dentist. Your exact out-of-pocket costs are calculated by multiplying the coinsurance percentage for a given procedure by the dentist's contracted fee for that same procedure. If you'd like more information about your specific out-of-pocket costs, call us 24/7 at 1.800.Cigna24 or the phone number on your ID card.

**The copay is the fixed dollar amount that you owe directly to the dentist.** Your out-of-pocket cost for any covered procedure with a copay is only that exact dollar amount.

- 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.
- 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.
- The cost of gold/high noble metal is an additional charge for any procedure (i.e., inlays, crowns, bridges or partial dentures) and is the patient's responsibility.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- The administration of I.V. 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.
- 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. However, additional benefits may be available in certain states [(e.g. Arizona)], for Covered Services otherwise subject to a frequency limitation, dependent upon your Network General Dentist's certification of dental necessity. Should any applicable state regulation require coverage for a particular service, the listed exclusion or limitation for that service shall not apply.
- 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



Code	Procedure description	Patient Charge
Office visit fee (per patient, per office visit in addition to any other applicable patient charges)		
Office visit fee	\$0.00	
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)	15%
D9311	Consultation with a medical health care professional	15%
D9430	Office visit for observation – No other services performed	15%
D9450	Case presentation – Detailed and extensive treatment planning	0%
D0120	Periodic oral evaluation – Established patient	0%
D0140	Limited oral evaluation – Problem focused	0%
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	0%
D0150	Comprehensive oral evaluation – New or established patient	0%
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%
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	0%
D0171	Re-evaluation – Post-operative office visit	0%
D0180	Comprehensive periodontal evaluation – New or established patient	0%
D0210	X-rays intraoral – Complete series of radiographic images ( <i>limited to 1 D0210 or D0709 every 3 years</i> )	0%
D0220	X-rays Intraoral – Periapical – First radiographic image	0%
D0230	X-rays intraoral – Periapical – Each additional radiographic image	0%
D0240	X-rays intraoral – Occlusal radiographic image	0%
D0250	X-rays extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0%
D0251	X-rays extra-oral posterior dental radiographic image ( <i>limit 1 D0251 or D0705 per calendar year</i> )	0%
D0270	X-rays (bitewing) – Single radiographic image	0%

Code	Procedure description	Patient Charge
D0272	X-rays (bitewings) – 2 radiographic images	0%
D0273	X-rays (bitewings) – 3 radiographic images	0%
D0274	X-rays (bitewings) – 4 radiographic images	0%
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	0%
D0330	X-rays (panoramic radiographic image) – ( <i>limited to 1 D0330 or D0701 every 3 years</i> ) ( <i>when utilized for orthodontic services, see D8999</i> )	0%
D0340	2D cephalometric radiographic image - Acquisition, measurement and analysis	0%
<i>(when utilized for orthodontic services, see D8999)</i>		
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally ( <i>when utilized for orthodontic services, see D8999</i> )	45%
D0351	3D photographic image ( <i>when utilized for orthodontic services, see D8999</i> )	45%
D0364	Cone beam CT capture and interpretation with limited field of view – Less than one whole jaw ( <i>only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year</i> )	45%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – Mandible ( <i>only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year</i> )	45%
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – Maxilla, with or without cranium ( <i>only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year</i> )	45%
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium ( <i>only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year</i> )	45%
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> )	45%
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	0%
D0393	Treatment simulation using 3D image volume ( <i>when utilized for orthodontic services, see D8999</i> )	0%
D0394	Digital subtraction of two or more images or image volumes of the same modality ( <i>when utilized for orthodontic services, see D8999</i> )	0%
D0395	Fusion of two or more 3D image volumes of one or more modalities ( <i>when utilized for orthodontic services, see D8999</i> )	0%
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	0%
D0415	Collection of microorganisms for culture and sensitivity	0%

