

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 (SCI09)

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 (SCIO9)

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)	\$0.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit for observation – No other services performed	\$0.00
D9450	Case presentation, subsequent to 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	Reevaluation – Post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$45.00
D0210	X-rays intraoral – Comprehensive 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

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Code	Procedure Description	Patient Charge
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00
D0240	X-rays intraoral – Occlusal radiographic image	\$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
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>	\$200.00
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>	\$220.00
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>	\$220.00
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>	\$240.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(limit 1 per calendar year; only</i>	\$240.00

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Code	Procedure Description	Patient Charge
	<i>covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	
D0431	Oral cancer screening using a special light source	\$50.00
D0460	Pulp vitality tests	\$14.00
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
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
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
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 – Comprehensive 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	\$45.00

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Code	Procedure Description	Patient Charge
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
D1206	Topical application of fluoride varnish – <i>(limit 2 per calendar year). 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) 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
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$0.00
D1353	Sealant repair – Per tooth	\$11.00
D1354	Application of caries arresting medicament - Per tooth	\$0.00
D1355	Caries preventive medicament application – Per tooth	\$0.00
D1510	Space maintainer – Fixed – Unilateral	\$110.00
D1516	Space maintainer – Fixed – Bilateral, Maxillary	\$170.00
D1517	Space maintainer – Fixed – Bilateral, Mandibular	\$170.00
D1551	Re-cement or re-bond bilateral space maintainer – Upper	\$0.00

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Code	Procedure Description	Patient Charge
D1552	Re-cement or re-bond bilateral space maintainer – Lower	\$0.00
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	\$0.00
D1556	Removal of fixed unilateral space maintainer – Per quadrant	\$0.00
D1557	Removal of fixed bilateral space maintainer – Upper	\$0.00
D1558	Removal of fixed bilateral space maintainer – Lower	\$0.00
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	\$121.00
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$6.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$6.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$12.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$18.00
D2330	Resin-based composite – 1 surface, anterior	\$6.00
D2331	Resin-based composite – 2 surfaces, anterior	\$13.00
D2332	Resin-based composite – 3 surfaces, anterior	\$18.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$60.00
D2390	Resin-based composite crown, anterior	\$88.00
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	\$60.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$85.00

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Code	Procedure Description	Patient Charge
<p>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.</p>		
	<p>Additional charge 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>	\$150.00
D2510	Inlay – Metallic – 1 surface	\$380.00
D2520	Inlay – Metallic – 2 surfaces	\$380.00
D2530	Inlay – Metallic – 3 or more surfaces	\$380.00
D2542	Onlay – Metallic – 2 surfaces	\$380.00
D2543	Onlay – Metallic – 3 surfaces	\$380.00
D2544	Onlay – Metallic – 4 or more surfaces	\$380.00
D2740	Crown – Porcelain/ceramic	\$400.00
D2750	Crown – Porcelain fused to high noble metal	\$380.00
D2751	Crown – Porcelain fused to predominantly base metal	\$335.00
D2752	Crown – Porcelain fused to noble metal	\$360.00
D2780	Crown – 3/4 cast high noble metal	\$400.00
D2781	Crown – 3/4 cast predominantly base metal	\$380.00
D2782	Crown – 3/4 cast noble metal	\$335.00
D2790	Crown – Full cast high noble metal	\$400.00
D2791	Crown – Full cast predominantly base metal	\$380.00
D2792	Crown – Full cast noble metal	\$335.00
D2794	Crown – Titanium and titanium alloys	\$430.00

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Code	Procedure Description	Patient Charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$12.00
D2915	Re-cement or re-bond cast indirectly fabricated or prefabricated post and core	\$12.00
D2920	Re-cement or re-bond crown	\$12.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	\$145.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$92.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$92.00
D2932	Prefabricated resin crown	\$120.00
D2933	Prefabricated stainless steel crown with resin window	\$145.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$145.00
D2940	Protective restoration	\$13.00
D2941	Interim therapeutic restoration - Primary dentition	\$13.00
D2950	Core buildup – Including any pins when required	\$97.00
D2951	Pin retention – Per tooth – In addition to restoration	\$18.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$150.00
D2954	Prefabricated post and core – In addition to crown	\$125.00
D2960	Labial veneer (resin laminate) – Direct	\$105.00
D6210	Pontic – Cast high noble metal	\$420.00
D6211	Pontic – Cast predominantly base metal	\$380.00
D6212	Pontic – Cast noble metal	\$410.00
D6214	Pontic – Titanium and titanium alloys	\$430.00
D6240	Pontic – Porcelain fused to high noble metal	\$420.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$380.00

