

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 General Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents.
- 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.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- Procedures **NOT** listed on this Patient Charge Schedule are **NOT** covered and are the patient's responsibility at the dentist's usual fees.
- 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.

Cigna Dental Care®

Patient Charge Schedule (W1SV7 AZ)

| 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). If your Network Dentist certifies to Cigna Dental that, due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the applicable limitation. The relevant Covered Services are identified with a ●. | | |
| 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 |
| 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 |
| D0170 | Re-evaluation – Problem Focused (Not Postoperative Visit) | \$0.00 |
| D0210 | X-Rays Intraoral – Complete Series (Including Bitewings) (Limit 1 Every 3 Years) ● | \$0.00 |
| D0220 | X-Rays Intraoral – Periapical – First Film | \$0.00 |
| D0230 | X-Rays Intraoral – Periapical – Each Additional Film | \$0.00 |
| D0240 | X-Rays Intraoral – Occlusal Film | \$0.00 |
| D0270 | X-Rays (Bitewing) – Single Film | \$0.00 |
| D0272 | X-Rays (Bitewings) – 2 Films | \$0.00 |
| D0273 | X-Rays (Bitewings) – 3 Films | \$0.00 |
| D0274 | X-Rays (Bitewings) – 4 Films | \$0.00 |

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Patient Charge Schedule (W1SV7 AZ)

| Code | Procedure Description | Patient Charge |
|-------|--|----------------|
| D0277 | X-Rays (Bitewings, Vertical) – 7 to 8 Films | \$0.00 |
| D0330 | X-Rays (Panoramic Film) – <i>(Limit 1 Every 3 Years)</i> ● | \$0.00 |
| D0431 | Oral Cancer Screening Using a Special Light Source | \$50.00 |
| D0460 | Pulp Vitality Tests | \$11.00 |
| D0470 | Diagnostic Casts | \$0.00 |
| D0472 | Pathology Report – Gross Examination of Lesion (Only When Tooth Related) | \$0.00 |
| D0473 | Pathology Report – Microscopic Examination of Lesion (Only When Tooth Related) | \$0.00 |
| D0474 | Pathology Report – Microscopic Examination of Lesion and Area (Only When Tooth Related) | \$0.00 |
| D1110 | Cleaning (Prophylaxis) – Adult <i>(Limit 2 per Calendar Year)</i> ● | \$0.00 |
| | Additional Cleaning (Prophylaxis) – In Addition to the 2 Cleanings (Prophylaxes) Allowed per Calendar Year | \$45.00 |
| D1120 | Cleaning (Prophylaxis) – Child <i>(Limit 2 per Calendar Year)</i> ● | \$0.00 |
| | Additional Cleaning (Prophylaxis) – In Addition to the 2 Cleanings (Prophylaxes) Allowed per Calendar Year | \$30.00 |
| D1203 | Topical Fluoride Application – Child <i>(Up to 19th Birthday)</i> <i>(Limited to 2 per Calendar Year). There is a Combined Limit of a Total of 2 D1203s and/or D1206s per Calendar Year.</i> ● | \$0.00 |
| D1206 | Topical Fluoride Varnish – Therapeutic Application for Moderate to High Caries Risk Patients – Child <i>(Up to 19th Birthday) (Limited to 2 per Calendar Year). There is a Combined Limit of a Total of 2 D1203s and/or D1206s per Calendar Year.</i> ● | \$0.00 |
| D1330 | Oral Hygiene Instructions | \$0.00 |
| D1351 | Sealant – Per Tooth | \$15.00 |
| D1510 | Space Maintainer – Fixed – Unilateral | \$95.00 |
| D1515 | Space Maintainer – Fixed – Bilateral | \$155.00 |
| D1555 | Removal of Fixed Space Maintainer | \$0.00 |

