T2XV9 AZ
STATE OF TENNESSEE

PLAN EFFECTIVE 1/1/2020
CIGNA DENTAL CARE® (*DHMO)
PATIENT CHARGE SCHEDULE

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

Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made by your Network General Dentist to a Network Specialty Endodontist, Periodontist or Oral Surgeon. A referral is not required for Specialty Care at a Network Specialty Pediatric Dentist or Orthodontist. You may select a Network Pediatric Dentist for your child under the age of 13 by calling Customer Service at 1.800.997.1617 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 13th birthday.
- Procedures not listed on this Patient Charge Schedule are not covered and are the patient's responsibility at the dentist's usual fees.
- 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.

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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.

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)			
D0999	Office visit fee	$10.00	$10.00
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), 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*.			
D0120	Periodic oral evaluation – Established patient •	$0.00	$0.00
D0140	Limited oral evaluation – Problem focused	$20.00	$30.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	$43.00	$43.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D0150	Comprehensive oral evaluation – New or established patient •	$0.00	$20.00
D0160	Detailed and extensive oral evaluation – problem focused, by report *(Limit 2 per calendar year)* •	$0.00	$0.00
D0170	Re-evaluation – Limited, problem focused (Established patient; not postoperative visit)	$52.00	$52.00
D0171	Re-evaluation – Post-operative office visit	$70.00	$70.00
D0180	Comprehensive periodontal evaluation – New or established patient •	$0.00	$0.00
D9430	Office visit for observation – No other services performed	$10.00	$10.00
D9440	Office visit – After regularly scheduled hours	$10.00	$10.00
D0210	X-rays intraoral – Complete series of radiographic images *(Limit 1 every 3 years)* •	$0.00	$5.00
D0220	X-rays intraoral – Periapical – First radiographic image	$0.00	$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	$0.00	$0.00
D0240	X-rays intraoral – Occlusal radiographic image	$0.00	$0.00
D0250	X-rays extra – Oral 2D projection radiographic image created using a stationary radiation source, and detector	$0.00	$0.00
D0251	Extra-oral posterior dental radiographic image	$47.00	$47.00
D0270	X-rays (Bitewing) – Single radiographic image	$0.00	$0.00
D0272	X-rays (Bitewings) – 2 radiographic images	$0.00	$0.00
D0273	X-rays (Bitewings) – 3 radiographic images	$0.00	$0.00
D0274	X-rays (Bitewings) – 4 radiographic images	$0.00	$0.00
D0277	X-rays (Bitewings, vertical) – 7 to 8 radiographic images	$62.00	$62.00
D0330	X-rays (Panoramic radiographic image) – *(Limit 1 every 3 years)* •	$0.00	$20.00
D0340	2D cephalometric radiographic image acquisition, measurement and analysis	$0.00	$45.00
D0350	Oral/facial photographic images	$0.00	$0.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D0351	3D photographic image	$0.00	$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures *(Limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)*	$240.00	$240.00
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	$58.00	$58.00
D0415	Collection of microorganisms for culture and sensitivity	$58.00	$58.00
D0425	Caries susceptibility tests	$21.00	$21.00
D0460	Pulp vitality tests	$0.00	$0.00
D0470	Diagnostic casts	$0.00	$10.00
D1110	Prophylaxis (Cleaning) – Adult *(Limit 2 per calendar year)* •	$0.00	$0.00
	Additional prophylaxis (Cleaning) – In addition to the 2 prophylaxes (Cleanings) allowed per calendar year	$45.00	$45.00
D1120	Prophylaxis (Cleaning) – Child *(Limit 2 per calendar year)* •	$0.00	$15.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$45.00	$45.00
D1206	Topical application of fluoride varnish – *(Limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.* •	$0.00	$0.00
