

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.
- The dollar amounts listed on the Patient Charge Schedule are only applicable to treatment performed by your selected Network General Dentist. If you receive care from a Network Specialty Dentist, you are responsible to pay for that care. You are entitled to pay at the Contract Fees negotiated by Cigna Dental rather than the Network Specialty Dentists' usual fees. Under this plan, referrals and preauthorization for payment by Cigna Dental are not necessary for care received at a Network Specialty Dentist. Cigna Dental will not make payments toward this treatment.
- Procedures **not** listed on this Patient Charge Schedule are **not** covered and are the patient's responsibility at the dentist's usual fees.
- The administration of IV sedation, general anesthesia, and/or nitrous oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.



**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

**Important Highlights (Continued)**

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

Code	Procedure Description	Copay
<p><b>Diagnostic/preventive</b> – 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).            You may be charged an additional lab fee up to \$100.00, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *.</p>		
D0120	Periodic oral evaluations – Established patient	\$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
D0171	Re-evaluation – Post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$50.00
D0210	X-rays intraoral – Complete series of radiographic images ( <i>Limit 1 every 3 years</i> )	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$5.00
D0240	X-rays intraoral – Occlusal radiographic image	\$10.00
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
D0321	Other temporomandibular joint radiographic images, by report	\$0.00
D0330	X-rays (Panoramic radiographic image) – <i>(Limit 1 every 3 years)</i>	\$0.00
D0340	2D cephalometric radiographic image – Acquisition, measurement and analysis	\$34.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(Limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$240.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0460	Pulp vitality tests	\$10.00
D0470	Diagnostic casts	\$28.00
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	\$35.00
D1120	Prophylaxis (Cleaning) – Child <i>(Limit 2 per calendar year)</i>	\$0.00
	Additional prophylaxis (Cleaning) – In addition to the 2 prophylaxes (Cleanings) allowed per calendar year	\$25.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D1206	Topical application of fluoride varnish – ( <i>Limit 2 per calendar year</i> ). <i>There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	\$0.00
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (Topical application of fluoride varnish) and/or D1208s (Topical application of fluoride) per calendar year.	\$15.00
D1208	Topical application of fluoride – Excluding varnish ( <i>Limit 2 per calendar year</i> ). <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i>	\$0.00
	Additional topical application of fluoride – Excluding varnish in addition to any combination of two (2) D1206s (Topical applications of fluoride varnish) and/or D1208s (Topical application of fluoride) per calendar year	\$15.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$18.00
D1510	Space maintainer – Fixed – Unilateral*	\$100.00
D1515	Space maintainer – Fixed – Bilateral*	\$146.00
D1520	Space maintainer – Removable – Unilateral*	\$125.00
D1525	Space maintainer – Removable – Bilateral*	\$171.00
D1550	Re-cementation of space maintainer	\$25.00
D1555	Removal of fixed space maintainer	\$25.00
<b>Restorative (Fillings, including polishing)</b>		
D2140	Amalgam – 1 surface, primary or permanent	\$45.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$55.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$65.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$80.00
D2330	Resin-based composite – 1 surface, anterior	\$55.00
D2331	Resin-based composite – 2 surfaces, anterior	\$70.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D2332	Resin-based composite – 3 surfaces, anterior	\$85.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$100.00
<p><b>Crown and bridge</b> – 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. You may be charged an additional lab fee up to \$100.00, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *.</p>		
D2740	Crown – Porcelain/ceramic substrate*	\$450.00
D2750	Crown – Porcelain fused to high noble metal*	\$409.00
D2751	Crown – Porcelain fused to predominantly base metal*	\$386.00
D2752	Crown – Porcelain fused to noble metal*	\$389.00
D2790	Crown – Full cast high noble metal*	\$398.00
D2791	Crown – Full cast predominantly base metal*	\$359.00
D2792	Crown – Full cast noble metal*	\$363.00
D2794	Crown – Titanium	\$398.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$21.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$21.00