Cigna Dental Care®
 Patient Charge Schedule (W1SV7 AZ)

| Code | Procedure Description | Patient Charge |
|---|---|----------------|
| Restorative (Fillings) | | |
| D2140 | Amalgam – 1 Surface, Primary or Permanent | \$16.00 |
| D2150 | Amalgam – 2 Surfaces, Primary or Permanent | \$21.00 |
| D2160 | Amalgam – 3 Surfaces, Primary or Permanent | \$26.00 |
| D2161 | Amalgam – 4 or More Surfaces, Primary or Permanent | \$32.00 |
| D2330 | Resin-Based Composite – 1 Surface, Anterior | \$21.00 |
| D2331 | Resin-Based Composite – 2 Surfaces, Anterior | \$26.00 |
| D2332 | Resin-Based Composite – 3 Surfaces, Anterior | \$32.00 |
| D2335 | Resin-Based Composite – 4 or More Surfaces or Involving Incisal Angle, Anterior | \$80.00 |
| D2390 | Resin-Based Composite Crown, Anterior | \$105.00 |
| D2391 | Resin-Based Composite – 1 Surface, Posterior | \$42.00 |
| D2392 | Resin-Based Composite – 2 Surfaces, Posterior | \$53.00 |
| D2393 | Resin-Based Composite – 3 Surfaces, Posterior | \$74.00 |
| D2394 | Resin-Based Composite – 4 or More Surfaces, Posterior | \$100.00 |
| Crown and Bridge All charges for crown and bridge are per unit (each replacement or supporting tooth equals 1 unit) – Replacement limit 1 every 5 years. | | |
| D2510 | Inlay – Metallic – 1 Surface | \$410.00 |
| D2520 | Inlay – Metallic – 2 Surfaces | \$410.00 |
| D2530 | Inlay – Metallic – 3 or More Surfaces | \$410.00 |
| D2542 | Onlay – Metallic – 2 Surfaces | \$470.00 |
| D2543 | Onlay – Metallic – 3 Surfaces | \$470.00 |
| D2544 | Onlay – Metallic – 4 or More Surfaces | \$470.00 |
| D2740 | Crown – Porcelain/Ceramic Substrate | \$505.00 |
| D2750 | Crown – Porcelain Fused to High Noble Metal | \$460.00 |

Cigna Dental Care®
Patient Charge Schedule (W1SV7 AZ)

| Code | Procedure Description | Patient Charge |
|-------|---|----------------|
| D2751 | Crown – Porcelain Fused to Predominantly Base Metal | \$405.00 |
| D2752 | Crown – Porcelain Fused to Noble Metal | \$430.00 |
| D2780 | Crown – 3/4 Cast High Noble Metal | \$460.00 |
| D2781 | Crown – 3/4 Cast Predominantly Base Metal | \$405.00 |
| D2782 | Crown – 3/4 Cast Noble Metal | \$430.00 |
| D2790 | Crown – Full Cast High Noble Metal | \$460.00 |
| D2791 | Crown – Full Cast Predominantly Base Metal | \$405.00 |
| D2792 | Crown – Full Cast Noble Metal | \$430.00 |
| D2794 | Crown – Titanium | \$460.00 |
| D2910 | Recement Inlay – Onlay or Veneer | \$41.00 |
| D2915 | Recement Cast or Prefabricated Post and Core | \$41.00 |
| D2920 | Recement Crown | \$41.00 |
| D2930 | Prefabricated Stainless Steel Crown – Primary Tooth | \$98.00 |
| D2931 | Prefabricated Stainless Steel Crown – Permanent Tooth | \$98.00 |
| 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 | Sedative Filling | \$13.00 |
| D2950 | Core Buildup – Including Any Pins | \$98.00 |
| D2951 | Pin Retention – Per Tooth – In Addition to Restoration | \$21.00 |
| D2952 | Cast Post and Core – In Addition to Crown | \$155.00 |
| D2954 | Prefabricated Post and Core – In Addition to Crown | \$130.00 |
| D2960 | Labial Veneer (Resin Laminate) – Chairside | \$95.00 |
| D6210 | Pontic – Cast High Noble Metal | \$460.00 |
| D6211 | Pontic – Cast Predominantly Base Metal | \$405.00 |