D1208	Topical application of fluoride – Excluding varnish *(Limit 2 per calendar year). There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.* •	$0.00	$0.00
D1310	Nutritional counseling for control of dental disease	$0.00	$0.00
D1330	Oral hygiene instructions	$0.00	$0.00
D1351	Sealant – Per tooth	$10.00	$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	$60.00	$60.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D1354	Interim caries arresting medicament application – Per tooth	$35.00	$35.00
D1510	Space maintainer – Fixed – Unilateral – Per quadrant*	$45.00	$45.00
D1516	Space maintainer – Fixed – Bilateral, Maxillary*	$45.00	$45.00
D1517	Space maintainer – Fixed – Bilateral, Mandibular*	$45.00	$45.00
D1520	Space maintainer – Removable – Unilateral – Per quadrant*	$85.00	$85.00
D1526	Space maintainer – Removable – Bilateral, Maxillary*	$85.00	$85.00
D1527	Space maintainer – Removable – Bilateral, Mandibular*	$85.00	$85.00
D1551	Re-cement or re-bond bilateral space maintainer – Maxillary	$15.00	$15.00
D1552	Re-cement or re-bond bilateral space maintainer – Mandibular	$15.00	$15.00
D1553	Re-cement or re-bond bilateral space maintainer – Per quadrant	$15.00	$15.00
D1575	Distal shoe space maintainer – Fixed – Unilateral – Per quadrant	$50.00	$50.00
Restorative (Fillings, including polishing)			
D2140	Amalgam – 1 surface, primary or permanent	$0.00	$5.00
D2150	Amalgam – 2 surfaces, primary or permanent	$8.00	$10.00
D2160	Amalgam – 3 surfaces, primary or permanent	$18.00	$20.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	$22.00	$22.00
D2330	Resin-based composite – 1 surface, anterior	$25.00	$25.00
D2331	Resin-based composite – 2 surfaces, anterior	$35.00	$35.00
D2332	Resin-based composite – 3 surfaces, anterior	$45.00	$45.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	$55.00	$55.00
D2390	Resin-based composite crown, anterior	$245.00	$245.00
D2391	Resin-based composite – 1 surface, posterior	$45.00	$45.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D2392	Resin-based composite – 2 surfaces, posterior	$55.00	$65.00
D2393	Resin-based composite – 3 surfaces, posterior	$90.00	$95.00
D2394	Resin-based composite – 4 or more surfaces, posterior	$105.00	$105.00
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*.			
D2510	Inlay – Metallic – 1 surface*	$90.00	$90.00
D2520	Inlay – Metallic – 2 surfaces*	$100.00	$100.00
D2530	Inlay – Metallic – 3 or more surfaces*	$125.00	$125.00
D2542	Onlay – Metallic – 2 surfaces*	$672.00	$672.00
D2543	Onlay – Metallic – 3 surfaces*	$730.00	$730.00
D2544	Onlay – Metallic – 4 or more surfaces*	$765.00	$765.00
D2610	Inlay – Porcelain/ceramic – 1 surface*	$467.00	$467.00
D2620	Inlay – Porcelain/ceramic – 2 surfaces*	$485.00	$485.00
D2630	Inlay – Porcelain/ceramic – 3 or more surfaces*	$569.00	$569.00
D2710	Crown – Resin-based composite (Indirect)	$460.00	$460.00
D2712	Crown – 3/4 resin-based composite (indirect)	$575.00	$575.00
D2720	Crown – Resin with high noble metal*	$700.00	$700.00
D2721	Crown – Resin Based with Predominantly Base Metal	$750.0	$750.0
D2722	Crown – Resin with noble metal*	$570.00	$570.00
D2740	Crown – Porcelain/ceramic*	$275.00	$275.00
D2750	Crown – Porcelain fused to high noble metal*	$200.00	$200.00
D2751	Crown – Porcelain fused to predominantly base metal*	$200.00	$200.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D2752	Crown – Porcelain fused to noble metal*	$200.00	$200.00
D2753	Crown – Porcelain fused to titanium and titanium alloys*	$200.00	$200.00
D2780	Crown – 3/4 cast high noble metal*	$825.00	$825.00
D2781	Crown – 3/4 cast predominantly base metal*	$790.00	$790.00
D2782	Crown – 3/4 cast noble metal*	$790.00	$790.00
D2783	Crown – 3/4 Porcelain/Ceramic**	$935.00	$935.00
D2790	Crown – Full cast high noble metal*	$200.00	$200.00
D2791	Crown – Full cast predominantly base metal*	$200.00	$200.00
D2792	Crown – Full cast noble metal*	$200.00	$200.00
D2794	Crown – Titanium	$735.00	$735.00
D2799	Provisional crown	$255.00	$255.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$15.00	$15.00