D2920	Re-cement or re-bond crown	\$65.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$85.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$25.00
D2940	Protective restoration	\$26.00
D2950	Core buildup, including any pins when required	\$85.00
D2951	Pin retention – Per tooth – In addition to restoration	\$0.00
D2952	Cast post and core in addition to crown*	\$120.00
D2954	Prefabricated post and core in addition to crown*	\$101.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D2960	Labial veneer (Resin laminate) – Chairside	\$204.00
D2961	Labial veneer (Resin laminate) – Laboratory*	\$250.00
D2962	Labial veneer (Porcelain laminate) – Laboratory*	\$395.00
D6210	Pontic – Cast high noble metal*	\$387.00
D6211	Pontic – Cast predominantly base metal*	\$351.00
D6212	Pontic – Cast noble metal*	\$351.00
D6214	Pontic – Titanium	\$392.00
D6240	Pontic – Porcelain fused to high noble metal*	\$392.00
D6241	Pontic – Porcelain fused to predominantly base metal*	\$375.00
D6242	Pontic – Porcelain fused to noble metal*	\$375.00
D6250	Pontic – Resin with high noble metal*	\$359.00
D6251	Pontic – Resin with predominantly base metal*	\$331.00
D6252	Pontic – Resin with noble metal*	\$347.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis*	\$137.00
D6720	Retainer Crown – Resin with high noble metal	\$391.00
D6721	Retainer Crown – Resin with predominantly base metal	\$383.00
D6722	Retainer Crown – Resin with noble metal	\$387.00
D6750	Retainer Crown – Porcelain fused to high noble metal	\$402.00
D6751	Retainer Crown – Porcelain fused to predominantly base metal	\$379.00
D6752	Retainer Crown – Porcelain fused to noble metal	\$379.00
D6780	Retainer Crown – 3/4 cast high noble metal	\$389.00
D6781	Retainer Crown – 3/4 cast predominantly base metal	\$389.00
D6782	Retainer Crown – 3/4 cast noble metal	\$389.00
D6790	Retainer Crown – Full cast high noble metal	\$382.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D6791	Retainer Crown – Full cast predominantly base metal	\$353.00
D6792	Retainer Crown – Full cast noble metal	\$354.00
D6794	Retainer Crown – Titanium	\$382.00
D6930	Re-cement or re-bond fixed partial denture	\$40.00
D6940	Stress breaker*	\$114.00
D6950	Precision attachment*	\$201.00
<b>Endodontics (Root canal treatment, excluding final restorations)</b>		
D3110	Pulp cap – Direct (Excluding final restoration)	\$16.00
D3120	Pulp cap – Indirect (Excluding final restoration)	\$14.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$44.00
D3310	Anterior root canal – Permanent tooth (Excluding final restoration)	\$285.00
D3320	Bicuspid root canal – Permanent tooth (Excluding final restoration)	\$325.00
D3330	Molar root canal – Permanent tooth (Excluding final restoration)	\$450.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$285.00
D3351	Apexification/recalcification – Initial visit (Apical closure/calcific repair of perforations, root resorption, etc.)	\$285.00
D3352	Apexification/recalcification – Interim medication replacement (Apical closure/calcific repair of perforations, root resorption, etc.)	\$150.00
D3353	Apexification/recalcification – Final visit (Includes completed root canal therapy – Apical closure/calcific repair of perforations, root resorption, etc.)	\$150.00
D3410	Apicoectomy – Anterior	\$295.00
D3421	Apicoectomy – Bicuspid (First root)	\$295.00
D3425	Apicoectomy – Molar (First root)	\$295.00
D3426	Apicoectomy (Each additional root)	\$270.00
D3430	Retrograde filling per root	\$92.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D3450	Root amputation – Per root	\$250.00
D3460	Endodontic endosseous implant	\$738.00
D3920	Hemisection (Including any root removal) not including root canal therapy	\$170.00
D3950	Canal preparation and fitting of preformed dowel or post	\$77.00
<p><b>Periodontics</b> (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.</p>		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$139.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$104.00
D4240	Gingival flap (Including root planing) – 4 or more teeth per quadrant	\$191.00
D4241	Gingival flap (Including root planing) – 1 to 3 teeth per quadrant	\$143.00
D4245	Apically positioned flap	\$225.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$357.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$172.00
D4263	Bone replacement graft – Retained natural tooth – First site in quadrant	\$169.00
D4270	Pedicle soft tissue graft procedure	\$226.00
D4320	Provisional splinting – Intracoronal	\$72.00
D4321	Provisional splinting – Extracoronal	\$61.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (Limit 4 quadrants per consecutive 12 months)	\$90.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (Limit 4 quadrants per consecutive 12 months)	\$68.00
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime)	\$69.00
D4910	Periodontal maintenance (Limit 4 per calendar year) (Only covered after active therapy)	\$52.00



