

T4IV9 CA
STATE OF TENNESSEE
PLAN EFFECTIVE 1/1/2021
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.



CIGNA DENTAL CARE®
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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). | | | |
| D0120 | Periodic oral evaluation – Established patient | \$0.00 | \$0.00 |
| D0140 | Limited oral evaluation – Problem focused | \$20.00 | \$30.00 |
| D0150 | Comprehensive oral evaluation – New or established patient | \$0.00 | \$20.00 |
| D0160 | Detailed and extensive oral evaluation – problem focused, by report (<i>Limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i>) | \$0.00 | \$0.00 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|--|---------------------------------------|----------------------------------|
| D0170 | Re-evaluation – Limited, problem focused (Established patient; not postoperative visit) | \$52.00 | \$52.00 |
| 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 (<i>Limited to (1) D0210 or D0709 every 3 years</i>) | \$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 |
| D0270 | X-rays (Bitewing) – Single radiographic image | \$0.00 | \$0.00 |
| D0272 | X-rays (Bitewings) – 2 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) – (<i>Limited to (1) D0330 or D0701 every 3 years</i>) | \$0.00 | \$20.00 |
| D0340 | 2D cephalometric radiographic image acquisition, measurement and analysis | \$0.00 | \$45.00 |
| D0350 | Oral/facial photographic images obtained intra-orally or extra-orally | \$0.00 | \$0.00 |
| D0351 | 3D photographic image | \$0.00 | \$0.00 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|---|---------------------------------------|----------------------------------|
| D0364 | Cone beam CT capture and interpretation with limited field of view – Less than one whole jaw <i>(Only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i> | \$200.00 | \$200.00 |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch – Mandible <i>(Only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i> | \$220.00 | \$220.00 |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – Maxilla, with or without cranium <i>(Only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i> | \$220.00 | \$220.00 |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium <i>(Only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i> | \$240.00 | \$240.00 |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(Limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i> | \$185.00 | \$185.00 |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | \$0.00 | \$0.00 |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | \$47.00 | \$47.00 |
| D0415 | Collection of microorganisms for culture and sensitivity | \$45.00 | \$45.00 |
| D0425 | Caries susceptibility tests | \$21.00 | \$21.00 |
| D0460 | Pulp vitality tests | \$0.00 | \$0.00 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|---|---------------------------------------|----------------------------------|
| D0470 | Diagnostic casts | \$0.00 | \$10.00 |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in the structure of enamel, dentin and cementum | \$0.00 | \$0.00 |
| D0701 | Panoramic radiographic image – Image capture only <i>(Limited to (1) D0330 or D0701 every 3 years)</i> | \$0.00 | \$20.00 |
| D0702 | 2-D cephalometric radiographic image – Image capture only | \$0.00 | \$45.00 |
| D0703 | 2D oral/facial photographic image obtained intra-orally or extra-orally – Image capture only | \$0.00 | \$0.00 |
| D0704 | 3D photographic image – Image capture only | \$0.00 | \$0.00 |
| D0706 | Intraoral – Occlusal radiographic image – Image capture only | \$0.00 | \$0.00 |
| D0707 | Intraoral – Periapical radiographic image – Image capture only | \$0.00 | \$0.00 |
| D0708 | Intraoral – Bitewing radiographic image – Image capture only | \$0.00 | \$0.00 |
| D0709 | Intraoral – Complete series of radiographic images – Image capture only <i>(Limited to (1) D0210 or D0709 every 3 years)</i> | \$0.00 | \$5.00 |
| D1110 | Prophylaxis (Cleaning) – Adult <i>(Limit 2 per calendar year)</i> | \$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 <i>(Limit 2 per calendar year)</i> | \$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 – <i>(Limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i> | \$0.00 | \$0.00 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|--|--|---------------------------------------|----------------------------------|
| D1208 | Topical application of fluoride – excluding varnish <i>(Limit 2 per calendar year). There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i> | \$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 |
| D1354 | Interim caries arresting medicament application – Per tooth | \$0.00 | \$0.00 |
| D1355 | caries preventive medicament application – per tooth | \$0.00 | \$0.00 |
| 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 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|--|---|---------------------------------------|----------------------------------|
| 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 |
| D2391 | Resin-based composite – 1 surface, posterior | \$40.00 | \$40.00 |
| D2392 | Resin-based composite – 2 surfaces, posterior | \$50.00 | \$60.00 |
| 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). | | | |
| 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 | \$600.00 | \$600.00 |
| D2543 | Onlay – Metallic – 3 surfaces | \$700.00 | \$700.00 |
| D2544 | Onlay – Metallic – 4 or more surfaces | \$700.00 | \$700.00 |
| 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 |
| D2740 | Crown – Porcelain/ceramic | \$265.00 | \$265.00 |
| D2750 | Crown – Porcelain fused to high noble metal | \$200.00 | \$200.00 |
| D2751 | Crown – Porcelain fused to predominantly base metal | \$200.00 | \$200.00 |
| D2752 | Crown – Porcelain fused to noble metal | \$200.00 | \$200.00 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|---|---------------------------------------|----------------------------------|
| D2753 | Crown – Porcelain fused to titanium and titanium alloys | \$200.00 | \$200.00 |
| D2790 | Crown – Full cast high noble metal | \$190.00 | \$190.00 |
| D2791 | Crown – Full cast predominantly base metal | \$200.00 | \$200.00 |
| D2792 | Crown – Full cast noble metal | \$200.00 | \$200.00 |
| 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 |
| 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) – Direct | \$200.00 | \$200.00 |
| D2962 | Labial veneer (Porcelain laminate) – Indirect | \$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 |
| D6243 | Pontic – Porcelain fused to titanium and titanium alloys | \$275.00 | \$275.00 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|---|---|---------------------------------------|----------------------------------|
| 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 |
| D6790 | Retainer – Crown – Full cast high noble metal | \$255.00 | \$255.00 |
| 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 | \$240.00 | \$240.00 |
| D6950 | Precision Attachment | \$328.00 | \$328.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$203.00 | \$203.00 |
| 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 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|---|--|---------------------------------------|----------------------------------|
| 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 | \$880.00 | \$880.00 |
| 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 |
| <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.</p> | | | |
| 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 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|--|---------------------------------------|----------------------------------|
| 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 (<i>missing</i>) 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 (<i>missing</i>) 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 (<i>Limit 4 quadrants per consecutive 12 months</i>) | \$45.00 | \$60.00 |
| D4342 | Periodontal scaling and root planing – 1 to 3 teeth per quadrant (<i>Limit 4 quadrants per consecutive 12 months</i>) | \$42.00 | \$42.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (<i>Limit 1 per calendar year</i>) | \$0.00 | \$0.00 |
| | Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (<i>Limit 2 per calendar year</i>) | \$45.00 | \$45.00 |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | \$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 (<i>Limit 4 per calendar year</i>) (Only covered after active therapy) | \$45.00 | \$45.00 |