D2920	Re-cement or re-bond crown	$15.00	$15.00
D2930	Prefabricated stainless steel crown – Primary tooth	$65.00	$80.00
D2931	Prefabricated stainless steel crown – Permanent tooth	$65.00	$65.00
D2932	Prefabricated resin crown	245.00	245.00
D2933	Prefabricated stainless steel crown with resin window	$250.00	$250.00
D2934	D2934 Prefabricated esthetic coated stainless steel crown – Primary tooth	$270.00	$270.00
D2940	Protective restoration	$3.00	$3.00
D2950	Core buildup – Including any pins when required	$25.00	$25.00
D2951	Pin retention – Per tooth – In addition to restoration	$10.00	$10.00
D2952	Post and core – In addition to crown, indirectly fabricated*	$75.00	$75.00
D2954	Prefabricated post and core – In addition to crown	$75.00	$75.00
D2960	Labial veneer (Resin laminate) – Chairside	$200.00	$200.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D2962	Labial veneer (Porcelain laminate) – Laboratory*	$300.00	$300.00
D2980	Crown repair necessitated by restorative material failure	$163.00	$163.00
D6210	Pontic – Cast high noble metal*	$255.00	$255.00
D6211	Pontic – Cast predominantly base metal*	$255.00	$255.00
D6212	Pontic – Cast noble metal*	$255.00	$255.00
D6240	Pontic – Porcelain fused to high noble metal*	$275.00	$275.00
D6241	Pontic – Porcelain fused to predominantly base metal*	$275.00	$275.00
D6242	Pontic – Porcelain fused to noble metal*	$275.00	$275.00
D6251	Pontic – Resin with predominantly base metal*	$506.00	$506.00
D6243	Pontic – Porcelain fused to titanium and titanium alloys*	$275.00	$275.00
D6251	Pontic – Resin with predominantly base metal*	$506.00	$506.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	$364.00	$364.00
D6721	Crown – Resin with predominantly base metal*	$564.00	$564.00
D6750	Retainer – Crown – Porcelain fused to high noble metal*	$275.00	$275.00
D6751	Retainer – Crown – Porcelain fused to predominantly base metal*	$200.00	$200.00
D6752	Retainer – Crown – Porcelain fused to noble ametal*	$275.00	$275.00
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys*	$275.00	$275.00
D6780	Crown – 3/4 Cast high noble metal*	$591.00	$591.00
D6784	Retainer – Crown – 3/4 Titanium and titanium alloys*	$591.00	$591.00
D6791	Retainer – Crown – Full cast predominantly base metal*	$255.00	$255.00
D6792	Retainer – Crown – Full cast noble metal*	$255.00	$255.00
D6930	Re-cement or re-bond fixed partial denture	$15.00	$15.00
D6940	Stress breaker	$252.00	$252.00
D6950	Precision Attachment	$328.00	$328.00
D6980	Fixed partial denture repair necessitated by restorative material failure	$203.00	$203.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
Endodontics (Root canal treatment, excluding final restorations)			
D3110	Pulp cap – Direct (Excluding final restoration)	$0.00	$0.00
D3120	Pulp cap – Indirect (Excluding final restoration)	$0.00	$0.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	$20.00	$40.00
D3310	Anterior root canal – Permanent tooth (Excluding final restoration)	$125.00	$300.00
D3320	Premolar root canal – Permanent tooth (Excluding final restoration)	$100.00	$425.00
D3330	Molar root canal – Permanent tooth (Excluding final restoration)	$125.00	$600.00
D3346	Retreatment of previous root canal therapy – Anterior	$702.00	$702.00
D3347	Retreatment of previous root canal therapy – Premolar	$783.00	$783.00
D3348	Retreatment of previous root canal therapy – Molar	$936.00	$936.00
D3410	Apicoectomy – Anterior	$50.00	$75.00
D3421	Apicoectomy/periradicular surgery – Premolar (First root)	$629.00	$629.00
D3425	Apicoectomy/periradicular surgery – Molar (First root)	$694.00	$694.00
D3426	Apicoectomy/periradicular surgery (Each additional root)	$223.00	$223.00
D3430	Retrograde filling – Per root	$161.00	$161.00
D3450	Root amputation – Per root	$382.00	$382.00
D3920	Hemisection (Including any root removal), not including root canal therapy	$263.00	$263.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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.			
