

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 as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested that you 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.Cigna24 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.
- ▶ Infection control and/or sterilization are considered 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.



CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (CH-09)

Important Highlights (Continued)

- 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.
- All patient charges correspond to the Patient Charge Schedule in effect on the date the *procedure is initiated*.
- Current Dental Terminology ("CDT") codes are established by the American Dental Association (ADA) Council on Dental Benefit Programs in accordance with authority granted by the federal government under the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) as the national terminology for reporting dental services, and are recognized as the industry standard. The ADA publishes CDT as part of a reference manual and may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures. The language in *italics* is intended to clarify the members' benefit.

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
Office visit fee – (per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	\$0.00
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180) and oral evaluations for patients under 3 years of age (D0145).		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit for observation – No other services performed	\$0.00
D9450	Case presentation – Detailed and extensive treatment planning	\$0.00
D0120	Periodic oral evaluation – Established patient	\$0.00
D0140	Limited oral evaluation – Problem focused	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – New or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report <i>(limit 2 per consecutive year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	\$0.00
D0171	Re-evaluation – Post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$0.00
D0190	Screening of a patient	\$0.00
D0191	Assessment of a patient	\$0.00

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Code	Procedure Description	Patient Charge
D0210	X-rays intraoral – Complete series of radiographic images <i>(limited to 1 D0210 or D0709 every 3 years)</i>	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00
D0240	X-rays intraoral – Occlusal radiographic image	\$0.00
D0250	X-rays extraoral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00
D0251	X-rays extra-oral posterior dental radiographic image <i>(limited to 1 D0251 or D0705 per consecutive year)</i>	\$0.00
D0270	X-rays (bitewing) – Single radiographic image	\$0.00
D0272	X-rays (bitewings) – 2 radiographic images	\$0.00
D0273	X-rays (bitewings) – 3 radiographic images	\$0.00
D0274	X-rays (bitewings) – 4 radiographic images	\$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	\$0.00
D0330	X-rays (panoramic radiographic image) – <i>(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)</i>	\$0.00
D0340	2D cephalometric radiographic image - Acquisition, measurement and analysis	\$0.00
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0351	3D photographic image <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(limit 1 per consecutive year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$240.00

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Code	Procedure Description	Patient Charge
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0416	Viral culture	\$0.00
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$0.00
D0418	Analysis of saliva sample	\$0.00
D0419	Assessment of salivary flow by measurement	\$0.00
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$0.00
D0423	Genetic test for susceptibility to diseases – Specimen analysis	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0431	Oral cancer screening using a special light source	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0472	Pathology report – Gross examination of lesion (only when tooth related)	\$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	\$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	\$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	\$0.00

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Code	Procedure Description	Patient Charge
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00
D0701	X-rays (panoramic radiographic image) – Image capture only <i>(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)</i>	\$0.00
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – Image capture only	\$0.00
D0704	3D photographic image – Image capture only	\$0.00
D0705	X-rays extra-oral posterior dental radiographic image – Image capture only <i>(limited to 1 D0251 or D0705 per consecutive year)</i>	\$0.00
D0706	X-rays intraoral – Occlusal radiographic image – Image capture only	\$0.00
D0707	X-rays intraoral – Periapical radiographic image – Image capture only	\$0.00
D0708	X-rays intraoral – Bitewing radiographic image – Image capture only	\$0.00
D0709	X-rays (intraoral – Complete series of radiographic images) – Image capture only <i>(limit 1 D0210 or D0709 every 3 years)</i>	\$0.00
D1110	Prophylaxis (cleaning) – Adult <i>(limit 2 per consecutive year)</i>	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per consecutive year	\$45.00
D1120	Prophylaxis (cleaning) – Child <i>(limit 2 per consecutive year)</i>	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per consecutive year	\$35.00