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| Code | Procedure Description | Patient Charge |
|-------|---|----------------|
| D6212 | Pontic – Cast Noble Metal | \$430.00 |
| D6214 | Pontic – Titanium | \$460.00 |
| D6240 | Pontic – Porcelain Fused to High Noble Metal | \$460.00 |
| D6241 | Pontic – Porcelain Fused to Predominantly Base Metal | \$405.00 |
| D6242 | Pontic – Porcelain Fused to Noble Metal | \$430.00 |
| D6245 | Pontic – Porcelain/Ceramic | \$450.00 |
| D6602 | Inlay – Cast High Noble Metal, 2 Surfaces | \$460.00 |
| D6603 | Inlay – Cast High Noble Metal, 3 or More Surfaces | \$460.00 |
| D6604 | Inlay – Cast Predominantly Base Metal, 2 Surfaces | \$405.00 |
| D6605 | Inlay – Cast Predominantly Base Metal, 3 or More Surfaces | \$405.00 |
| D6606 | Inlay – Cast Noble Metal, 2 Surfaces | \$430.00 |
| D6607 | Inlay – Cast Noble Metal, 3 or More Surfaces | \$430.00 |
| D6610 | Onlay – Cast High Noble Metal, 2 Surfaces | \$460.00 |
| D6611 | Onlay – Cast High Noble Metal, 3 or More Surfaces | \$460.00 |
| D6612 | Onlay – Cast Predominantly Base Metal, 2 Surfaces | \$405.00 |
| D6613 | Onlay – Cast Predominantly Base Metal, 3 or More Surfaces | \$405.00 |
| D6614 | Onlay – Cast Noble Metal, 2 Surfaces | \$430.00 |
| D6615 | Onlay – Cast Noble Metal, 3 or More Surfaces | \$430.00 |
| D6624 | Inlay – Titanium | \$460.00 |
| D6634 | Onlay – Titanium | \$460.00 |
| D6740 | Crown – Porcelain/Ceramic | \$505.00 |
| D6750 | Crown – Porcelain Fused to High Noble Metal | \$460.00 |
| D6751 | Crown – Porcelain Fused to Predominantly Base Metal | \$405.00 |
| D6752 | Crown – Porcelain Fused to Noble Metal | \$430.00 |
| D6780 | Crown – 3/4 Cast High Noble Metal | \$460.00 |
| D6781 | Crown – 3/4 Cast Predominantly Base Metal | \$405.00 |

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| Code | Procedure Description | Patient Charge |
|---|--|----------------|
| D6782 | Crown – 3/4 Cast Noble Metal | \$430.00 |
| D6790 | Crown – Full Cast High Noble Metal | \$460.00 |
| D6791 | Crown – Full Cast Predominantly Base Metal | \$405.00 |
| D6792 | Crown – Full Cast Noble Metal | \$430.00 |
| D6794 | Crown – Titanium | \$460.00 |
| | 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> | \$130.00 |
| D6930 | Recent Fixed Partial Denture | \$62.00 |
| Endodontics (Root Canal Treatment, Excluding Final Restorations) | | |
| D3110 | Pulp Cap – Direct (Excluding Final Restoration) | \$33.00 |
| D3120 | Pulp Cap – Indirect (Excluding Final Restoration) | \$33.00 |
| D3220 | Pulpotomy – Removal of Pulp, Not Part of a Root Canal | \$78.00 |
| D3221 | Pulpal Debridement <i>(Not to be used when root canal is done on the same day)</i> | \$78.00 |
| D3222 | Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development | \$78.00 |
| D3310 | Anterior Root Canal – Permanent Tooth (Excluding Final Restoration) | \$315.00 |
| D3320 | Bicuspid Root Canal – Permanent Tooth (Excluding Final Restoration) | \$370.00 |
| D3330 | Molar Root Canal – Permanent Tooth (Excluding Final Restoration) | \$505.00 |
| D3331 | Treatment of Root Canal Obstruction – Nonsurgical Access | \$135.00 |
| D3332 | Incomplete Endodontic Therapy – Inoperable or Fractured Tooth | \$135.00 |
| D3333 | Internal Root Repair of Perforation Defects | \$135.00 |
| D3346 | Retreatment of Previous Root Canal Therapy – Anterior | \$420.00 |