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	$90.00	$90.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	$50.00	$50.00
D4240	Gingival flap (Including root planing) – 4 or more teeth per quadrant	$240.00	$240.00
D4241	Gingival flap (Including root planing) – 1 to 3 teeth per quadrant	$100.00	$100.00
D4260	Osseous surgery (Including elevation of a full thickness flap and closure) – 4 or more contiguous teeth or tooth bounded spaces per quadrant	$300.00	$300.00
D4261	Osseous surgery (Including elevation of a full thickness flap and closure) – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	$150.00	$150.00
D4277	Free soft tissue graft procedure (Including recipient and donor surgical sites), first tooth, implant, or edentulous (*missing*) tooth position in graft	$300.00	$300.00
D4278	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	$150.00	$150.00
D4320	Provisional splinting – Intracoronal	$165.00	$165.00
D4321	Provisional splinting – Extracoronal	$238.00	$238.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant *(Limit 4 quadrants per consecutive 12 months)*	$45.00	$60.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant *(Limit 4 quadrants per consecutive 12 months)*	$42.00	$42.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation *(Limit 1 per calendar year)*	$0.00	$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation *(Limit 2 per calendar year)*	$45.00	$45.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit *(1 per lifetime)*	$111.00	$111.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$45.00	$45.00
D4910	Periodontal maintenance *(Limit 4 per calendar year)* (Only covered after active therapy)	$45.00	$45.00
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*.			
D5110	Full upper denture*	$310.00	$310.00
D5120	Full lower denture*	$310.00	$310.00
D5130	Immediate full upper denture*	$365.00	$365.00
D5140	Immediate full lower denture*	$365.00	$365.00
D5211	Upper partial denture – Resin base (Including retentive/clasping materials, rests and teeth)*	$310.00	$310.00
D5212	Lower partial denture – Resin base (Including retentive/clasping materials, rests and teeth)*	$295.00	$295.00
D5213	Upper partial denture – Cast metal framework (Including retentive/clasping materials, rests and teeth)*	$350.00	$350.00
D5214	Lower partial denture – Cast metal framework (Including retentive/clasping materials, rests and teeth)*	$350.00	$350.00
D5410	Adjust complete denture – Upper	$10.00	$10.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D5411	Adjust complete denture – Lower	$10.00	$10.00
D5421	Adjust partial denture – Upper	$10.00	$10.00
D5422	Adjust partial denture – Lower	$10.00	$10.00
Repairs to prosthetics – 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*.			
D5511	Repair broken complete denture base – Lower*	$25.00	$25.00
D5512	Repair broken complete denture base – Upper*	$25.00	$25.00
D5520	Replace missing or broken teeth – Complete denture (Each tooth)*	$40.00	$40.00
D5611	Repair resin partial denture base – Lower*	$35.00	$35.00
D5612	Repair resin partial denture base – Upper*	$35.00	$35.00
D5621	Repair cast partial framework – Lower*	$35.00	$35.00
D5622	Repair cast partial framework – Upper*	$35.00	$35.00
D5630	Repair or replace broken retentive/clasping materials*	$35.00	$35.00
D5640	Replace broken teeth – Per tooth*	$35.00	$35.00
D5650	Add tooth to existing partial denture	$35.00	$35.00
D5660	Add clasp to existing partial denture	$30.00	$30.00
D5710	Rebase complete upper denture*	$95.00	$95.00
D5711	Rebase complete lower denture	$10.00	$10.00
D5720	Rebase upper partial denture	$10.00	$10.00
D5721	Rebase lower partial denture	$10.00	$10.00
D5730	Reline complete upper denture – Chairside	$60.00	$60.00
D5731	Reline complete lower denture – Chairside	$60.00	$60.00
D5740	Reline upper partial denture – Chairside	$60.00	$60.00
D5741	Reline lower partial denture – Chairside	$60.00	$60.00
D5750	Reline complete upper denture – Laboratory*	$95.00	$95.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D5751	Reline complete lower denture – Laboratory*	$95.00	$95.00
D5760	Reline upper partial denture – Laboratory*	$95.00	$95.00
D5761	Reline lower partial denture – Laboratory*	$95.00	$95.00
D5850	Tissue conditioning, maxillary	$109.00	$109.00
D5851	Tissue conditioning, mandibular	$113.00	$113.00
D5862	Precision attachment, by report	$267.00	$267.00
D5876	Add metal substructure to acrylic full denture (Per arch)	$115.00	$115.00
