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 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 7 by calling Customer Service at 1.800.997.1617 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.

The administration of I.V. sedation, general anesthesia, and/or Nitrous Oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2XV9 AZ)

Important Highlights (Continued)

› 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 the Code on Dental Procedures and Nomenclature (CDT Code). Different codes may be used to describe these covered procedures.

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0999</td>
<td>Office visit fee</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)

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), and comprehensive periodontal evaluations (D0180). 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 •.

You may be charged an additional lab fee based on the type of material the dentist uses for your restoration. Please consult with your health care professional prior to receiving services in order to determine the applicable lab fee amount for that office. The relevant procedure codes are identified with an *.

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation – Established patient •</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation – Problem focused</td>
<td>$20.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>
## CIGNA DENTAL CARE®
### PATIENT CHARGE SCHEDULE (T2XV9 AZ)

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under 3 years of age and counseling with primary caregiver</td>
<td>$43.00</td>
<td>$43.00</td>
</tr>
<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation — New or established patient •</td>
<td>$0.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation — problem focused, by report <em>(Limit 2 per calendar year)</em> •</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0170</td>
<td>Re-evaluation — Limited, problem focused <em>(Established patient; not postoperative visit)</em></td>
<td>$52.00</td>
<td>$52.00</td>
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<tr>
<td>D0171</td>
<td>Re-evaluation — Post-operative office visit</td>
<td>$70.00</td>
<td>$70.00</td>
</tr>
<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation — New or established patient •</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0210</td>
<td>X-rays intraoral — Complete series of radiographic images <em>(Limit 1 every 3 years)</em> •</td>
<td>$0.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>D0220</td>
<td>X-rays intraoral — Periapical — First radiographic image</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0230</td>
<td>X-rays intraoral — Periapical — Each additional radiographic image</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0240</td>
<td>X-rays intraoral — Occlusal radiographic image</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0250</td>
<td>X-rays extra — Oral 2D projection radiographic image created using a stationary radiation source, and detector</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>D0251</td>
<td>Extra—oral posterior dental radiographic image</td>
<td>$47.00</td>
<td>$47.00</td>
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<tr>
<td>D0270</td>
<td>X-rays (Bitewing) — Single radiographic image</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>D0272</td>
<td>X-rays (Bitewings) — 2 radiographic images</td>
<td>$0.00</td>
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<tr>
<td>D0273</td>
<td>X-rays (bitewings) — 3 radiographic images</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>D0274</td>
<td>X-rays (Bitewings) — 4 radiographic images</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>D0277</td>
<td>X-rays (bitewings, vertical) — 7 to 8 radiographic images</td>
<td>$62.00</td>
<td>$62.00</td>
</tr>
<tr>
<td>D0330</td>
<td>X-rays (Panoramic radiographic image) — <em>(Limit 1 every 3 years)</em> •</td>
<td>$0.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Code</td>
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<td>General Dentist Patient Charge</td>
<td>Specialist Patient Charge</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------</td>
<td>--------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>D0340</td>
<td>2D cephalometric radiographic image acquisition, measurement and analysis</td>
<td>$0.00</td>
<td>$45.00</td>
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<tr>
<td>D0350</td>
<td>Oral/facial photographic images</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>D0351</td>
<td>3D photographic image</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0368</td>
<td>Cone beam CT capture and interpretation for TMJ series including two or more exposures <em>(Limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</em></td>
<td>$240.00</td>
<td>$240.00</td>
</tr>
<tr>
<td>D0414</td>
<td>Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report</td>
<td>$58.00</td>
<td>$58.00</td>
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<tr>
<td>D0415</td>
<td>Collection of microorganisms for culture and sensitivity</td>
<td>$58.00</td>
<td>$58.00</td>
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<tr>
<td>D0425</td>
<td>Caries susceptibility tests</td>
<td>$21.00</td>
<td>$21.00</td>
</tr>
<tr>
<td>D0460</td>
<td>Pulp vitality tests</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic casts</td>
<td>$0.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D1110</td>
<td>Prophylaxis (Cleaning) — Adult <em>(Limit 2 per calendar year)</em> •</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>Additional prophylaxis (Cleaning) — In addition to the 2 prophylaxes (Cleanings) allowed per calendar year</td>
<td>$45.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>D1120</td>
<td>Prophylaxis (Cleaning) — Child <em>(Limit 2 per calendar year)</em> •</td>
<td>$0.00</td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>Additional prophylaxis (cleaning) — In addition to the 2 prophylaxes (cleanings) allowed per calendar year</td>
<td>$45.00</td>
<td>$45.00</td>
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<tr>
<td>D1206</td>
<td>Topical application of fluoride varnish — <em>(Limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</em> •</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D1208</td>
<td>Topical application of fluoride — Excluding varnish <em>(Limit 2 per calendar year). There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</em> •</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
### CIGNA DENTAL CARE®
**PATIENT CHARGE SCHEDULE (T2XV9 AZ)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1310</td>
<td>Nutritional counseling for control of dental disease</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D1330</td>
<td>Oral hygiene instructions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant – Per tooth</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D1352</td>
<td>Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth</td>
<td>$60.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>D1354</td>
<td>Interim caries arresting medicament application</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D1510</td>
<td>Space maintainer – Fixed – Unilateral*</td>
<td>$45.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>D1515</td>
<td>Space maintainer – Fixed – Bilateral*</td>
<td>$45.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>D1520</td>
<td>Space maintainer – Removable – Unilateral*</td>
<td>$85.00</td>
<td>$85.00</td>
</tr>
<tr>
<td>D1525</td>
<td>Space maintainer – Removable – Bilateral*</td>
<td>$85.00</td>
<td>$85.00</td>
</tr>
<tr>
<td>D1550</td>
<td>Recementation of space maintainer</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>D1575</td>
<td>Distal shoe space maintainer – Fixed – Unilateral</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