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|--|---|----------------|
| D3347 | Retreatment of Previous Root Canal Therapy – Bicuspid | \$475.00 |
| D3348 | Retreatment of Previous Root Canal Therapy – Molar | \$605.00 |
| D3410 | Apicoectomy/Periradicular Surgery – Anterior | \$375.00 |
| D3421 | Apicoectomy/Periradicular Surgery – Bicuspid (First Root) | \$405.00 |
| D3425 | Apicoectomy/Periradicular Surgery – Molar (First Root) | \$430.00 |
| D3426 | Apicoectomy/Periradicular Surgery (Each Additional Root) | \$145.00 |
| D3430 | Retrograde Filling per Root | \$100.00 |
| <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.</p> | | |
| D0180 | Comprehensive Periodontal Evaluation – New or Established Patient | \$40.00 |
| D4210 | Gingivectomy or Gingivoplasty – 4 or More Teeth per Quadrant | \$240.00 |
| D4211 | Gingivectomy or Gingivoplasty – 1 to 3 Teeth per Quadrant | \$120.00 |
| D4240 | Gingival Flap (Including Root Planing) – 4 or More Teeth per Quadrant | \$295.00 |
| D4241 | Gingival Flap (Including Root Planing) – 1 to 3 Teeth per Quadrant | \$155.00 |
| D4245 | Apically Positioned Flap | \$295.00 |
| D4249 | Clinical Crown Lengthening – Hard Tissue | \$325.00 |
| D4260 | Osseous Surgery – 4 or More Teeth per Quadrant | \$595.00 |
| D4261 | Osseous Surgery – 1 to 3 Teeth per Quadrant | \$310.00 |
| 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 |

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|--|--|----------------|
| D4267 | Guided Tissue Regeneration – Nonresorbable Barrier per Site (Includes Membrane Removal) | \$430.00 |
| D4270 | Pedicle Soft Tissue Graft Procedure | \$395.00 |
| D4271 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery) | \$395.00 |
| D4275 | Soft Tissue Allograft | \$395.00 |
| D4341 | Periodontal Scaling and Root Planing – 4 or More Teeth per Quadrant (<i>Limit 4 Quadrants per Consecutive 12 Months</i>) | \$110.00 |
| D4342 | Periodontal Scaling and Root Planing – 1 to 3 Teeth per Quadrant (<i>Limit 4 Quadrants per Consecutive 12 Months</i>) | \$61.00 |
| D4355 | Full Mouth Debridement to Allow Evaluation and Diagnosis (<i>1 per Lifetime</i>) | \$83.00 |
| D4381 | Localized Delivery of Chemotherapeutic Agents per Tooth – By Report | \$45.00 |
| D4910 | Periodontal Maintenance (<i>Limited to 2 per Calendar Year (Only Covered after Active Therapy)</i>) | \$78.00 |
| D9940 | Occlusal Guard – By Report (<i>Limit 1 per 24 Months</i>) | \$255.00 |
| D9951 | Occlusal Adjustment Limited | \$50.00 |
| D9952 | Occlusal Adjustment Complete | \$260.00 |
| <p>Prosthetics (Removable Tooth Replacement – Dentures) Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.</p> | | |
| D5110 | Full Upper Denture | \$550.00 |
| D5120 | Full Lower Denture | \$550.00 |
| D5130 | Immediate Full Upper Denture | \$550.00 |
| D5140 | Immediate Full Lower Denture | \$550.00 |
| D5211 | Upper Partial Denture – Resin Base (Including Clasps, Rests and Teeth) | \$410.00 |
| D5212 | Lower Partial Denture – Resin Base (Including Clasps, Rests and Teeth) | \$410.00 |
| D5213 | Upper Partial Denture – Metal (Including Clasps, Rests and Teeth) | \$640.00 |

