CIGNA DENTAL CARE® (*DHMO)

PATIENT CHARGE SCHEDULE

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

Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric, Orthodontic and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- Procedures **not** listed on this Patient Charge Schedule are **not** covered and are the patient's responsibility at the dentist's usual fees.
- If more than one professionally accepted and appropriate method of treatment can be used to treat a dental condition, coverage will be limited to the less costly Covered Service. If you choose the more costly service, the fee listed on the Patient Charge Schedule will not apply. Discuss your options and increased financial obligations with your dentist.

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Important Highlights *(continued)*

- The administration of IV sedation, general anesthesia, and/or nitrous oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- 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.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

Code	Procedure Description	Patient Charge
Office visit fee (per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$5.00
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
D9430	Office visit for observation – No other services performed	$0.00
D9450	Case presentation – Detailed and extensive treatment planning	$0.00
D0120	Periodic oral evaluation – Established patient	$0.00
D0140	Limited oral evaluation – Problem focused	$0.00

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PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
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 *(limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)*	$0.00
D0170	Reevaluation – Limited, problem focused (not postoperative visit)	$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	$70.00
D0210	X-rays intraoral – Complete series of radiographic images *(limit 1 every 3 years)*	$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	$0.00
D0240	X-rays intraoral – Occlusal radiographic image	$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) – *(limit 1 every 3 years)*	$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures *(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)*	$240.00
D0431	Oral cancer screening using a special light source	$50.00
D0460	Pulp vitality tests	$14.00
D0470	Diagnostic casts	$0.00

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PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
D0472	Pathology report – Gross examination of lesion (only when tooth related)	$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	$0.00
D1110	Prophylaxis (cleaning) – Adult (*limit 2 per calendar year*)	$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$45.00
D1120	Prophylaxis (cleaning) – Child (*limit 2 per calendar year*)	$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$30.00
D1206	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.*	$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) per calendar year.	$15.00
D1208	Topical application of fluoride (*limit 2 per calendar year*) *There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.*	$0.00
	Additional topical application of fluoride – In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year.	$15.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant – Per tooth	$17.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	$17.00
D1510	Space maintainer – Fixed – Unilateral	$110.00
D1515	Space maintainer – Fixed – Bilateral	$170.00
D1555	Removal of fixed space maintainer	$0.00

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PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
Restorative (fillings, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	$23.00
D2150	Amalgam – 2 surfaces, primary or permanent	$28.00
D2160	Amalgam – 3 surfaces, primary or permanent	$33.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	$40.00
D2330	Resin-based composite – 1 surface, anterior	$33.00
D2331	Resin-based composite – 2 surfaces, anterior	$40.00
D2332	Resin-based composite – 3 surfaces, anterior	$47.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	$88.00
D2390	Resin-based composite crown, anterior	$140.00
D2391	Resin-based composite – 1 surface, posterior	$47.00
D2392	Resin-based composite – 2 surfaces, posterior	$59.00
D2393	Resin-based composite – 3 surfaces, posterior	$82.00
D2394	Resin-based composite – 4 or more surfaces, posterior	$115.00

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PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
Crown and bridge – All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years. For single crowns, retainer ("abutment") crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged up to these additional amounts, based on the type of material the dentist uses for your restoration. • No more than $80.00 per tooth for any noble metal alloys • No more than $130.00 per tooth for any high noble metal alloys, titanium or titanium alloys • No more than $100.00 per tooth for any porcelain fused to metal (only on molar teeth) • Porcelain/ceramic substrate crowns on molar teeth are not covered		
	In addition, you may be charged up to these additional amounts. • No more than $100.00 per tooth if an indirectly fabricated ("cast") post and core is made of high noble metal alloy • No more than $150.00 per tooth 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	
D2510	Inlay – Metallic – 1 surface	$435.00
D2520	Inlay – Metallic – 2 surfaces	$435.00
D2530	Inlay – Metallic – 3 or more surfaces	$435.00
D2542	Onlay – Metallic – 2 surfaces	$505.00
D2543	Onlay – Metallic – 3 surfaces	$505.00
D2544	Onlay – Metallic – 4 or more surfaces	$505.00
D2740	Crown – Porcelain/ceramic substrate	$520.00
D2750	Crown – Porcelain fused to high noble metal	$350.00
D2751	Crown – Porcelain fused to predominantly base metal	$425.00
D2752	Crown – Porcelain fused to noble metal	$370.00
D2780	Crown – 3/4 cast high noble metal	$360.00