**Restorative (Fillings, including polishing)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2140</td>
<td>Amalgam – 1 surface, primary or permanent</td>
<td>$0.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>D2150</td>
<td>Amalgam – 2 surfaces, primary or permanent</td>
<td>$8.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D2160</td>
<td>Amalgam – 3 surfaces, primary or permanent</td>
<td>$18.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam – 4 or more surfaces, primary or permanent</td>
<td>$22.00</td>
<td>$22.00</td>
</tr>
<tr>
<td>D2330</td>
<td>Resin-based composite – 1 surface, anterior</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>D2331</td>
<td>Resin-based composite – 2 surfaces, anterior</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D2332</td>
<td>Resin-based composite – 3 surfaces, anterior</td>
<td>$45.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>D2335</td>
<td>Resin-based composite – 4 or more surfaces or involving incisal angle, anterior</td>
<td>$55.00</td>
<td>$55.00</td>
</tr>
<tr>
<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
<td>$245.00</td>
<td>$245.00</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin-based composite – 1 surface, posterior</td>
<td>$45.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

Revised 6/25/2018
## CIGNA DENTAL CARE®
**PATIENT CHARGE SCHEDULE (T2XV9 AZ)**

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<tr>
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<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2392</td>
<td>Resin-based composite — 2 surfaces, posterior</td>
<td>$55.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>D2393</td>
<td>Resin-based composite — 3 surfaces, posterior</td>
<td>$90.00</td>
<td>$95.00</td>
</tr>
<tr>
<td>D2394</td>
<td>Resin-based composite — 4 or more surfaces, posterior</td>
<td>$105.00</td>
<td>$105.00</td>
</tr>
</tbody>
</table>

**Crown and bridge** — All charges for crowns and bridges (Fixed partial dentures) are per unit (Each replacement or supporting tooth equals 1 unit). You may be charged an additional lab fee based on the type of material the dentist uses for your restoration. Please consult with your health care professional prior to receiving services in order to determine the applicable lab fee amount for that office. The relevant procedure codes are identified with an*.