Code	Procedure description	Patient Charge
D0425	Caries susceptibility tests	0%
D0431	Oral cancer screening using a special light source	0%
D0460	Pulp vitality tests	0%
D0470	Diagnostic casts ( <i>when utilized for orthodontic services, see D8999</i> )	45%
D0472	Pathology report – Gross examination of lesion (only when tooth related)	0%
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	0%
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	0%
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0%
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	0%
D0701	<i>X-rays (panoramic radiographic image) – Image capture only (limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)</i>	0%
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%
D0704	<i>3D photographic image – Image capture only (when utilized for orthodontic services, see D8999)</i>	0%
D0705	<i>X-rays extra-oral posterior dental radiographic image – Image capture only (limited to 1 D0251 or D0705 per calendar year)</i>	0%
D0706	X-rays intraoral – Occlusal radiographic image – Image capture only	0%
D0707	X-rays intraoral – Periapical radiographic image – Image capture only	0%
D0708	X-rays intraoral – Bitewing radiographic image – Image capture only	0%
D0709	<i>X-rays intraoral – Complete series of radiographic images – Image capture only (limit 1 D0210 or D0709 every 3 years)</i>	0%
D1110	Prophylaxis (cleaning) – Adult	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$45.00
D1120	Prophylaxis (cleaning) – Child	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$30.00
D1206	<i>Topical application of fluoride varnish (limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	0%
	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

Code	Procedure description	Patient Charge
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%
	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%
D1320	Tobacco counseling for the control and prevention of oral disease	0%
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0%
D1330	Oral hygiene instructions	0%
D1351	Sealant – Per tooth	0%
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	0%
D1353	Sealant repair – Per tooth	0%
D1354	Interim caries arresting medicament application - Per tooth	0%
D1355	Caries preventive medicament application – Per tooth	0%
D1510	Space maintainer – Fixed - Unilateral - Per quadrant	0%
D1516	Space maintainer – Fixed – Bilateral, upper	0%
D1517	Space maintainer – Fixed – Bilateral, lower	0%
D1520	Space maintainer – Removable - Unilateral - Per quadrant	0%
D1526	Space maintainer – Removable – Bilateral, upper	0%
D1527	Space maintainer – Removable – Bilateral, lower	0%
D1551	Re-cement or re-bond bilateral space maintainer – Upper	10%
D1552	Re-cement or re-bond bilateral space maintainer – Lower	10%
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	0%
D1556	Removal of fixed unilateral space maintainer – Per quadrant	0%
D1557	Removal of fixed bilateral space maintainer – Upper	0%
D1558	Removal of fixed bilateral space maintainer – Lower	0%
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	0%

Code	Procedure description	Patient Charge
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	15%
D2150	Amalgam – 2 surfaces, primary or permanent	15%
D2160	Amalgam – 3 surfaces, primary or permanent	15%
D2161	Amalgam – 4 or more surfaces, primary or permanent	15%
D2330	Resin-based composite – 1 surface, anterior	15%
D2331	Resin-based composite – 2 surfaces, anterior	15%
D2332	Resin-based composite – 3 surfaces, anterior	15%
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	15%
D2390	Resin-based composite crown, anterior	30%
D2391	Resin-based composite – 1 surface, posterior	15%
D2392	Resin-based composite – 2 surfaces, posterior	15%
D2393	Resin-based composite – 3 surfaces, posterior	15%
D2394	Resin-based composite – 4 or more surfaces, posterior	15%
Crown and bridge – All charges for crown and bridge (fixed partial denture) 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.		
No more than an additional \$150 per tooth/unit charge 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 – An additional \$135 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)		
D2510	Inlay – Metallic – 1 surface	30%
D2520	Inlay – Metallic – 2 surfaces	30%
D2530	Inlay – Metallic – 3 or more surfaces	30%
D2542	Onlay – Metallic – 2 surfaces	30%