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PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
D2781	Crown – 3/4 cast predominantly base metal	$435.00
D2782	Crown – 3/4 cast noble metal	$380.00
D2790	Crown – Full cast high noble metal	$360.00
D2791	Crown – Full cast predominantly base metal	$435.00
D2792	Crown – Full cast noble metal	$380.00
D2794	Crown – Titanium	$360.00
D2910	Recement inlay – Onlay or partial coverage restoration	$43.00
D2915	Recement cast or prefabricated post and core	$43.00
D2920	Recement crown	$43.00
D2929	Prefabricated porcelain/ceramic crown – Primary tooth	$155.00
D2930	Prefabricated stainless steel crown – Primary tooth	$110.00
D2931	Prefabricated stainless steel crown – Permanent tooth	$110.00
D2932	Prefabricated resin crown	$135.00
D2933	Prefabricated stainless steel crown with resin window	$155.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	$155.00
D2940	Protective Restoration	$24.00
D2950	Core buildup – Including any pins	$125.00
D2951	Pin retention – Per tooth – In addition to restoration	$29.00
D2952	Post and core – In addition to crown, indirectly fabricated	$170.00
D2954	Prefabricated post and core – In addition to crown	$140.00
D2960	Labial veneer (resin laminate) – Chairside	$130.00
D6210	Pontic – Cast high noble metal	$350.00
D6211	Pontic – Cast predominantly base metal	$435.00
D6212	Pontic – Cast noble metal	$380.00
D6214	Pontic – Titanium	$360.00
D6240	Pontic – Porcelain fused to high noble metal	$350.00

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PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
D6241	Pontic – Porcelain fused to predominantly base metal	$435.00
D6242	Pontic – Porcelain fused to noble metal	$380.00
D6245	Pontic – Porcelain/ceramic	$480.00
D6602	Inlay – Cast high noble metal, 2 surfaces	$340.00
D6603	Inlay – Cast high noble metal, 3 or more surfaces	$360.00
D6604	Inlay – Cast predominantly base metal, 2 surfaces	$415.00
D6605	Inlay – Cast predominantly base metal, 3 or more surfaces	$425.00
D6606	Inlay – Cast noble metal, 2 surfaces	$360.00
D6607	Inlay – Cast noble metal, 3 or more surfaces	$360.00
D6610	Onlay – Cast high noble metal, 2 surfaces	$340.00
D6611	Onlay – Cast high noble metal, 3 or more surfaces	$360.00
D6612	Onlay – Cast predominantly base metal, 2 surfaces	$415.00
D6613	Onlay – Cast predominantly base metal, 3 or more surfaces	$425.00
D6614	Onlay – Cast noble metal, 2 surfaces	$360.00
D6615	Onlay – Cast noble metal, 3 or more surfaces	$370.00
D6624	Inlay – Titanium	$350.00
D6634	Onlay – Titanium	$350.00
D6740	Crown – Porcelain/ceramic	$530.00
D6750	Crown – Porcelain fused to high noble metal	$360.00
D6751	Crown – Porcelain fused to predominantly base metal	$435.00
D6752	Crown – Porcelain fused to noble metal	$380.00
D6780	Crown – 3/4 cast high noble metal	$360.00
D6781	Crown – 3/4 cast predominantly base metal	$435.00
D6782	Crown – 3/4 cast noble metal	$380.00
D6790	Crown – Full cast high noble metal	$360.00
D6791	Crown – Full cast predominantly base metal	$435.00
D6792	Crown – Full cast noble metal	$380.00

Code	Procedure Description	Patient Charge
D6794	Crown – Titanium	$360.00
	Complex rehabilitation – Additional 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)*	$135.00
D6930	Recement fixed partial denture	$65.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	$38.00
D3120	Pulp cap – Indirect (excluding final restoration)	$38.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	$97.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	$110.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	$110.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	$375.00
D3320	Bicuspid root canal – Permanent tooth (excluding final restoration)	$445.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	$595.00
D3331	Treatment of root canal obstruction – Nonsurgical access	$170.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	$185.00
D3333	Internal root repair of perforation defects	$175.00
D3346	Retreatment of previous root canal therapy – Anterior	$535.00
D3347	Retreatment of previous root canal therapy – Bicuspid	$605.00
D3348	Retreatment of previous root canal therapy – Molar	$710.00
D3410	Apicoectomy/periradicular surgery – Anterior	$440.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	$470.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	$540.00