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2510</td>
<td>Inlay — Metallic — 1 surface*</td>
<td>$90.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>D2520</td>
<td>Inlay — Metallic — 2 surfaces*</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>D2530</td>
<td>Inlay — Metallic — 3 or more surfaces*</td>
<td>$125.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>D2542</td>
<td>Onlay — Metallic — 2 surfaces*</td>
<td>$672.00</td>
<td>$672.00</td>
</tr>
<tr>
<td>D2543</td>
<td>Onlay — Metallic — 3 surfaces*</td>
<td>$730.00</td>
<td>$730.00</td>
</tr>
<tr>
<td>D2544</td>
<td>Onlay — Metallic — 4 or more surfaces*</td>
<td>$765.00</td>
<td>$765.00</td>
</tr>
<tr>
<td>D2610</td>
<td>Inlay — Porcelain/ceramic — 1 surface*</td>
<td>$467.00</td>
<td>$467.00</td>
</tr>
<tr>
<td>D2620</td>
<td>Inlay — Porcelain/ceramic — 2 surfaces*</td>
<td>$485.00</td>
<td>$485.00</td>
</tr>
<tr>
<td>D2630</td>
<td>Inlay — Porcelain/ceramic — 3 or more surfaces*</td>
<td>$569.00</td>
<td>$569.00</td>
</tr>
<tr>
<td>D2710</td>
<td>Crown — Resin-based composite (Indirect)</td>
<td>$460.00</td>
<td>$460.00</td>
</tr>
<tr>
<td>D2712</td>
<td>Crown — 3/4 resin-based composite (indirect)</td>
<td>$575.00</td>
<td>$575.00</td>
</tr>
<tr>
<td>D2720</td>
<td>Crown — Resin with high noble metal*</td>
<td>$700.00</td>
<td>$700.00</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown — Resin Based with Predominantly Base Metal</td>
<td>$750.0</td>
<td>$750.0</td>
</tr>
<tr>
<td>D2722</td>
<td>Crown — Resin with noble metal*</td>
<td>$570.00</td>
<td>$570.00</td>
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<tr>
<td>D2740</td>
<td>Crown — Porcelain/ceramic*</td>
<td>$275.00</td>
<td>$275.00</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown — Porcelain fused to high noble metal*</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>General Dentist Patient Charge</td>
<td>Specialist Patient Charge</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown – Porcelain fused to predominantly base metal*</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>D2752</td>
<td>Crown – Porcelain fused to noble metal*</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>D2780</td>
<td>Crown – 3/4 cast high noble metal*</td>
<td>$825.00</td>
<td>$825.00</td>
</tr>
<tr>
<td>D2781</td>
<td>Crown – 3/4 cast predominantly base metal*</td>
<td>$790.00</td>
<td>$790.00</td>
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<tr>
<td>D2782</td>
<td>Crown – 3/4 cast noble metal*</td>
<td>$790.00</td>
<td>$790.00</td>
</tr>
<tr>
<td>D2783</td>
<td>Crown – 3/4 Porcelain/Ceramic**</td>
<td>$935.00</td>
<td>$935.00</td>
</tr>
<tr>
<td>D2790</td>
<td>Crown – Full cast high noble metal*</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>D2791</td>
<td>Crown – Full cast predominantly base metal*</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>D2792</td>
<td>Crown – Full cast noble metal*</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>D2794</td>
<td>Crown – Titanium</td>
<td>$735.00</td>
<td>$735.00</td>
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<tr>
<td>D2799</td>
<td>Provisional crown</td>
<td>$255.00</td>
<td>$255.00</td>
</tr>
<tr>
<td>D2910</td>
<td>Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>D2920</td>
<td>Re-cement or re-bond crown</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown – Primary tooth</td>
<td>$65.00</td>
<td>$80.00</td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown – Permanent tooth</td>
<td>$65.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated resin crown</td>
<td>$245.00</td>
<td>$245.00</td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with resin window</td>
<td>$250.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>D2934</td>
<td>D2934 Prefabricated esthetic coated stainless steel crown – Primary tooth</td>
<td>$270.00</td>
<td>$270.00</td>
</tr>
<tr>
<td>D2940</td>
<td>Protective restoration</td>
<td>$3.00</td>
<td>$3.00</td>
</tr>
<tr>
<td>D2950</td>
<td>Core buildup – Including any pins when required</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>D2951</td>
<td>Pin retention – Per tooth – In addition to restoration</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D2952</td>
<td>Post and core – In addition to crown, indirectly fabricated*</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core – In addition to crown</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
</tbody>
</table>
# CIGNA DENTAL CARE®
## PATIENT CHARGE SCHEDULE (T2XV9 AZ)