Code	Procedure description	Patient Charge
D2543	Onlay – Metallic – 3 surfaces	30%
D2544	Onlay – Metallic – 4 or more surfaces	30%
D2610	Inlay – Porcelain/ceramic, 1 surface	30%
D2620	Inlay – Porcelain/ceramic, 2 surfaces	30%
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	30%
D2642	Onlay – Porcelain/ceramic, 2 surfaces	30%
D2643	Onlay – Porcelain/ceramic, 3 surfaces	30%
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	30%
D2650	Inlay – Resin-based composite, 1 surface	30%
D2651	Inlay – Resin-based composite, 2 surfaces	30%
D2652	Inlay – Resin-based composite, 3 or more surfaces	30%
D2662	Onlay – Resin-based composite, 2 surfaces	30%
D2663	Onlay – Resin-based composite, 3 surfaces	30%
D2664	Onlay – Resin-based composite, 4 or more surfaces	30%
D2710	Crown – Resin-based composite, indirect	30%
D2712	Crown – 3/4 resin-based composite, indirect	30%
D2720	Crown – Resin with high noble metal	30%
D2721	Crown – Resin with predominantly base metal	30%
D2722	Crown – Resin with noble metal	30%
D2740	Crown – Porcelain/ceramic	30%
D2750	Crown – Porcelain fused to high noble metal	30%
D2751	Crown – Porcelain fused to predominantly base metal	30%
D2752	Crown – Porcelain fused to noble metal	30%
D2753	Crown - Porcelain fused to titanium and titanium alloys	30%
D2780	Crown – 3/4 cast high noble metal	30%

Code	Procedure description	Patient Charge
D2781	Crown – 3/4 cast predominantly base metal	30%
D2782	Crown – 3/4 cast noble metal	30%
D2783	Crown – 3/4 porcelain/ceramic	30%
D2790	Crown – Full cast high noble metal	30%
D2791	Crown – Full cast predominantly base metal	30%
D2792	Crown – Full cast noble metal	30%
D2794	Crown – Titanium and titanium alloys	30%
D2799	Provisional crown	30%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	15%
D2920	Re-cement or re-bond crown	15%
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	30%
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	30%
D2930	Prefabricated stainless steel crown – Primary tooth	30%
D2931	Prefabricated stainless steel crown – Permanent tooth	30%
D2932	Prefabricated resin crown	30%
D2933	Prefabricated stainless steel crown with resin window	30%
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	30%
D2940	Protective restoration	15%
D2941	Interim therapeutic restoration - Primary dentition	15%
D2950	Core buildup – Including any pins	30%
D2951	Pin retention – Per tooth – In addition to restoration	15%
D2952	Post and core – In addition to crown, indirectly fabricated	30%
D2953	Each additional indirectly prefabricated post – Same tooth	30%
D2954	Prefabricated post and core – In addition to crown	30%

Code	Procedure description	Patient Charge
D2957	Each additional prefabricated post – Same tooth	30%
D2960	Labial veneer (resin laminate) – Direct	30%
D2971	Additional procedures to construct new crown under existing partial denture framework	15%
D2980	Crown repair, necessitated by restorative material failure	15%
D2983	Veneer repair necessitated by restorative material failure	15%
D6210	Pontic – Cast high noble metal	45%
D6211	Pontic – Cast predominantly base metal	45%
D6212	Pontic – Cast noble metal	45%
D6214	Pontic – Titanium and titanium alloys	45%
D6240	Pontic – Porcelain fused to high noble metal	45%
D6241	Pontic – Porcelain fused to predominantly base metal	45%
D6242	Pontic – Porcelain fused to noble metal	45%
D6243	Pontic – Porcelain fused to titanium and titanium alloys	45%
D6245	Pontic – Porcelain/ceramic	45%
D6250	Pontic – Resin with high noble metal	45%
D6251	Pontic – Resin with predominantly base metal	45%
D6252	Pontic – Resin with noble metal	45%
D6253	Provisional pontic	45%
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	45%
D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	45%
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	45%
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	45%
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	45%
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	45%
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	45%

Code	Procedure description	Patient Charge
D6606	Retainer inlay – Cast noble metal, 2 surfaces	45%
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	45%
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	45%
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	45%
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	45%
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	45%
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	45%
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	45%
D6614	Retainer onlay – Cast noble metal, 2 surfaces	45%
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	45%
D6624	Retainer inlay – Titanium	45%
D6634	Retainer onlay – Titanium	45%
D6710	Retainer crown – Indirect resin based composite	45%
D6720	Retainer crown – Resin with high noble metal	45%
D6721	Retainer crown – Resin with predominantly base metal	45%
D6722	Retainer crown – Resin with noble metal	45%
D6740	Retainer crown – Porcelain/ceramic	45%
D6750	Retainer crown – Porcelain fused to high noble metal	45%
D6751	Retainer crown – Porcelain fused to predominantly base metal	45%
D6752	Retainer crown – Porcelain fused to noble metal	45%
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	45%
D6780	Retainer crown – 3/4 cast high noble metal	45%
D6781	Retainer crown – 3/4 cast predominantly base metal	45%
D6782	Retainer crown – 3/4 cast noble metal	45%
D6783	Retainer crown – 3/4 porcelain/ceramic	45%