**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

Code	Procedure Description	Copay
<p><b>Prosthetics</b> (Removable tooth replacement – Dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. You may be charged an additional lab fee up to \$100.00, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *.</p>		
D5110	Complete denture – Upper*	\$485.00
D5120	Complete denture – Lower*	\$485.00
D5130	Immediate denture – Upper*	\$515.00
D5140	Immediate denture – Lower*	\$515.00
D5211	Upper partial denture – Resin base (Including clasps, rests and teeth)*	\$420.00
D5212	Lower partial denture – Resin base (Including clasps, rests and teeth)*	\$523.00
D5213	Upper partial denture – Cast metal framework (Including clasps, rests and teeth)*	\$552.00
D5214	Lower partial denture – Cast metal framework (Including clasps, rests and teeth)*	\$563.00
D5221	Immediate upper partial denture – Resin base (Including any conventional clasps, rests and teeth)	\$420.00
D5222	Immediate lower partial denture – Resin base (Including any conventional clasps, rests and teeth)	\$523.00
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (Including any conventional clasps, rests and teeth)	\$552.00
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (Including any conventional clasps, rests and teeth)	\$563.00
D5410	Adjust complete denture – Upper	\$0.00
D5411	Adjust complete denture – Lower	\$0.00
D5421	Adjust partial denture – Upper	\$0.00
D5422	Adjust partial denture – Lower	\$0.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
<b>Repairs to prosthetics</b>		
You may be charged an additional lab fee up to \$100.00, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *.		
D5510	Repair broken complete denture base*	\$45.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)*	\$40.00
D5610	Repair resin denture base*	\$47.00
D5620	Repair cast framework*	\$48.00
D5630	Repair or replace broken clasp – Per tooth*	\$40.00
D5640	Replace broken teeth – Per tooth*	\$37.00
D5650	Add tooth to existing partial denture*	\$58.00
D5660	Add clasp to existing partial denture – Per tooth*	\$76.00
<b>Denture relining (Limit 1 every 36 months)</b>		
You may be charged an additional lab fee up to \$100.00, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *.		
D5730	Reline complete upper denture – Chairside	\$75.00
D5731	Reline complete lower denture – Chairside	\$75.00
D5740	Reline upper partial denture – Chairside	\$75.00
D5741	Reline lower partial denture – Chairside	\$75.00
D5750	Reline complete upper denture – Laboratory*	\$75.00
D5751	Reline complete lower denture – Laboratory*	\$75.00
D5760	Reline upper partial denture – Laboratory*	\$75.00
D5761	Reline lower partial denture – Laboratory*	\$75.00
<b>Interim dentures (Limit 1 every 5 years)</b>		
D5850	Tissue conditioning – Upper	\$45.00
D5851	Tissue conditioning – Lower	\$45.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