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>D2960</td>
<td>Labial veneer (Resin laminate) — Chairside</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>D2962</td>
<td>Labial veneer (Porcelain laminate) — Laboratory*</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>D2980</td>
<td>Crown repair necessitated by restorative material failure</td>
<td>$163.00</td>
<td>$163.00</td>
</tr>
<tr>
<td>D6210</td>
<td>Pontic — Cast high noble metal*</td>
<td>$255.00</td>
<td>$255.00</td>
</tr>
<tr>
<td>D6211</td>
<td>Pontic — Cast predominantly base metal*</td>
<td>$255.00</td>
<td>$255.00</td>
</tr>
<tr>
<td>D6212</td>
<td>Pontic — Cast noble metal*</td>
<td>$255.00</td>
<td>$255.00</td>
</tr>
<tr>
<td>D6240</td>
<td>Pontic — Porcelain fused to high noble metal*</td>
<td>$275.00</td>
<td>$275.00</td>
</tr>
<tr>
<td>D6241</td>
<td>Pontic — Porcelain fused to predominantly base metal*</td>
<td>$275.00</td>
<td>$275.00</td>
</tr>
<tr>
<td>D6242</td>
<td>Pontic — Porcelain fused to noble metal*</td>
<td>$275.00</td>
<td>$275.00</td>
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<tr>
<td>D6251</td>
<td>Pontic — Resin with predominantly base metal*</td>
<td>$506.00</td>
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<tr>
<td>D6545</td>
<td>Retainer — Cast metal for resin bonded fixed prosthesis</td>
<td>$364.00</td>
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<tr>
<td>D6721</td>
<td>Crown — Resin with predominantly base metal*</td>
<td>$564.00</td>
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<tr>
<td>D6750</td>
<td>Retainer — Crown — Porcelain fused to high noble metal*</td>
<td>$275.00</td>
<td>$275.00</td>
</tr>
<tr>
<td>D6751</td>
<td>Retainer — Crown — Porcelain fused to predominantly base metal*</td>
<td>$200.00</td>
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<tr>
<td>D6752</td>
<td>Retainer — Crown — Porcelain fused to noble metal*</td>
<td>$275.00</td>
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<tr>
<td>D6780</td>
<td>Crown — 3/4 Cast high noble metal*</td>
<td>$591.00</td>
<td>$591.00</td>
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<tr>
<td>D6790</td>
<td>Retainer — Crown — Full cast high noble metal*</td>
<td>$255.00</td>
<td>$255.00</td>
</tr>
<tr>
<td>D6791</td>
<td>Retainer — Crown — Full cast predominantly base metal*</td>
<td>$255.00</td>
<td>$255.00</td>
</tr>
<tr>
<td>D6792</td>
<td>Retainer — Crown — Full cast noble metal*</td>
<td>$255.00</td>
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</tr>
<tr>
<td>D6930</td>
<td>Re-cement or re-bond fixed partial denture</td>
<td>$15.00</td>
<td>$15.00</td>
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<tr>
<td>D6940</td>
<td>Stress breaker</td>
<td>$252.00</td>
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<tr>
<td>D6950</td>
<td>Precision Attachment</td>
<td>$328.00</td>
<td>$328.00</td>
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<tr>
<td>D6980</td>
<td>Fixed partial denture repair necessitated by restorative material failure</td>
<td>$203.00</td>
<td>$203.00</td>
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</tbody>
</table>
## CIGNA DENTAL CARE®
### PATIENT CHARGE SCHEDULE (T2XV9 AZ)