Code	Procedure description	Patient Charge
D6784	Retainer crown - 3/4 titanium and titanium alloys	45%
D6790	Retainer crown – Full cast high noble metal	45%
D6791	Retainer crown – Full cast predominantly base metal	45%
D6792	Retainer crown – Full cast noble metal	45%
D6794	Retainer crown – Titanium and titanium alloys	45%
D6930	Re-cement or re-bond fixed partial denture	15%
D6950	Precision attachment	45%
<b>Endodontics (root canal treatment, excluding final restorations)</b>		
D3110	Pulp cap – Direct (excluding final restoration)	15%
D3120	Pulp cap – Indirect (excluding final restoration)	15%
D3220	Pulpotomy – Removal of pulp, not part of a root canal	15%
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	15%
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	15%
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	15%
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	15%
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	15%
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	15%
D3330	Molar root canal – Permanent tooth (excluding final restoration)	15%
D3331	Treatment of root canal obstruction – Nonsurgical access	15%
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	15%
D3333	Internal root repair of perforation defects	15%
D3346	Retreatment of previous root canal therapy – Anterior	15%
D3347	Retreatment of previous root canal therapy – Premolar	15%
D3348	Retreatment of previous root canal therapy – Molar	15%
D3351	Apexification/recalcification – Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	15%

Code	Procedure description	Patient Charge
D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	15%
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	15%
D3410	Apicoectomy/periradicular surgery – Anterior	15%
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	15%
D3425	Apicoectomy/periradicular surgery – Molar (first root)	15%
D3426	Apicoectomy/periradicular surgery (each additional root)	15%
D3430	Retrograde filling per root	15%
D3450	Root amputation – Per root	15%
D3471	Surgical repair of root resorption – Anterior	15%
D3472	Surgical repair of root resorption – Premolar	15%
D3473	Surgical repair of root resorption – Molar	15%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	15%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	15%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	15%
D3920	Hemisection (including any root removal), not including root canal therapy	15%
<p><b>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 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.</b></p>		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	15%
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	15%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	15%
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	15%
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	15%
D4245	Apically positioned flap	15%

Code	Procedure description	Patient Charge
D4249	Clinical crown lengthening – Hard tissue	15%
D4260	Osseous surgery – 4 or more teeth per quadrant	45%
D4261	Osseous surgery – 1 to 3 teeth per quadrant	45%
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	15%
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	15%
D4265	Biologic materials to aid in soft and osseous tissue regeneration	15%
D4266	Guided tissue regeneration – Resorbable barrier per site	15%
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	15%
D4270	Pedicle soft tissue graft procedure	15%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	15%
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	15%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	15%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous ( <i>missing</i> ) tooth position in graft	15%
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	15%
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	15%
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	15%
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	15%
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	15%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation ( <i>limit 2 per calendar year</i> )	0% \$45.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit ( <i>1 per lifetime, unless medically necessary</i> )	15%
D4381	Localized delivery of antimicrobial agents per tooth	15%

Code	Procedure description	Patient Charge
D4910	Periodontal maintenance ( <i>only covered after active therapy</i> )	0%
	Periodontal charting for planning treatment of periodontal disease	0%
	Periodontal hygiene instruction	0%
D4921	Gingival irrigation - Per quadrant	0%
<b>Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.</b>		
D5110	Full upper denture	45%
D5120	Full lower denture	45%
D5130	Immediate full upper denture	45%
D5140	Immediate full lower denture	45%
D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	45%
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	45%
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	45%
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	45%
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	45%
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	45%
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	45%
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	45%
D5225	Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	45%
D5226	Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	45%
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), upper	45%
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), lower	45%
D5284	Removable unilateral partial denture – One piece flexible base (including retentive/clasping materials, rests and teeth) - Per quadrant	45%
D5286	Removable unilateral partial denture – One piece resin base (including retentive/clasping materials, rests and teeth) - Per quadrant	45%
D5410	Adjust complete denture – Upper	15%
D5411	Adjust complete denture – Lower	15%