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| Code | Procedure Description | Patient Charge |
|---|--|----------------|
| D5214 | Lower Partial Denture – Metal (Including Clasps, Rests and Teeth) | \$640.00 |
| D5225 | Upper Partial Denture – Flexible (Including Clasps, Rests and Teeth) | \$410.00 |
| D5226 | Lower Partial Denture – Flexible (Including Clasps, Rests and Teeth) | \$410.00 |
| D5410 | Adjust Complete Denture – Upper | \$33.00 |
| D5411 | Adjust Complete Denture – Lower | \$33.00 |
| D5421 | Adjust Partial Denture – Upper | \$33.00 |
| D5422 | Adjust Partial Denture – Lower | \$33.00 |
| Repairs to Prosthetics | | |
| D5510 | Repair Broken Complete Denture Base | \$65.00 |
| D5520 | Replace Missing or Broken Teeth – Complete Denture (Each Tooth) | \$65.00 |
| D5610 | Repair Resin Denture Base | \$65.00 |
| D5630 | Repair or Replace Broken Clasp | \$82.00 |
| D5640 | Replace Broken Teeth – Per Tooth | \$65.00 |
| D5650 | Add Tooth to Existing Partial Denture | \$65.00 |
| D5660 | Add Clasp to Existing Partial Denture | \$82.00 |
| Denture Relining (Limit 1 Every 36 Months) | | |
| D5710 | Rebase Complete Upper Denture | \$195.00 |
| D5711 | Rebase Complete Lower Denture | \$195.00 |
| D5720 | Rebase Upper Partial Denture | \$195.00 |
| D5721 | Rebase Lower Partial Denture | \$195.00 |
| D5730 | Reline Complete Upper Denture – Chairside | \$115.00 |
| D5731 | Reline Complete Lower Denture – Chairside | \$115.00 |
| D5740 | Reline Upper Partial Denture – Chairside | \$115.00 |

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| Code | Procedure Description | Patient Charge |
|--|---|----------------|
| D5741 | Reline Lower Partial Denture – Chairside | \$115.00 |
| D5750 | Reline Complete Upper Denture – Laboratory | \$170.00 |
| D5751 | Reline Complete Lower Denture – Laboratory | \$170.00 |
| D5760 | Reline Upper Partial Denture – Laboratory | \$170.00 |
| D5761 | Reline Lower Partial Denture – Laboratory | \$170.00 |
| Interim Dentures (Limit 1 Every 5 Years) | | |
| D5810 | Interim Complete Denture – Upper | \$295.00 |
| D5811 | Interim Complete Denture – Lower | \$295.00 |
| D5820 | Interim Partial Denture – Upper | \$235.00 |
| D5821 | Interim Partial Denture – Lower | \$235.00 |
| 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 | \$50.00 |
| D7140 | Extraction, Erupted Tooth or Exposed Root – Elevation and/or Forceps Removal | \$50.00 |
| D7210 | Surgical Removal of Erupted Tooth – Removal of Bone and/or Section of Tooth | \$100.00 |
| D7220 | Removal of Impacted Tooth – Soft Tissue | \$110.00 |
| D7230 | Removal of Impacted Tooth – Partially Bony | \$145.00 |
| D7240 | Removal of Impacted Tooth – Completely Bony | \$220.00 |
| D7241 | Removal of Impacted Tooth – Completely Bony, Unusual Complications (Narrative Required) | \$220.00 |
| D7250 | Surgical Removal of Residual Tooth Roots – Cutting Procedure | \$100.00 |
| D7260 | Oroantral Fistula Closure | \$315.00 |
| D7261 | Primary Closure of a Sinus Perforation | \$315.00 |
| D7270 | Tooth Stabilization of Accidentally Evulsed or Displaced Tooth | \$155.00 |