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|---|--|---------------------------------------|----------------------------------|
| Prosthetics (Removable tooth replacement – Dentures) includes up to 4 adjustments within first 6 months after insertion. | | | |
| 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 |
| 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 | | | |
| 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 |

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| 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 – Direct | \$60.00 | \$60.00 |
| D5731 | Reline complete lower denture – Direct | \$60.00 | \$60.00 |
| D5740 | Reline upper partial denture – Direct | \$60.00 | \$60.00 |
| D5741 | Reline lower partial denture – Direct | \$60.00 | \$60.00 |
| D5750 | Reline complete upper denture – Indirect | \$95.00 | \$95.00 |
| D5751 | Reline complete lower denture – Indirect | \$95.00 | \$95.00 |
| D5760 | Reline upper partial denture – Indirect | \$95.00 | \$95.00 |
| D5761 | Reline lower partial denture – Indirect | \$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 |
| Implant services – Surgical placement of implants (D6010, D6012, D6040, and D6050 have a limit of 1 implant per calendar year with a replacement of 1 per 10 years) | | | |
| D6010 | Surgical placement of implant body: Endosteal implant | \$1,025.00 | \$1,025.00 |
| D6011 | Surgical access to an implant body (Second stage implant surgery) | \$255.00 | \$255.00 |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: Endosteal implant | \$390.00 | \$390.00 |
| D6013 | Surgical placement of mini implant | \$340.00 | \$340.00 |

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| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|---|---------------------------------------|----------------------------------|
| D6040 | Surgical placement: Eposteal implant | \$940.00 | \$940.00 |
| D6050 | Surgical placement: Transosteal implant | \$920.00 | \$920.00 |
| D6055 | Connecting bar – Implant supported or abutment supported <i>(limit 1 per calendar year)</i> | \$1,170.00 | \$1,170.00 |
| D6056 | Prefabricated abutment – Includes modification and placement <i>(limit 1 per calendar year)</i> | \$355.00 | \$355.00 |
| D6057 | Custom fabricated abutment – Includes placement <i>(limit 1 per calendar year)</i> | \$455.00 | \$455.00 |
| D6080 | Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis <i>(limit 1 per calendar year)</i> | \$65.00 | \$65.00 |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure <i>(limit 2 per implant, per calendar year)</i> | \$8.00 | \$8.00 |
| D6090 | Repair implant supported prosthesis, by report <i>(limit 1 per calendar year)</i> | \$130.00 | \$130.00 |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment (Male or female component) of implant/abutment supported prosthesis, per attachment <i>(limit 1 per calendar year, per tooth or per site)</i> | \$60.00 | \$60.00 |
| D6095 | Repair implant abutment, by report <i>(limit 1 per calendar year)</i> | \$130.00 | \$130.00 |
| D6096 | Remove broken implant retaining screw | \$82.00 | \$82.00 |
| D6100 | Implant removal, by report <i>(limit 1 per calendar year)</i> | \$245.00 | \$245.00 |
| D6101 | Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure <i>(limit 1 per calendar year)</i> | \$125.00 | \$125.00 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T4IV9 CA)

| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|--|---|---------------------------------------|----------------------------------|
| D6102 | Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, flap entry and closure <i>(limit 1 per calendar year)</i> | \$240.00 | \$240.00 |
| D6103 | Bone graft for repair of periimplant defect – Does not include flap entry and closure <i>(limit 1 per calendar year)</i> | \$290.00 | \$290.00 |
| D6104 | Bone graft at time of implant placement <i>(limit 1 per calendar year)</i> | \$290.00 | \$290.00 |
| D6190 | Radiographic/surgical implant index, by report <i>(limit 1 per calendar year)</i> | \$165.00 | \$165.00 |
| D7994 | Surgical placement: Zygomatic implant | \$1,230.00 | \$1,230.00 |
| <p>Implant/abutment supported prosthetics – All charges for crown and bridge (Fixed partial denture) are per unit (Each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years.</p> | | | |
| D6058 | Abutment supported porcelain/ceramic crown | \$790.00 | \$790.00 |
| D6059 | Abutment supported porcelain fused to metal crown (High noble metal) | \$750.00 | \$750.00 |
| D6060 | Abutment supported porcelain fused to metal crown (Predominantly base metal) | \$700.00 | \$700.00 |
| D6061 | Abutment supported porcelain fused to metal crown (Noble metal) | \$725.00 | \$725.00 |
| D6062 | Abutment supported cast metal crown (High noble metal) | \$750.00 | \$750.00 |
| D6063 | Abutment supported cast metal crown (Predominantly base metal) | \$700.00 | \$700.00 |
| D6064 | Abutment supported cast metal crown (Noble metal) | \$725.00 | \$725.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$790.00 | \$790.00 |
| D6066 | Implant supported crown – Porcelain fused to high noble alloys | \$750.00 | \$750.00 |
| D6067 | Implant supported crown – High noble alloys | \$750.00 | \$750.00 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T4IV9 CA)

| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|---|---------------------------------------|----------------------------------|
| D6068 | Abutment supported retainer for porcelain/ceramic fixed partial denture | \$790.00 | \$790.00 |
| D6069 | Abutment supported retainer for porcelain fused to metal fixed partial denture (High noble metal) | \$750.00 | \$750.00 |
| D6070 | Abutment supported retainer for porcelain fused to metal fixed partial denture (Predominantly base metal) | \$700.00 | \$700.00 |
| D6071 | Abutment supported retainer for porcelain fused to metal fixed partial denture (Noble metal) | \$725.00 | \$725.00 |
| D6072 | Abutment supported retainer for cast metal fixed partial denture (High noble metal) | \$750.00 | \$750.00 |
| D6073 | Abutment supported retainer for cast metal fixed partial denture (Predominantly base metal) | \$700.00 | \$700.00 |
| D6074 | Abutment supported retainer for cast metal fixed partial denture (Noble metal) | \$725.00 | \$725.00 |
| D6075 | Implant supported retainer for ceramic fixed partial denture | \$790.00 | \$790.00 |
| D6076 | Implant supported retainer for fixed partial denture – Porcelain fused to high noble alloys | \$750.00 | \$750.00 |
| D6077 | Implant supported retainer for metal fixed partial denture – High noble alloys | \$750.00 | \$750.00 |
| D6082 | Implant supported crown – Porcelain fused to predominantly base alloys | \$750.00 | \$750.00 |
| D6083 | Implant supported crown – Porcelain fused to noble alloys | \$750.00 | \$750.00 |
| D6084 | Implant supported crown – Porcelain fused to titanium and titanium alloys | \$750.00 | \$750.00 |
| D6085 | Provisional implant crown | \$255.00 | \$255.00 |
| D6086 | Implant supported crown – Predominantly base alloys | \$750.00 | \$750.00 |
| D6087 | Implant supported crown – Noble alloys | \$750.00 | \$750.00 |
| D6088 | Implant supported crown – Titanium and titanium alloys | \$750.00 | \$750.00 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T4IV9 CA)

| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------|---|---------------------------------------|----------------------------------|
| D6092 | Re-cement implant/abutment supported crown | \$82.00 | \$82.00 |
| D6093 | Re-cement implant/abutment supported fixed partial denture | \$99.00 | \$99.00 |
| D6094 | Abutment supported crown – Titanium and titanium alloys | \$750.00 | \$750.00 |
| D6097 | Abutment supported crown – Porcelain fused to titanium and titanium alloys | \$750.00 | \$750.00 |
| D6098 | Implant supported retainer – Porcelain fused to predominantly base alloys | \$750.00 | \$750.00 |
| D6099 | Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys | \$750.00 | \$750.00 |
| D6110 | Implant/abutment supported removable denture for edentulous arch – Maxillary | \$925.00 | \$925.00 |
| D6111 | Implant/abutment supported removable denture for edentulous arch – Mandibular | \$925.00 | \$925.00 |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch – Maxillary | \$1,015.00 | \$1,015.00 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch – Mandibular | \$1,015.00 | \$1,015.00 |
| D6114 | Implant/abutment supported fixed denture for edentulous arch – Maxillary | \$925.00 | \$925.00 |
| D6115 | Implant/abutment supported fixed denture for edentulous arch – Mandibular | \$925.00 | \$925.00 |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch – Maxillary | \$1,015.00 | \$1,015.00 |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch – Mandibular | \$1,015.00 | \$1,015.00 |
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch – Mandibular | \$555.00 | \$555.00 |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch – Maxillary | \$555.00 | \$555.00 |
| D6120 | Implant supported retainer – Porcelain fused to titanium and titanium alloys | \$750.00 | \$750.00 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T4IV9 CA)

| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|--|--|---------------------------------------|----------------------------------|
| D6121 | Implant supported retainer for metal fixed partial denture – Predominantly base alloys | \$750.00 | \$750.00 |
| D6122 | Implant supported retainer for metal fixed partial denture – Noble alloys | \$750.00 | \$750.00 |
| D6123 | Implant supported retainer for metal fixed partial denture – Titanium and titanium alloys | \$750.00 | \$750.00 |
| D6194 | Abutment supported retainer crown for fixed partial denture – Titanium and titanium alloys | \$750.00 | \$750.00 |
| D6195 | Abutment supported retainer – Porcelain fused to titanium and titanium alloys | \$750.00 | \$750.00 |
| <p>Oral surgery (Includes routine postoperative treatment) surgical removal of impacted tooth are covered for ages below 15 when medically necessary.</p> | | | |
| 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 (<i>Excluding wisdom teeth</i>) | \$365.00 | \$365.00 |
| D7310 | Alveoplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant | \$40.00 | \$60.00 |
| D7311 | Alveoplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant | \$15.00 | \$15.00 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T4IV9 CA)

| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|--|---|---------------------------------------|----------------------------------|
| D7320 | Alveoplasty 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 |
| D7880 | Occlusal orthotic device, by report – (<i>Limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i>) | \$330.00 | \$455.00 |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot | \$0.00 | \$0.00 |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach (<i>limit 1 per calendar year; only covered in conjunction with the surgical placement of implant</i>) | \$850.00 | \$850.00 |
| D7952 | Sinus augmentation via a vertical approach (<i>limit 1 per calendar year; only covered in conjunction with the surgical placement of implant</i>) | \$640.00 | \$640.00 |
| D7953 | Bone replacement graft for ridge preservation – Per site (<i>Limit 1 per calendar year; only covered in conjunction with the surgical placement of implant</i>) | \$100.00 | \$100.00 |
| D7961 | Buccal/labial frenectomy (Frenulectomy) | \$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 | \$600.00 | \$600.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition – Banding | \$760.00 | \$760.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition – Banding | \$900.00 | \$900.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$135.00 | \$135.00 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T4IV9 CA)

| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|--|---|---------------------------------------|----------------------------------|
| D8670 | Periodic orthodontic treatment visit 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 | \$2,160.00 \$90.00 | \$2,160.00 \$90.00 |
| D8680 | Orthodontic retention – Removal of appliances, construction and placement of retainer(s) | \$455.00 | \$455.00 |
| 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 including, but not limited to the following services: intraoral, extra-oral, bitewing, panoramic and cephalometric radiographic images or image capture only; photographic images and diagnostic casts) | \$215.00 | \$215.00 |
| <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.</p> | | | |
| 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 | \$155.00 | \$155.00 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T4IV9 CA)

| Code | Procedure Description | General Dentist Patient Charge | Specialist Patient Charge |
|-------------------------------|---|---------------------------------------|----------------------------------|
| 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 |
| D9311 | Consultation with a medical health care professional | \$4.00 | \$6.00 |
| D9910 | Application of desensitizing medicament | \$18.00 | \$18.00 |
| 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 | \$0.00 | \$0.00 |
| D9996 | Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review | \$0.00 | \$0.00 |

This may contain CDT Codes and/or portions of, or excerpts from the Code on Dental Procedures and Nomenclature (CDT Code) contained within the current version of the "Dental Procedure Codes", a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.

After your enrollment is effective:

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

Multiple ways to locate a *DHMO Network General Dentist:

- Online provider directory 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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