Code	Procedure description	Patient Charge
D5421	Adjust partial denture – Upper	15%
D5422	Adjust partial denture – Lower	15%
<b>Repairs to prosthetics</b>		
D5511	Repair broken complete denture base - Lower	15%
D5512	Repair broken complete denture base - Upper	15%
D5520	Replace missing or broken teeth – Complete denture (each tooth)	15%
D5611	Repair resin partial denture base - Lower	15%
D5612	Repair resin partial denture base - Upper	15%
D5621	Repair cast partial framework - Lower	15%
D5622	Repair cast partial framework - Upper	15%
D5630	Repair or replace broken retentive/clasping materials - Per tooth	15%
D5640	Replace broken teeth – Per tooth	15%
D5650	Add tooth to existing partial denture	15%
D5660	Add clasp to existing partial denture - Per tooth	15%
D5670	Replace all teeth and acrylic on cast metal framework – Upper	15%
D5671	Replace all teeth and acrylic on cast metal framework – Lower	15%
<b>Denture relining (limit 1 every 36 months)</b>		
D5710	Rebase complete upper denture	15%
D5711	Rebase complete lower denture	15%
D5720	Rebase upper partial denture	15%
D5721	Rebase lower partial denture	15%
D5730	Reline complete upper denture – Direct	15%
D5731	Reline complete lower denture – Direct	15%
D5740	Reline upper partial denture – Direct	15%
D5741	Reline lower partial denture – Direct	15%

Code	Procedure description	Patient Charge
D5750	Reline complete upper denture – Indirect	15%
D5751	Reline complete lower denture – Indirect	15%
D5760	Reline upper partial denture – Indirect	15%
D5761	Reline lower partial denture – Indirect	15%
<b>Interim dentures (limit 1 every 5 years)</b>		
D5810	Interim complete denture – Upper	45%
D5811	Interim complete denture – Lower	45%
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	45%
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	45%
D5850	Tissue conditioning – Upper	15%
D5851	Tissue conditioning – Lower	15%
D5862	Precision attachment – By report	45%
D5876	Add metal substructure to acrylic full denture (per arch)	45%
<b>Implant services - Surgical placement of implants (D6010, D6012, D6013, D6040, D6050 and D7994) limited to 1 implant per calendar year with a replacement of 1 per 10 years</b>		
D6010	Surgical placement of implant body: Endosteal implant	45%
D6011	Surgical access to an implant body (second stage implant surgery)	45%
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	45%
D6013	Surgical placement of mini implant	45%
D6040	Surgical placement: Eposteal implant	45%
D6050	Surgical placement: Transosteal implant	45%
D6055	Connecting bar - Implant supported or abutment supported ( <i>limit 1 per calendar year</i> )	45%
D6056	Prefabricated abutment - Includes modification and placement ( <i>limit 1 per calendar year</i> )	45%
D6057	Custom fabricated abutment - Includes placement ( <i>limit 1 per calendar year</i> )	45%
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis ( <i>limit 1 per calendar year</i> )	45%

Code	Procedure description	Patient Charge
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure <i>(limit 2 per implant, per calendar year)</i>	45%
D6090	Repair implant supported prosthesis, by report <i>(limit 1 per calendar year)</i>	45%
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment <i>(limit 1 per calendar year)</i>	45%
D6095	Repair implant abutment, by report <i>(limit 1 per calendar year)</i>	45%
D6096	Remove broken implant retaining screw	45%
D6100	Implant removal, by report <i>(limit 1 per calendar year)</i>	45%
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure <i>(limit 1 per calendar year)</i>	45%
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, flap entry and closure <i>(limit 1 per calendar year)</i>	45%
D6103	Bone graft for repair of periimplant defect - Does not include flap entry and closure <i>(limit 1 per calendar year)</i>	45%
D6104	Bone graft at time of implant placement <i>(limit 1 per calendar year)</i>	45%
D6190	Radiographic/surgical implant index, by report <i>(limit 1 per calendar year)</i>	45%
D6191	Semi-precision abutment - Placement	45%
D7994	Surgical placement: Zygomatic implant	45%
<b>Implant/abutment supported prosthetics – All charges for crown and bridge (fixed partial denture) 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.</b>		
<p>No more than an additional \$150 per tooth/unit charge 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 \$135 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>		
D6058	Abutment supported porcelain/ceramic crown	45%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	45%