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|-------|---|----------------|
| D7280 | Surgical Access of an Unerupted Tooth <i>(Excluding Wisdom Teeth)</i> | \$185.00 |
| D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth | \$44.00 |
| D7285 | Biopsy of Oral Tissue – Hard (Bone, Tooth) <i>(Tooth Related – Not allowed when in conjunction with another surgical procedure)</i> | \$155.00 |
| D7286 | Biopsy of Oral Tissue – Soft (All Others) <i>(Tooth Related – Not allowed when in conjunction with another surgical procedure)</i> | \$120.00 |
| D7287 | Exfoliative Cytological Sample Collection | \$67.00 |
| D7288 | Brush Biopsy – Transepithelial Sample Collection | \$67.00 |
| D7310 | Alveoplasty in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant | \$100.00 |
| D7311 | Alveoplasty in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant | \$50.00 |
| D7320 | Alveoplasty Not in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant | \$135.00 |
| D7321 | Alveoplasty Not in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant | \$66.00 |
| D7450 | Removal of Benign Odontogenic Cyst or Tumor – Up to 1.25 cm | \$170.00 |
| D7451 | Removal of Benign Odontogenic Cyst or Tumor – Greater than 1.25 cm | \$170.00 |
| D7471 | Removal of Lateral Exostosis – Maxilla or Mandible | \$190.00 |
| D7472 | Removal of Torus Palatinus | \$190.00 |
| D7473 | Removal of Torus Mandibularis | \$190.00 |
| D7485 | Surgical Reduction of Osseous Tuberosity | \$135.00 |
| D7510 | Incision and Drainage of Abscess – Intraoral Soft Tissue | \$66.00 |
| D7511 | Incision and Drainage of Abscess – Intraoral Soft Tissue Complicated | \$100.00 |
| D7960 | Frenulectomy (Frenectomy or Frenotomy) – Separate Procedure | \$11.00 |
| D7963 | Frenuloplasty | \$17.00 |

Cigna Dental Care®
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| Code | Procedure Description | Patient Charge |
|--|--|---|
| 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 | \$435.00 |
| D8060 | Interceptive Orthodontic Treatment of the Transitional Dentition – Banding | \$435.00 |
| D8070 | Comprehensive Orthodontic Treatment of the Transitional Dentition – Banding | \$470.00 |
| D8080 | Comprehensive Orthodontic Treatment of the Adolescent Dentition – Banding | \$470.00 |
| D8090 | Comprehensive Orthodontic Treatment of the Adult Dentition – Banding | \$470.00 |
| D8660 | Pre-Orthodontic Treatment Visit | \$61.00 |
| D8670 | Periodic Orthodontic Treatment Visit – As Part of Contract 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 | \$2,304.00 \$96.00 \$3,120.00 \$130.00 |
| D8680 | Orthodontic Retention – Removal of Appliances, Construction and Placement of Retainer(s) | \$345.00 |
| D8999 | Unspecified Orthodontic Procedure – By Report (<i>Orthodontic Treatment Plan and Records</i>) | \$175.00 |

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| Code | Procedure Description | Patient Charge |
|--|---|----------------|
| <p>General Anesthesia/IV Sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.</p> | | |
| D9220 | General Anesthesia – First 30 Minutes | \$160.00 |
| D9221 | General Anesthesia – Additional 15 Minutes | \$73.00 |
| D9241 | IV Conscious Sedation – First 30 Minutes | \$160.00 |
| D9242 | IV Conscious Sedation – Additional 15 Minutes | \$73.00 |
| <p>Emergency Services</p> | | |
| D9110 | Palliative (Emergency) Treatment of Dental Pain – Minor Procedure | \$45.00 |
| D9440 | Office Visit – After Regularly Scheduled Hours | \$70.00 |
| <p>Miscellaneous Services – External Bleaching (D9972) is limited to the use of take-home bleaching trays. All other bleaching methods are not covered.</p> | | |
| D9972 | External Bleaching per Arch | \$175.00 |
| <p>This may contain CDT codes and/or portions of, or excerpts from the Nomenclature contained within the <i>Current Dental Terminology</i>, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.</p> | | |

After your enrollment is effective:

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

- Online provider directory at **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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