Code	Procedure Description	Patient Charge
D3426	Apicoectomy/periradicular surgery (each additional root)	$180.00
D3430	Retrograde filling – Per root	$130.00
Periodontics (treatment of supporting tissues [gum and bone] of the teeth) periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the patient charge schedule. The relevant procedure codes are D4263, D4264, 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.		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	$320.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	$160.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$160.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	$365.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	$220.00
D4245	Apically positioned flap	$365.00
D4249	Clinical crown lengthening – Hard tissue	$405.00
D4260	Osseous surgery – 4 or more teeth per quadrant	$640.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	$385.00
D4263	Bone replacement graft – First site in quadrant	$290.00
D4264	Bone replacement graft – Each additional site in quadrant	$225.00
D4266	Guided tissue regeneration – Resorbable barrier per site	$380.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	$430.00
D4270	Pedicle soft tissue graft procedure	$495.00
D4275	Soft tissue allograft	$495.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous *(missing)* tooth position in graft	$495.00

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PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous *(missing)* tooth position in same graft site	$250.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant *(limit 4 quadrants per consecutive 12 months)*	$135.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant *(limit 4 quadrants per consecutive 12 months)*	$75.00
D4355	Full mouth debridement to allow evaluation and diagnosis *(1 per lifetime)*	$110.00
D4381	Localized delivery of antimicrobial agents per tooth	$45.00
D4910	Periodontal maintenance *(limit 4 per calendar year) (only covered after active periodontal therapy)*	$93.00
Prosthetics (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. Characterization is considered an upgrade with maximum additional charge to the member of $225.00 per denture.		
D5110	Full upper denture	$450.00
D5120	Full lower denture	$450.00
D5130	Immediate full upper denture	$480.00
D5140	Immediate full lower denture	$480.00
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	$285.00
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	$285.00
D5213	Upper partial denture – Cast metal framework (including clasps, rests and teeth)	$555.00
D5214	Lower partial denture – Cast metal framework (including clasps, rests and teeth)	$555.00
D5225	Upper partial denture – Flexible base (including clasps, rests and teeth)	$355.00
D5226	Lower partial denture – Flexible base (including clasps, rests and teeth)	$355.00

Code	Procedure Description	Patient Charge
D5410	Adjust complete denture – Upper	$43.00
D5411	Adjust complete denture – Lower	$43.00
D5421	Adjust partial denture – Upper	$45.00
D5422	Adjust partial denture – Lower	$45.00
Repairs to prosthetics		
D5510	Repair broken complete denture base	$92.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	$81.00
D5610	Repair resin denture base	$92.00
D5630	Repair or replace broken clasp	$115.00
D5640	Replace broken teeth – Per tooth	$81.00
D5650	Add tooth to existing partial denture	$92.00
D5660	Add clasp to existing partial denture	$115.00
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	$260.00
D5711	Rebase complete lower denture	$260.00
D5720	Rebase upper partial denture	$260.00
D5721	Rebase lower partial denture	$260.00
D5730	Reline complete upper denture – Chairside	$160.00
D5731	Reline complete lower denture – Chairside	$160.00
D5740	Reline upper partial denture – Chairside	$160.00
D5741	Reline lower partial denture – Chairside	$160.00
D5750	Reline complete upper denture – Laboratory	$220.00
D5751	Reline complete lower denture – Laboratory	$220.00
D5760	Reline upper partial denture – Laboratory	$220.00
D5761	Reline lower partial denture – Laboratory	$220.00

Code	Procedure Description	Patient Charge
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	$405.00
D5811	Interim complete denture – Lower	$405.00
D5820	Interim partial denture – Upper	$305.00
D5821	Interim partial denture – Lower	$305.00
Implant/abutment supported prosthetics – All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years. **For single crowns, retainer ("abutment") crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged up to these additional amounts, based on the type of material the dentist uses for your restoration.** • **No more than $80.00 per tooth for any noble metal alloys** • **No more than $130.00 per tooth for any high noble metal alloys, titanium or titanium alloys** • **No more than $100.00 per tooth for any porcelain fused to metal (only on molar teeth)** • **Porcelain/ceramic substrate crowns on molar teeth are not covered**		
	In addition, you may be charged up to these additional amounts. • No more than $100.00 per tooth if an indirectly fabricated ("cast") post and core is made of high noble metal alloy • No more than $150.00 per tooth 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	
D6053	Implant/abutment supported removable denture for completely edentulous arch	$975.00
D6054	Implant/abutment supported removable denture for partially edentulous arch	$1,080.00
D6058	Abutment supported porcelain/ceramic crown	$820.00