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3110</td>
<td>Pulp cap – Direct (Excluding final restoration)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D3120</td>
<td>Pulp cap – Indirect (Excluding final restoration)</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>D3220</td>
<td>Pulpotomy – Removal of pulp, not part of a root canal</td>
<td>$20.00</td>
<td>$40.00</td>
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<tr>
<td>D3310</td>
<td>Anterior root canal – Permanent tooth (Excluding final restoration)</td>
<td>$125.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>D3320</td>
<td>Premolar root canal – Permanent tooth (Excluding final restoration)</td>
<td>$100.00</td>
<td>$425.00</td>
</tr>
<tr>
<td>D3330</td>
<td>Molar root canal – Permanent tooth (Excluding final restoration)</td>
<td>$125.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>D3346</td>
<td>Retreatment of previous root canal therapy – Anterior</td>
<td>$702.00</td>
<td>$702.00</td>
</tr>
<tr>
<td>D3347</td>
<td>Retreatment of previous root canal therapy – Premolar</td>
<td>$783.00</td>
<td>$783.00</td>
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<tr>
<td>D3348</td>
<td>Retreatment of previous root canal therapy – Molar</td>
<td>$936.00</td>
<td>$936.00</td>
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<tr>
<td>D3410</td>
<td>Apicoectomy – Anterior</td>
<td>$50.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>D3421</td>
<td>Apicoectomy/periradicular surgery – Premolar (First root)</td>
<td>$629.00</td>
<td>$629.00</td>
</tr>
<tr>
<td>D3425</td>
<td>Apicoectomy/periradicular surgery – Molar (First root)</td>
<td>$694.00</td>
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<tr>
<td>D3426</td>
<td>Apicoectomy/periradicular surgery (Each additional root)</td>
<td>$223.00</td>
<td>$223.00</td>
</tr>
<tr>
<td>D3430</td>
<td>Retrograde filling – Per root</td>
<td>$161.00</td>
<td>$161.00</td>
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<tr>
<td>D3450</td>
<td>Root amputation – Per root</td>
<td>$382.00</td>
<td>$382.00</td>
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<tr>
<td>D3920</td>
<td>Hemisection (Including any root removal), not including root canal therapy</td>
<td>$263.00</td>
<td>$263.00</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>General Dentist Patient Charge</td>
<td>Specialist Patient Charge</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>D420</td>
<td>Gingivectomy or gingivoplasty — 4 or more teeth per quadrant</td>
<td>$90.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>D421</td>
<td>Gingivectomy or gingivoplasty — 1 to 3 teeth per quadrant</td>
<td>$50.00</td>
<td>$50.00</td>
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<tr>
<td>D424</td>
<td>Gingival flap (including root planing) — 4 or more teeth per quadrant</td>
<td>$240.00</td>
<td>$240.00</td>
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<tr>
<td>D425</td>
<td>Gingival flap (including root planing) — 1 to 3 teeth per quadrant</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>D426</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure) — 4 or more contiguous teeth or tooth bounded spaces per quadrant</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>D427</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure) — 1 to 3 contiguous teeth or tooth bounded spaces per quadrant</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>D428</td>
<td>Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous (missing) tooth position in graft</td>
<td>$300.00</td>
<td>$300.00</td>
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<tr>
<td>D429</td>
<td>Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous (missing) tooth position in same graft site</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>D430</td>
<td>Provisional splinting — Intracoronal</td>
<td>$165.00</td>
<td>$165.00</td>
</tr>
<tr>
<td>D431</td>
<td>Provisional splinting — Extracoronal</td>
<td>$238.00</td>
<td>$238.00</td>
</tr>
<tr>
<td>D434</td>
<td>Periodontal scaling and root planing — 4 or more teeth per quadrant (Limit 4 quadrants per consecutive 12 months)</td>
<td>$45.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>D435</td>
<td>Periodontal scaling and root planing — 1 to 3 teeth per quadrant (Limit 4 quadrants per consecutive 12 months)</td>
<td>$42.00</td>
<td>$42.00</td>
</tr>
</tbody>
</table>

**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.
## CIGNA DENTAL CARE®
### PATIENT CHARGE SCHEDULE (T2XV9 AZ)

<table>
<thead>
<tr>
<th>Code</th>
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<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4346</td>
<td>Scaling in presence of generalized moderate or severe gingival inflammation — Full mouth, after oral evaluation <em>(Limit 1 per calendar year)</em></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>Additional scaling in presence of generalized moderate or severe gingival inflammation — Full mouth, after oral evaluation <em>(Limit 2 per calendar year)</em></td>
<td>$45.00</td>
<td>$45.00</td>
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<tr>
<td>D4355</td>
<td>Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit <em>(1 per lifetime)</em></td>
<td>$111.00</td>
<td>$111.00</td>
</tr>
<tr>
<td>D4381</td>
<td>Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth</td>
<td>$45.00</td>
<td>$45.00</td>
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<tr>
<td>D4910</td>
<td>Periodontal maintenance <em>(Limit 4 per calendar year)</em> <em>(Only covered after active therapy)</em></td>
<td>$45.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