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Code	Procedure Description	Patient Charge
D6242	Pontic – Porcelain fused to noble metal	\$410.00
D6245	Pontic – Porcelain/ceramic	\$425.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	\$420.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	\$430.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	\$370.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	\$370.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	\$390.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	\$400.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	\$430.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	\$430.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	\$370.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	\$370.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	\$390.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	\$410.00
D6624	Retainer inlay – Titanium	\$420.00
D6634	Retainer onlay – Titanium	\$420.00
D6740	Retainer crown – Porcelain/ceramic	\$470.00
D6750	Retainer crown – Porcelain fused to high noble metal	\$430.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	\$380.00
D6752	Retainer crown – Porcelain fused to noble metal	\$410.00
D6780	Retainer crown – 3/4 cast high noble metal	\$430.00
D6781	Retainer crown – 3/4 cast predominantly base metal	\$380.00
D6782	Retainer crown – 3/4 cast noble metal	\$410.00

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Code	Procedure Description	Patient Charge
D6790	Retainer crown – Full cast high noble metal	\$430.00
D6791	Retainer crown – Full cast predominantly base metal	\$380.00
D6792	Retainer crown – Full cast noble metal	\$410.00
D6794	Retainer crown – Titanium and titanium alloys	\$430.00
	Complex rehabilitation – Additional charge per unit for multiple crown units/complex rehabilitation (<i>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</i>)	\$135.00
D6930	Re-cement or re-bond fixed partial denture	\$12.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	\$14.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$14.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$89.00
D3221	Pulpal debridement, primary and permanent (<i>not to be used when root canal is done on the same day</i>)	\$83.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$89.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$200.00
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	\$235.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$320.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$130.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$130.00
D3333	Internal root repair of perforation defects	\$130.00
D3346	Retreatment of previous root canal therapy – Anterior	\$395.00

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Code	Procedure Description	Patient Charge
D3347	Retreatment of previous root canal therapy – Premolar	\$445.00
D3348	Retreatment of previous root canal therapy – Molar	\$565.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$360.00
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	\$385.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$420.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$150.00
D3430	Retrograde filling per root	\$89.00
D3471	Surgical repair of root resorption – Anterior	\$360.00
D3472	Surgical repair of root resorption – Premolar	\$360.00
D3473	Surgical repair of root resorption – Molar	\$360.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	\$360.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	\$360.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	\$360.00
D3911	Intraorifice barrier	\$0.00
D3921	Decoronation or submergence of an erupted tooth	\$0.00
<p>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, 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.</p>		
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$240.00

**CIGNA DENTAL CARE PLAN
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Code	Procedure Description	Patient Charge
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$65.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$65.00
D4240	Gingival flap (including root planing) – 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$305.00
D4241	Gingival flap (including root planing) – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$165.00
D4245	Apically positioned flap	\$280.00
D4249	Clinical crown lengthening – Hard tissue	\$205.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$280.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$240.00
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	\$110.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	\$80.00
D4266	Guided tissue regeneration, natural teeth – Resorbable barrier per site	\$105.00
D4267	Guided tissue regeneration, natural teeth – Nonresorbable barrier per site (includes membrane removal)	\$110.00
D4270	Pedicle soft tissue graft procedure	\$225.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$225.00

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Code	Procedure Description	Patient Charge
D4277	Free soft tissue graft procedure (including recipient donor surgical sites), first tooth implant or edentulous (<i>missing</i>) tooth position in graft	\$225.00
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	\$105.00
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	\$208.00
D4286	Removal of non-resorbable barrier	\$22.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (<i>limited to once per quadrant per consecutive 12 months</i>)	\$60.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (<i>limited to once per quadrant per consecutive 12 months</i>)	\$45.00
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>)	\$45.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (<i>1 per lifetime, unless medically necessary</i>)	\$84.00
D4381	Localized delivery of antimicrobial agents per tooth	\$15.00
D4910	Periodontal maintenance (<i>only covered after active periodontal therapy</i>)	\$0.00
Prosthetics (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.		
D5110	Full upper denture	\$535.00
D5120	Full lower denture	\$535.00

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Code	Procedure Description	Patient Charge
D5130	Immediate full upper denture	\$575.00
D5140	Immediate full lower denture	\$575.00
D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$400.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$400.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$625.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$625.00
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$400.00
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$400.00
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$625.00
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$625.00
D5225	Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$430.00
D5226	Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$430.00
D5410	Adjust complete denture – Upper	\$38.00
D5411	Adjust complete denture – Lower	\$38.00
D5421	Adjust partial denture – Upper	\$38.00
D5422	Adjust partial denture – Lower	\$38.00