Code	Procedure description	Patient Charge
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	45%
D6061	Abutment supported porcelain fused to metal crown (noble metal)	45%
D6062	Abutment supported cast metal crown (high noble metal)	45%
D6063	Abutment supported cast metal crown (predominantly base metal)	45%
D6064	Abutment supported cast metal crown (noble metal)	45%
D6065	Implant supported porcelain/ceramic crown	45%
D6066	Implant supported crown - Porcelain fused to high noble alloys)	45%
D6067	Implant supported crown High noble alloys	45%
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	45%
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	45%
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	45%
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	45%
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	45%
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	45%
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	45%
D6075	Implant supported retainer for ceramic fixed partial denture	45%
D6076	Implant supported retainer for fixed partial denture - Porcelain fused to high noble) alloys	45%
D6077	Implant supported retainer for metal fixed partial denture - High noble alloys	45%
D6082	Implant supported crown – Porcelain fused to predominantly base alloys	45%
D6083	Implant supported crown – Porcelain fused to noble alloys	45%
D6084	Implant supported crown – Porcelain fused to titanium and titanium alloys	45%
D6085	Provisional implant crown	45%
D6086	Implant supported crown – Predominantly base alloys	45%
D6087	Implant supported crown – Noble alloys	45%
D6088	Implant supported crown – Titanium and titanium alloys	45%

Code	Procedure description	Patient Charge
D6092	Re-cement implant/abutment supported crown	45%
D6093	Re-cement implant/abutment supported fixed partial denture	45%
D6094	Abutment supported crown - (Titanium) and titanium alloys	45%
D6096	Remove broken implant retaining screw	45%
D6097	Abutment supported crown – Porcelain fused to titanium and titanium alloys	45%
D6098	Implant supported retainer – Porcelain fused to predominantly base alloys	45%
D6099	Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys	45%
D6110	Implant /abutment supported removable denture for edentulous arch – Upper	45%
D6111	Implant /abutment supported removable denture for edentulous arch – Lower	45%
D6112	Implant /abutment supported removable denture for partially edentulous arch – Upper	45%
D6113	Implant /abutment supported removable denture for partially edentulous arch – Lower	45%
D6114	Implant /abutment supported fixed denture for edentulous arch – Upper	45%
D6115	Implant /abutment supported fixed denture for edentulous arch – Lower	45%
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Upper	45%
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Lower	45%
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	45%
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	45%
D6120	Implant supported retainer – Porcelain fused to titanium and titanium alloys	45%
D6121	Implant supported retainer for metal fixed partial denture – Predominantly base alloys	45%
D6122	Implant supported retainer for metal fixed partial denture – Noble alloys	45%
D6123	Implant supported retainer for metal fixed partial denture – Titanium and titanium alloys	45%
D6192	Semi-precision attachment - Placement	45%
D6194	Abutment supported retainer crown for fixed partial denture Titanium and titanium alloys	45%
D6195	Abutment supported retainer – Porcelain fused to titanium and titanium alloys	45%

Code	Procedure description	Patient Charge
<p><b>Oral surgery (includes routine postoperative treatment)</b>  <b>Surgical removal of impacted teeth are covered for ages below 15 when medically necessary</b></p>		
D7111	Extraction of coronal remnants – Primary tooth	15%
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	15%
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	15%
D7220	Removal of impacted tooth – Soft tissue	15%
D7230	Removal of impacted tooth – Partially bony	15%
D7240	Removal of impacted tooth – Completely bony	15%
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	15%
D7250	Removal of residual tooth roots – Cutting procedure	15%
D7251	Coronectomy - Intentional partial tooth removal	15%
D7260	Oroantral fistula closure	15%
D7261	Primary closure of a sinus perforation	15%
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	15%
D7280	Exposure of an unerupted tooth ( <i>excluding wisdom teeth</i> )	15%
D7283	Placement of device to facilitate eruption of impacted tooth	15%
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) ( <i>tooth related – not allowed when in conjunction with another surgical procedure</i> )	15%
D7286	Incisional biopsy of oral tissue – Soft (all others) ( <i>tooth related – not allowed when in conjunction with another surgical procedure</i> )	15%
D7287	Exfoliative cytological sample collection	15%
D7288	Brush biopsy – Transepithelial sample collection	15%
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	15%
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	15%
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	15%
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	15%
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	15%