Code	Procedure Description	Copay
<p><b>Oral surgery (Includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (Disease) exists.</b>  <b>You may be charged an additional lab fee up to \$100.00, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *.</b></p>		
D7111	Extraction of coronal remnants – Deciduous tooth	\$95.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$65.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$102.00
D7220	Removal of impacted tooth – Soft tissue	\$112.00
D7230	Removal of impacted tooth – Partially bony	\$140.00
D7240	Removal of impacted tooth – Completely bony	\$175.00
D7250	Removal of residual tooth roots – Cutting procedure	\$90.00
D7260	Surgical removal of residual tooth roots – Cutting procedure	\$250.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$80.00
D7280	Exposure of an unerupted tooth	\$138.00
D7285	Incisional biopsy of oral tissue – Hard (Bone, tooth) (Tooth related – Not allowed when in conjunction with another surgical procedure)*	\$91.00
D7286	Incisional biopsy of oral tissue – Soft (All others) (Tooth related – Not allowed when in conjunction with another surgical procedure)*	\$81.00
D7290	Surgical repositioning of teeth	\$75.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$73.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$30.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$110.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$45.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D7340	Vestibuloplasty – Ridge extension (Secondary epithelialization)	\$136.00
D7410	Excision of benign lesion up to 1.25 cm	\$126.00
D7411	Excision of benign lesion greater than 1.25 cm	\$254.00
D7412	Excision of benign lesion, complicated	\$153.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$105.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$347.00
D7460	Removal of benign nonodontogenic cyst or tumor – Lesion diameter up to 1.25 cm	\$120.00
D7461	Removal of benign nonodontogenic cyst or tumor – Lesion diameter greater than 1.25 cm	\$191.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$62.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$146.00
D7472	Removal of torus palatinus	\$146.00
D7473	Removal of torus mandibularis	\$146.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$40.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	\$40.00
D7520	Incision and drainage of abscess – Extraoral soft tissue	\$54.00
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (Includes drainage of multiple fascial spaces)	\$54.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$79.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$116.00
D7670	Aleveolus – Closed reduction, may include stabilization of teeth	\$292.00
D7880	Occlusal orthotic device, by report – <i>(Limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	\$126.00
D7940	Osteoplasmy – For orthognathic deformities	\$2,300.00
D7950	Osseus, osteoperiosteal, or cartilage graft of the mandible or maxilla – Autogenous or nonautogenous, by report	\$607.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	\$103.00
D7963	Frenuloplasty	\$103.00
D7970	Excision of hyperplastic tissue – Per arch	\$82.00
D7971	Excision of pericoronal gingiva	\$52.00
<b>Emergency services</b>		
D9110	Palliative (Emergency) treatment of dental pain – Minor procedure	\$25.00
D9120	Fixed partial denture sectioning	\$0.00
<p><b>General anesthesia/IV sedation</b> – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.</p>		
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	Evaluation for deep sedation or general anesthesia	\$0.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$25.00
D9243	Intravenous moderate (Conscious) sedation/analgesia – Each 15 minute increment	\$60.00
<b>Miscellaneous services</b>		
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
D9440	Office visit – After regularly scheduled hours	\$35.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00
D9610	Therapeutic drug injection, by report	\$25.00
D9612	Therapeutic parental drugs, two or more administrations, different medications	\$40.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (PSX09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Copay</b>
D9630	Drugs or medicaments dispensed in the office for home use	\$15.00
D9910	Application of desensitizing medicament	\$15.00
D9941	Fabrication of athletic mouthguard – <i>(Limit 1 per 12 months)</i>	\$110.00
D9950	Occlusal analysis – Mounted case	\$48.00
D9951	Occlusal adjustment – Limited	\$25.00
D9952	Occlusal adjustment – Complete	\$125.00
D9972	External bleaching – Per arch – Performed in office	\$200.00
D9974	Internal bleaching – Per tooth	\$40.00
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
D9986	Missed appointment (Less than 24hr notice)	\$25.00
D9987	Cancelled appointment	\$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 Procedure Codes”, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.”**



## After your enrollment is effective:

Call 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.

"Cigna," "Cigna Dental Care" and the "Tree of Life" logo are registered service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company ("CGLIC"), Cigna Health and Life Insurance Company ("CHLIC"), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. ("CDHI") and its subsidiaries. The Cigna Dental Care plan is provided by Cigna Dental Health Plan of Arizona, Inc.; Cigna Dental Health of California, Inc.; Cigna Dental Health of Colorado, Inc.; Cigna Dental Health of Delaware, Inc.; **Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**; Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska); Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois); Cigna Dental Health of Maryland, Inc.; Cigna Dental Health of Missouri, Inc.; Cigna Dental Health of New Jersey, Inc.; Cigna Dental Health of North Carolina, Inc.; Cigna Dental Health of Ohio, Inc.; Cigna Dental Health of Pennsylvania, Inc.; Cigna Dental Health of Texas, Inc.; and Cigna Dental Health of Virginia, Inc. In other states, the Cigna Dental Care plan is underwritten by CGLIC, CHLIC, or Cigna HealthCare of Connecticut, Inc., and administered by CDHI.