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Code	Procedure Description	Patient Charge
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	\$71.00
D5512	Repair broken complete denture base - Upper	\$71.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$71.00
D5611	Repair resin partial denture base - Lower	\$71.00
D5612	Repair resin partial denture base - Upper	\$71.00
D5630	Repair or replace broken retentive/clasping materials - Per tooth	\$88.00
D5640	Replace broken teeth – Per tooth	\$71.00
D5650	Add tooth to existing partial denture	\$71.00
D5660	Add clasp to existing partial denture - Per tooth	\$88.00
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	\$210.00
D5711	Rebase complete lower denture	\$210.00
D5720	Rebase upper partial denture	\$210.00
D5721	Rebase lower partial denture	\$210.00
D5730	Reline complete upper denture – Direct	\$120.00
D5731	Reline complete lower denture –Direct	\$120.00
D5740	Reline upper partial denture – Direct	\$120.00
D5741	Reline lower partial denture – Direct	\$120.00
D5750	Reline complete upper denture – Indirect	\$185.00
D5751	Reline complete lower denture – Indirect	\$185.00
D5760	Reline upper partial denture – Indirect	\$185.00
D5761	Reline lower partial denture – Indirect	\$185.00

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Code	Procedure Description	Patient Charge
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	\$305.00
D5811	Interim complete denture – Lower	\$305.00
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	\$255.00
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	\$255.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$205.00
Implant Services - Surgical Placement of Implants (D6010, D6012, D6013, D6040, and D6050) have a limit of 1 implant per calendar year with a replacement of 1 per 10 years		
D6010	Surgical placement of implant body: Endosteal implant	\$1,025.00
D6011	Surgical access to an implant body (second stage implant surgery)	\$255.00
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	\$390.00
D6013	Surgical placement of mini implant	\$340.00
D6040	Surgical placement: Eposteal implant	\$940.00
D6050	Surgical placement: Transosteal implant	\$920.00
D6055	Connecting bar - Implant supported or abutment supported <i>(limit 1 per calendar year)</i>	\$1,170.00
D6056	Prefabricated abutment - Includes modification and placement <i>(limit 1 per calendar year)</i>	\$340.00
D6057	Custom fabricated abutment - Includes placement <i>(limit 1 per calendar year)</i>	\$450.00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis <i>(limit 1 per calendar year)</i>	\$65.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (SCIO9)