Code	Procedure description	Patient Charge
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	15%
D7471	Removal of lateral exostosis – Maxilla or mandible	15%
D7472	Removal of torus palatinus	15%
D7473	Removal of torus mandibularis	15%
D7485	Reduction of osseous tuberosity	15%
D7510	Incision and drainage of abscess – Intraoral soft tissue	15%
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	15%
D7520	Incision and drainage of abscess – Extraoral soft tissue	15%
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	15%
D7880	Occlusal orthotic device, by report - ( <i>limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i> )	15%
D7881	Occlusal orthotic device adjustment	15%
D7910	Suture of recent small wounds up to 5cm	15%
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	15%
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach ( <i>limit 1 per calendar year</i> )	15%
D7952	Sinus augmentation via a vertical approach ( <i>limit 1 per calendar year</i> )	15%
D7953	Bone replacement graft for ridge preservation - Per site ( <i>limit 1 per calendar year</i> )	15%
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	15%
D7961	Buccal / labial frenectomy (frenulectomy)	15%
D7963	Frenuloplasty	15%
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.		
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	45%
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	45%
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	45%

Code	Procedure description	Patient Charge
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	45%
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	45%
D8210	Removable appliance therapy	45%
D8220	Fixed appliance therapy	45%
D8660	Pre-orthodontic treatment examination to monitor growth and development	45%
D8670	Periodic orthodontic treatment visit  Children – Up to 19th birthday:  24-month treatment fee	45%
	Adults:  24-month treatment fee	45%
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	45%
D8681	Removable orthodontic retainer adjustment	45%
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	45%
D8698	Re-cement or re-bond fixed retainer – Upper	45%
D8699	Re-cement or re-bond fixed retainer – Lower	45%
D8701	Repair of fixed retainer, includes reattachment – Upper	45%
D8702	Repair of fixed retainer, includes reattachment – Lower	45%
D8999	Unspecified orthodontic procedure – By report ( <i>orthodontic treatment plan and records including all necessary images</i> )	45%
<b>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.</b>		
D9211	Regional block anesthesia	0%
D9212	Trigeminal division block anesthesia	0%
D9215	Local anesthesia	0%
D9222	Deep sedation/general anesthesia – First 15 minutes	15%
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	15%
D9239	Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes	15%

Code	Procedure description	Patient Charge
D9243	Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment	15%
D9610	Therapeutic parenteral drug, single administration	15%
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	15%
D9613	Infiltration of sustained release therapeutic drug – Single or multiple sites	\$200.00
D9630	Drugs or medicaments dispensed in the office for home use	15%
D9910	Application of desensitizing medicament	15%
<b>Emergency services</b>		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	0%
D9120	Fixed partial denture sectioning	15%
D9440	Fixed partial denture sectioning	15%
<b>Miscellaneous services</b>		
D9941	Fabrication of athletic mouthguard ( <i>limit 1 per 12 months</i> )	45%
D9942	Repair and/or reline of occlusal guard	15%
D9943	Occlusal guard adjustment	15%
D9944	Occlusal guard – Hard appliance, full arch ( <i>limit 1 per 24 months</i> )	45%
D9945	Occlusal guard – Soft appliance, full arch ( <i>limit 1 per 24 months</i> )	45%
D9946	Occlusal guard – Hard appliance, partial arch ( <i>limit 1 per 24 months</i> )	45%
D9951	Occlusal adjustment – Limited	15%
D9952	Occlusal adjustment – Complete	15%
D9961	Duplicate/copy patient's records	0%
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> )	\$165.00
D9990	Certified translation or sign language services, per visit	0%
D9995	Teledentistry – Synchronous; real-time encounter	0%
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	0%
<p>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.</p>		

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.

### **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 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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