Code	Procedure Description	Patient Charge
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$650.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$725.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$670.00
D6062	Abutment supported cast metal crown (high noble metal)	$650.00
D6063	Abutment supported cast metal crown (predominantly base metal)	$725.00
D6064	Abutment supported cast metal crown (noble metal)	$670.00
D6065	Implant supported porcelain/ceramic crown	$820.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	$650.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	$650.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	$820.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	$650.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	$725.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	$670.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	$650.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	$725.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	$670.00
D6075	Implant supported retainer for ceramic fixed partial denture	$820.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	$650.00

Code	Procedure Description	Patient Charge
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	$650.00
D6078	Implant/abutment supported fixed denture for completely edentulous arch	$975.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch	$1,080.00
D6092	Recement implant/abutment supported crown	$82.00
D6093	Recement implant/abutment supported fixed partial denture	$103.00
D6094	Abutment supported crown (titanium)	$650.00
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	$650.00
	Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional 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)*	$135.00
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.		
D7111	Extraction of coronal remnants – Deciduous tooth	$60.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	$64.00
D7210	Surgical removal of erupted tooth – Removal of bone and/or section of tooth	$155.00
D7220	Removal of impacted tooth – Soft tissue	$165.00
D7230	Removal of impacted tooth – Partially bony	$225.00
D7240	Removal of impacted tooth – Completely bony	$300.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	$315.00
D7250	Surgical removal of residual tooth roots – Cutting procedure	$155.00
D7251	Coronectomy - Intentional partial tooth removal	$155.00
D7260	Oroantral fistula closure	$470.00

Code	Procedure Description	Patient Charge
D7261	Primary closure of a sinus perforation	$415.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	$210.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	$270.00
D7283	Placement of device to facilitate eruption of impacted tooth	$68.00
D7285	Biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)	$225.00
D7286	Biopsy of oral tissue – Soft (all others) (tooth related – not allowed when in conjunction with another surgical procedure)	$190.00
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	$130.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$68.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$165.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$81.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	$260.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	$260.00
D7471	Removal of lateral exostosis – Maxilla or mandible	$275.00
D7472	Removal of torus palatinus	$275.00
D7473	Removal of torus mandibularis	$275.00
D7485	Surgical reduction of osseous tuberosity	$165.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	$110.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	$165.00

Code	Procedure Description	Patient Charge
D7880	Occlusal orthotic device, by report *(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)*	$575.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	$180.00
D7963	Frenuloplasty	$220.00
Orthodontics (tooth movement) **Orthodontic treatment (maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)**		
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	$480.00
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	$480.00
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 visit	$66.00
D8670	Periodic orthodontic treatment visit – As part of contract	
	Children – Up to 19th birthday:	
	24-month treatment fee	$2,472.00
	Charge per month for 24 months	$103.00
	Adults:	
	24-month treatment fee	$3,384.00
	Charge per month for 24 months	$141.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	$345.00
D8999	Unspecified orthodontic procedure – By report (orthodontic treatment plan and records)	$195.00

CIGNA DENTAL CARE®

PATIENT CHARGE SCHEDULE (GAOV9)

Code	Procedure Description	Patient Charge
General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.		
D9220	General anesthesia – First 30 minutes	$190.00
D9221	General anesthesia – Each additional 15 minutes	$84.00
D9241	IV conscious sedation – First 30 minutes	$190.00
D9242	IV conscious sedation – Each additional 15 minutes	$73.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	$65.00
D9440	Office visit – After regularly scheduled hours	$77.00
Miscellaneous services		
D9940	Occlusal guard – By report *(limit 1 per 24 months)*	$360.00
D9941	Fabrication of athletic mouthguard *(limit 1 per 12 months)*	$110.00
D9951	Occlusal adjustment – Limited	$71.00
D9952	Occlusal adjustment – Complete	$330.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays *(all other methods of bleaching are not covered)*	$165.00

This may contain CDT codes and/or portions of, or excerpts from the nomenclature contained within the *Current Dental Terminology*, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.

After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll free number listed on your ID card or plan materials. Multiple ways to locate a *DHMO Network General Dentist:

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

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

*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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