**Prosthetics** *(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 based on the type of material the dentist uses for your restoration. Please consult with your health care professional prior to receiving services in order to determine the applicable lab fee amount for that office. The relevant procedure codes are identified with an *.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5110</td>
<td>Full upper denture*</td>
<td>$310.00</td>
<td>$310.00</td>
</tr>
<tr>
<td>D5120</td>
<td>Full lower denture*</td>
<td>$310.00</td>
<td>$310.00</td>
</tr>
<tr>
<td>D5130</td>
<td>Immediate full upper denture*</td>
<td>$365.00</td>
<td>$365.00</td>
</tr>
<tr>
<td>D5140</td>
<td>Immediate full lower denture*</td>
<td>$365.00</td>
<td>$365.00</td>
</tr>
<tr>
<td>D5211</td>
<td>Upper partial denture — Resin base (Including clasps, rests and teeth)*</td>
<td>$310.00</td>
<td>$310.00</td>
</tr>
<tr>
<td>D5212</td>
<td>Lower partial denture — Resin base (Including clasps, rests and teeth)*</td>
<td>$295.00</td>
<td>$295.00</td>
</tr>
<tr>
<td>D5213</td>
<td>Upper partial denture — Cast metal framework (Including clasps, rests and teeth)*</td>
<td>$350.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>D5214</td>
<td>Lower partial denture — Cast metal framework (Including clasps, rests and teeth)*</td>
<td>$350.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>D5410</td>
<td>Adjust complete denture — Upper</td>
<td>$10.00</td>
<td>$10.00</td>
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</tbody>
</table>
# CIGNA DENTAL CARE®
## PATIENT CHARGE SCHEDULE (T2XV9 AZ)

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5411</td>
<td>Adjust complete denture — Lower</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture — Upper</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust partial denture — Lower</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td></td>
<td><strong>Repairs to prosthetics</strong> — You may be charged an additional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>lab fee based on the type of material the dentist uses for your</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>restoration. Please consult with your health care professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>prior to receiving services in order to determine the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>applicable lab fee amount for that office. The relevant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>procedure codes are identified with an*.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D5511</td>
<td>Repair broken complete denture base — Lower*</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>D5512</td>
<td>Repair broken complete denture base — Upper*</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>D5520</td>
<td>Replace missing or broken teeth — Complete denture (Each tooth)*</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>D5611</td>
<td>Repair resin partial denture base — Lower*</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D5612</td>
<td>Repair resin partial denture base — Upper*</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D5621</td>
<td>Repair cast partial framework — Lower*</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D5622</td>
<td>Repair cast partial framework — Upper*</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair or replace broken clasp*</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D5640</td>
<td>Replace broken teeth — Per tooth*</td>
<td>$35.00</td>
<td>$35.00</td>
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<tr>
<td>D5650</td>
<td>Add tooth to existing partial denture</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>D5660</td>
<td>Add clasp to existing partial denture</td>
<td>$30.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>D5710</td>
<td>Rebase complete upper denture*</td>
<td>$95.00</td>
<td>$95.00</td>
</tr>
<tr>
<td>D5711</td>
<td>Rebase complete lower denture</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D5720</td>
<td>Rebase upper partial denture</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D5721</td>
<td>Rebase lower partial denture</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>D5730</td>
<td>Reline complete upper denture — Chairside</td>
<td>$60.00</td>
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<tr>
<td>D5731</td>
<td>Reline complete lower denture — Chairside</td>
<td>$60.00</td>
<td>$60.00</td>
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<tr>
<td>D5740</td>
<td>Reline upper partial denture — Chairside</td>
<td>$60.00</td>
<td>$60.00</td>
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<tr>
<td>D5741</td>
<td>Reline lower partial denture — Chairside</td>
<td>$60.00</td>
<td>$60.00</td>
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<tr>
<td>D5750</td>
<td>Reline complete upper denture — Laboratory*</td>
<td>$95.00</td>
<td>$95.00</td>
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</tbody>
</table>
# CIGNA DENTAL CARE®
## PATIENT CHARGE SCHEDULE (T2XV9 AZ)

