

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 Health of Kentucky, Inc. 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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PATIENT CHARGE SCHEDULE (T2IV9 IL)

Important Highlights (Continued)

- ▶ Cigna Dental Health of Kentucky, Inc. 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). 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
D0150	Comprehensive oral evaluation – New or established patient	\$0.00	\$20.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D0351	3D photographic image	\$0.00	\$0.00
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 (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)	\$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>	\$240.00	\$240.00
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	\$58.00	\$58.00
D0415	Collection of microorganisms for culture and sensitivity	\$58.00	\$58.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D0425	Caries susceptibility tests	\$21.00	\$21.00
D0460	Pulp vitality tests	\$0.00	\$0.00
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

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PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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
<p>Crown and bridge – All charges for crowns and bridges (Fixed partial dentures) are per unit (Each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years.</p> <p>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*.</p>			
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

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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	\$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
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

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
<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

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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 (<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 (<i>1 per lifetime</i>)	\$111.00	\$111.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
<p>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*.</p>			
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
<p>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*.</p>			
D5511	Repair broken complete denture base – Lower*	\$25.00	\$25.00
D5512	Repair broken complete denture base – Upper*	\$25.00	\$25.00

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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 – 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

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Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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
Oral surgery (Includes routine postoperative treatment) Surgical removal of impacted teeth are covered for ages below 15 when medically necessary.			
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

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$15.00	\$15.00
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
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	\$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

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$230.00	\$230.00
D8999	Unspecified orthodontic procedure – By report (<i>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</i>)	\$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. Plan limitation for this benefit is 1 hour per appointment.</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

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (T2IV9 IL)

Code	Procedure Description	General Dentist Patient Charge	Specialist Patient Charge
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
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

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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 Health of Kentucky, Inc. at the toll free number listed on your ID card or plan materials.

Multiple ways to locate a 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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