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 – Primary tooth	$83.00	$83.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	$15.00	$70.00
D7210	Extraction, erupted tooth – Removal of bone and/ or section of tooth	$55.00	$55.00
D7220	Removal of impacted tooth – Soft tissue	$65.00	$65.00
D7230	Removal of impacted tooth – Partially bony	$75.00	$75.00
D7240	Removal of impacted tooth – Completely bony	$100.00	$120.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (Narrative required)	$125.00	$140.00
D7250	Removal of residual tooth roots – Cutting procedure	$40.00	$40.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	$280.00	$280.00
D7280	Exposure of an unerupted tooth *(Excluding wisdom teeth)*	$365.00	$365.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$40.00	$60.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$222.00	$222.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	$25.00	$35.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D7880	Occlusal orthotic device, by report – *(Limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)*	$330.00	$455.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot	$0.00	$0.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	$50.00	$60.00
Orthodontics (Tooth movement) orthodontic treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)			
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	$260.00	$260.00
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	$470.00	$470.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	$760.00	$760.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	$990.00	$990.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	$1,080.00	$1,080.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$135.00	$135.00
D8670	Periodic orthodontic treatment visit		
	Children – Up to 19th birthday:		
	24-month treatment fee	$3,360.00	$3,360.00
	Charge per month for 24 months	$140.00	$140.00
	Adults:		
	24-month treatment fee	$3,360.00	$3,360.00
	Charge per month for 24 months	$140.00	$140.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	$455.00	$455.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2XV9 AZ)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	$230.00	$230.00
D8999	Unspecified orthodontic procedure – By report (Orthodontic treatment plan and records)	$215.00	$215.00
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.			
D9210	Local Anesthesia (Not in conjunction with surgery)	$0.00	$0.00
D9215	Local anesthesia	$0.00	$0.00
D9222	Deep sedation/general anesthesia – First 15 minutes	$0.00	$0.00
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	$0.00	$40.00
D9230	Analgesia – Nitrous Oxide (Per 30 minutes)	$15.00	$15.00
D9239	Intravenous moderate (conscious) sedation/ anesthesia – First 15 minutes	$0.00	$0.00
D9243	Intravenous moderate (Conscious) sedation/ analgesia – Each subsequent 15 minute increment	$0.00	$10.00
D9613	Infiltration of sustained release therapeutic drug – Single or multiple sites	$200.00	$200.00
Emergency services			
D9110	Palliative (Emergency) treatment of dental pain – Minor procedure	$25.00	$25.00
Miscellaneous services			
D9310	Consultation (Diagnostic service provided by dentist or physician other than requesting dentist or physician)	$25.00	$45.00
D9910	Application of desensitizing medicament	$18.00	$18.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2XV9 AZ)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D9944	Occlusal guard – Hard appliance, full arch (Limit 1 per 24 months)	$367.00	$367.00
D9945	Occlusal guard – Soft appliance, full arch (Limit 1 per 24 months)	$185.00	$185.00
D9946	Occlusal guard – Hard appliance, partial arch (Limit 1 per 24 months)	$220.00	$220.00
D9951	Occlusal adjustment – Limited	$30.00	$30.00
D9952	Occlusal adjustment – Complete	$150.00	$150.00
D9961	Duplicate/copy patient's records	$0.00	$0.00
D9972	External bleaching, per arch – Performed in office	$150.00	$150.00
D9973	External bleaching, per tooth	$0.00	$0.00
D9986	Missed appointment	$20.00	$20.00
D9990	Certified translation or sign language services, per visit	$0.00	$0.00
D9995	Teledentistry – Synchronous; real-time encounter *(Limit 2 per calendar year)*	$25.00	$25.00
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review *(Limit 2 per calendar year)*	$25.00	$25.00

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 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.

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*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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