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<tr>
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<th>Procedure Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>D5751</td>
<td>Reline complete lower denture — Laboratory*</td>
<td>$95.00</td>
<td>$95.00</td>
</tr>
<tr>
<td>D5760</td>
<td>Reline upper partial denture — Laboratory*</td>
<td>$95.00</td>
<td>$95.00</td>
</tr>
<tr>
<td>D5761</td>
<td>Reline lower partial denture — Laboratory*</td>
<td>$95.00</td>
<td>$95.00</td>
</tr>
<tr>
<td>D5850</td>
<td>Tissue conditioning, maxillary</td>
<td>$109.00</td>
<td>$109.00</td>
</tr>
<tr>
<td>D5851</td>
<td>Tissue conditioning, mandibular</td>
<td>$113.00</td>
<td>$113.00</td>
</tr>
<tr>
<td>D5862</td>
<td>Precision attachment, by report</td>
<td>$267.00</td>
<td>$267.00</td>
</tr>
</tbody>
</table>

**Oral surgery** *(Includes routine postoperative treatment)* surgical removal of impacted tooth — Not covered for ages below 15 unless pathology (disease) exists.

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7111</td>
<td>Extraction of coronal remnants — Primary tooth</td>
<td>$83.00</td>
<td>$83.00</td>
</tr>
<tr>
<td>D7140</td>
<td>Extraction, erupted tooth or exposed root — Elevation and/or forceps removal</td>
<td>$15.00</td>
<td>$70.00</td>
</tr>
<tr>
<td>D7210</td>
<td>Extraction, erupted tooth — Removal of bone and/or section of tooth</td>
<td>$55.00</td>
<td>$55.00</td>
</tr>
<tr>
<td>D7220</td>
<td>Removal of impacted tooth — Soft tissue</td>
<td>$65.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>D7230</td>
<td>Removal of impacted tooth — Partially bony</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>D7240</td>
<td>Removal of impacted tooth — Completely bony</td>
<td>$100.00</td>
<td>$120.00</td>
</tr>
<tr>
<td>D7241</td>
<td>Removal of impacted tooth — Completely bony, unusual complications (Narrative required)</td>
<td>$125.00</td>
<td>$140.00</td>
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<tr>
<td>D7250</td>
<td>Removal of residual tooth roots — Cutting procedure</td>
<td>$40.00</td>
<td>$40.00</td>
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<tr>
<td>D7270</td>
<td>Tooth stabilization of accidentally evulsed or displaced tooth</td>
<td>$280.00</td>
<td>$280.00</td>
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<tr>
<td>D7280</td>
<td>Exposure of an unerupted tooth <em>(Excluding wisdom teeth)</em></td>
<td>$365.00</td>
<td>$365.00</td>
</tr>
<tr>
<td>D7310</td>
<td>Alveoloplasty in conjunction with extractions — 4 or more teeth or tooth spaces per quadrant</td>
<td>$40.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>D7320</td>
<td>Alveoloplasty not in conjunction with extractions — 4 or more teeth or tooth spaces per quadrant</td>
<td>$222.00</td>
<td>$222.00</td>
</tr>
<tr>
<td>D7510</td>
<td>Incision and drainage of abscess — Intraoral soft tissue</td>
<td>$25.00</td>
<td>$35.00</td>
</tr>
</tbody>
</table>
## CIGNA DENTAL CARE®
### PATIENT CHARGE SCHEDULE (T2XV9 AZ)

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>D7880</td>
<td>Occlusal orthotic device, by report — <em>(Limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</em></td>
<td>$330.00</td>
<td>$455.00</td>
</tr>
<tr>
<td>D7960</td>
<td>Frenulectomy — Also known as frenectomy or frenotomy — Separate procedure not incidental to another procedure</td>
<td>$50.00</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