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>	\$12.00
D6090	Repair implant supported prosthesis, by report <i>(limit 1 per calendar year)</i>	\$130.00
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>	\$60.00
D6095	Repair implant abutment, by report <i>(limit 1 per calendar year)</i>	\$245.00
D6096	Remove broken implant retaining screw	\$51.00
D6100	Implant removal, by report <i>(limit 1 per calendar year)</i>	\$245.00
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>	\$125.00
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>	\$240.00
D6103	Bone graft for repair of periimplant defect - does not include flap entry and closure <i>(limit 1 per calendar year)</i>	\$290.00
D6104	Bone graft at time of implant placement <i>(limit 1 per calendar year)</i>	\$290.00
D6190	Radiographic/surgical implant index, by report <i>(limit 1 per calendar year)</i>	\$165.00
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.		
	Additional charge 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	\$150.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
	(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.	
D6058	Abutment supported porcelain/ceramic crown	\$525.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$500.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$465.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$485.00
D6062	Abutment supported cast metal crown (high noble metal)	\$500.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$465.00
D6064	Abutment supported cast metal crown (noble metal)	\$485.00
D6065	Implant supported porcelain/ceramic crown	\$525.00
D6066	Implant supported crown - Porcelain fused to high noble alloys	\$500.00
D6067	Implant supported crown High noble alloys	\$500.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	\$525.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	\$500.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	\$465.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	\$485.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	\$500.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	\$465.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	\$485.00
D6075	Implant supported retainer for ceramic fixed partial denture	\$525.00
D6076	Implant supported retainer for fixed partial denture - Porcelain fused to high noble alloys	\$500.00
D6077	Implant supported retainer for metal fixed partial denture - High noble alloys	\$500.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$51.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$51.00
D6094	Abutment supported crown - Titanium and titanium alloys	\$500.00
D6110	Implant /abutment supported removable denture for edentulous arch – Upper	\$835.00
D6111	Implant /abutment supported removable denture for edentulous arch – Lower	\$835.00
D6112	Implant /abutment supported removable denture for partially edentulous arch – Upper	\$925.00
D6113	Implant /abutment supported removable denture for partially edentulous arch – Lower	\$925.00
D6114	Implant /abutment supported fixed denture for edentulous arch – Upper	\$835.00
D6115	Implant /abutment supported fixed denture for edentulous arch – Lower	\$835.00
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Upper	\$925.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Lower	\$925.00
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	\$500.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	\$500.00
D6194	Abutment supported retainer crown for fixed partial denture - Titanium and titanium alloys	\$720.00
D6198	Remove interim implant component	\$0.00
	Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional charge per unit for multiple crown units/complex rehabilitation (<i>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</i>)	\$135.00
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted teeth are covered for ages below 15 when medically necessary		
D7111	Extraction of coronal remnants – Primary tooth	\$12.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$12.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$71.00
D7220	Removal of impacted tooth – Soft tissue	\$71.00
D7230	Removal of impacted tooth – Partially bony	\$100.00
D7240	Removal of impacted tooth – Completely bony	\$120.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	\$150.00
D7250	Removal of residual tooth roots – Cutting procedure	\$71.00
D7251	Coronectomy – Intentional partial tooth removal	\$145.00
D7260	Oroantral fistula closure	\$200.00
D7261	Primary closure of a sinus perforation	\$200.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$14.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
D7280	Exposure of an unerupted tooth (<i>excluding wisdom teeth</i>)	\$14.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$8.00
D7285	Incisional biopsy of oral tissue - Hard (bone, tooth) (<i>tooth related - not allowed when in conjunction with another surgical procedure</i>)	\$145.00
D7286	Incisional biopsy of oral tissue - Soft (all others) (<i>tooth related - not allowed when in conjunction with another surgical procedure</i>)	\$110.00
D7287	Exfoliative cytological sample collection	\$78.00
D7288	Brush biopsy – Transepithelial sample collection	\$78.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$89.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$45.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$120.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$64.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$14.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$14.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$14.00
D7472	Removal of torus palatinus	\$14.00
D7473	Removal of torus mandibularis	\$14.00
D7485	Reduction of osseous tuberosity	\$120.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$14.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	\$20.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
D7880	Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	\$425.00
D7881	Occlusal orthotic device adjustment	\$38.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach <i>(limit 1 per calendar year)</i>	\$850.00
D7952	Sinus augmentation via a vertical approach <i>(limit 1 per calendar year)</i>	\$640.00
D7953	Bone replacement graft for ridge preservation - Per site <i>(limit 1 per calendar year)</i>	\$100.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$14.00
D7963	Frenuloplasty	\$20.00
<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	\$330.00
D8020	Limited orthodontic treatment of the transitional dentition – Banding	\$330.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	\$500.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$515.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	\$515.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$67.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
D8670	Periodic orthodontic treatment visit Children – Up to 19th birthday: 24-month treatment fee Charge per month for 24 months Adults: 24-month treatment fee Charge per month for 24 months	\$2,112.00 \$88.00 \$2,520.00 \$105.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	\$335.00
D8681	Removable orthodontic retainer adjustment	\$0.00
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$175.00
D8999	Unspecified orthodontic procedure – By report (<i>orthodontic treatment plan and records including all necessary images</i>)	\$170.00
<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 IV sedation when used for the purpose of anxiety control or patient management.</p>		
D9222	Deep sedation/general anesthesia – First 15 minutes	\$50.00
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	\$50.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes	\$50.00
D9243	Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment	\$50.00

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$0.00
Emergency services		
D9110	Palliative treatment of dental pain – Per visit	\$0.00
D9440	Office visit – After regularly scheduled hours	\$66.00
D9613	Infiltration of sustained release therapeutic drug – Single or multiple sites	\$50.00
Miscellaneous services		
D9912	Pre-visit patient screening	\$0.00
D9941	Fabrication of athletic mouthguard - <i>(limit 1 per 12 months)</i>	\$110.00
D9943	Occlusal guard adjustment	\$0.00
D9944	Occlusal guard – Hard appliance, full arch <i>(limit 1 per 24 months)</i>	\$185.00
D9945	Occlusal guard – Soft appliance, full arch <i>(limit 1 per 24 months)</i>	\$94.00
D9946	Occlusal guard – Hard appliance, partial arch <i>(limit 1 per 24 months)</i>	\$110.00
D9951	Occlusal adjustment – Limited	\$58.00
D9952	Occlusal adjustment – Complete	\$255.00
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>	\$165.00
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 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

CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (SCIO9)

Code	Procedure Description	Patient Charge
<p>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>		

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 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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