### 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.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8050</td>
<td>Interceptive orthodontic treatment of the primary dentition — Banding</td>
<td>$260.00</td>
<td>$260.00</td>
</tr>
<tr>
<td>D8060</td>
<td>Interceptive orthodontic treatment of the transitional dentition — Banding</td>
<td>$470.00</td>
<td>$470.00</td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition — Banding</td>
<td>$760.00</td>
<td>$760.00</td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition — Banding</td>
<td>$990.00</td>
<td>$990.00</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive orthodontic treatment of the adult dentition — Banding</td>
<td>$1,080.00</td>
<td>$1,080.00</td>
</tr>
<tr>
<td>D8660</td>
<td>Pre-orthodontic treatment examination to monitor growth and development</td>
<td>$135.00</td>
<td>$135.00</td>
</tr>
<tr>
<td>D8670</td>
<td>Periodic orthodontic treatment visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children — Up to 19th birthday:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24-month treatment fee</td>
<td>$3,360.00</td>
<td>$3,360.00</td>
</tr>
<tr>
<td></td>
<td>Charge per month for 24 months</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td></td>
<td>Adults:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24-month treatment fee</td>
<td>$3,360.00</td>
<td>$3,360.00</td>
</tr>
<tr>
<td></td>
<td>Charge per month for 24 months</td>
<td>$140.00</td>
<td>$140.00</td>
</tr>
<tr>
<td>D8680</td>
<td>Orthodontic retention — Removal of appliances, construction and placement of retainer(s)</td>
<td>$455.00</td>
<td>$455.00</td>
</tr>
</tbody>
</table>
# CIGNA DENTAL CARE®
## PATIENT CHARGE SCHEDULE (T2XV9 AZ)

<table>
<thead>
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<th>General Dentist Patient Charge</th>
<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8695</td>
<td>Removal of fixed orthodontic appliances for reasons other than completion of treatment</td>
<td>$230.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>D8999</td>
<td>Unspecified orthodontic procedure — By report (Orthodontic treatment plan and records)</td>
<td>$215.00</td>
<td>$215.00</td>
</tr>
</tbody>
</table>

**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.

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<th>Specialist Patient Charge</th>
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</thead>
<tbody>
<tr>
<td>D9210</td>
<td>Local Anesthesia (Not in conjunction with surgery)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D9215</td>
<td>Local anesthesia</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D9222</td>
<td>Deep sedation/general anesthesia — First 15 minutes</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D9223</td>
<td>Deep sedation/general anesthesia — Each subsequent 15 minute increment</td>
<td>$0.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>D9230</td>
<td>Analgesia — Nitrous Oxide (Per 30 minutes)</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>D9239</td>
<td>Intravenous moderate (conscious) sedation/anesthesia — First 15 minutes</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>D9243</td>
<td>Intravenous moderate (Conscious) sedation/analgnesia — Each subsequent 15 minute increment</td>
<td>$0.00</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

**Emergency services**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>D9110</td>
<td>Palliative (Emergency) treatment of dental pain — Minor procedure</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

**Miscellaneous services**

<table>
<thead>
<tr>
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<th>Specialist Patient Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9310</td>
<td>Consultation (Diagnostic service provided by dentist or physician other than requesting dentist or physician)</td>
<td>$25.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>D9910</td>
<td>Application of desensitizing medicament</td>
<td>$18.00</td>
<td>$18.00</td>
</tr>
<tr>
<td>D9940</td>
<td>Occlusal guard, by report</td>
<td>$367.00</td>
<td>$367.00</td>
</tr>
<tr>
<td>D9951</td>
<td>Occlusal adjustment — Limited</td>
<td>$30.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>
### CIGNA DENTAL CARE®
**PATIENT CHARGE SCHEDULE (T2XV9 AZ)**

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</tr>
</thead>
<tbody>
<tr>
<td>D9952</td>
<td>Occlusal adjustment — Complete</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>D9972</td>
<td>External bleaching, per arch – performed in office</td>
<td>$150.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>D9973</td>
<td>External bleaching, per tooth</td>
<td>$30.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>D9986</td>
<td>Missed appointment</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>D9995</td>
<td>Teledentistry — Synchronous; real-time encounter (Limit 2 per calendar year)</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>D9996</td>
<td>Teledentistry — Asynchronous; information stored and forwarded to dentist for subsequent review (Limit 2 per calendar year)</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

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 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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