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Code	Procedure Description	Patient Charge
D1206	Topical application of fluoride varnish <i>(limit 2 per consecutive year). There is a combined limit of a total of 2 D1206s and/or D1208s per consecutive year.</i>	\$0.00
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per consecutive year	\$15.00
D1208	Topical application of fluoride - Excluding varnish <i>(limit 2 per consecutive year) There is a combined limit of a total of 2 D1208s and/or D1206s per consecutive year.</i>	\$0.00
	Additional topical application of fluoride - Excluding varnish - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per consecutive year	\$15.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$4.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$4.00
D1353	Sealant repair – Per tooth	\$4.00
D1354	Application of caries arresting medicament - Per tooth	\$4.00
D1355	Caries preventive medicament application – Per tooth	\$0.00
D1510	Space maintainer – Fixed, Unilateral - Per quadrant	\$36.00
D1516	Space maintainer – Fixed – Bilateral, Upper	\$36.00
D1517	Space maintainer – Fixed – Bilateral, Lower	\$36.00

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Code	Procedure Description	Patient Charge
D1520	Space maintainer – Removable, Unilateral - Per quadrant	\$36.00
D1526	Space maintainer – Removable – Bilateral, Upper	\$36.00
D1527	Space maintainer – Removable – Bilateral, Lower	\$36.00
D1551	Re-cement or re-bond bilateral space maintainer – Upper	\$9.00
D1552	Re-cement or re-bond bilateral space maintainer – Lower	\$9.00
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	\$9.00
D1556	Removal of fixed unilateral space maintainer – Per quadrant	\$9.00
D1557	Removal of fixed bilateral space maintainer – Upper	\$9.00
D1558	Removal of fixed bilateral space maintainer – Lower	\$9.00
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	\$36.00
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$8.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$10.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$12.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$12.00
D2330	Resin-based composite – 1 surface, anterior	\$8.00
D2331	Resin-based composite – 2 surfaces, anterior	\$10.00
D2332	Resin-based composite – 3 surfaces, anterior	\$12.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$48.00
D2390	Resin-based composite crown, anterior	\$20.00
D2391	Resin-based composite – 1 surface, posterior	\$32.00
D2392	Resin-based composite – 2 surfaces, posterior	\$48.00
D2393	Resin-based composite – 3 surfaces, posterior	\$64.00

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Code	Procedure Description	Patient Charge
D2394	Resin-based composite – 4 or more surfaces, posterior	\$64.00
<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>For single crowns, retainer (“abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amount, based on the type of material the dentist uses for your restoration. You may be charged:</p> <ul style="list-style-type: none"> • No more than \$300 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys 		
D2510	Inlay – Metallic – 1 surface	\$215.00
D2520	Inlay – Metallic – 2 surfaces	\$215.00
D2530	Inlay – Metallic – 3 or more surfaces	\$215.00
D2542	Onlay – Metallic – 2 surfaces	\$215.00
D2543	Onlay – Metallic – 3 surfaces	\$215.00
D2544	Onlay – Metallic – 4 or more surfaces	\$215.00
D2610	Inlay – Porcelain/ceramic, 1 surface	\$210.00
D2620	Inlay – Porcelain/ceramic, 2 surfaces	\$210.00
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	\$210.00
D2642	Onlay – Porcelain/ceramic, 2 surfaces	\$210.00
D2643	Onlay – Porcelain/ceramic, 3 surfaces	\$210.00
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	\$210.00
D2650	Inlay – Resin-based composite, 1 surface	\$215.00
D2651	Inlay – Resin-based composite, 2 surfaces	\$215.00
D2652	Inlay – Resin-based composite, 3 or more surfaces	\$215.00
D2662	Onlay – Resin-based composite, 2 surfaces	\$215.00
D2663	Onlay – Resin-based composite, 3 surfaces	\$215.00
D2664	Onlay – Resin-based composite, 4 or more surfaces	\$215.00

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Code	Procedure Description	Patient Charge
D2710	Crown – Resin-based composite, indirect	\$215.00
D2712	Crown – 3/4 resin-based composite, indirect	\$215.00
D2720	Crown – Resin with high noble metal	\$215.00
D2721	Crown – Resin with predominantly base metal	\$215.00
D2722	Crown – Resin with noble metal	\$215.00
D2740	Crown – Porcelain/ceramic	\$415.00
D2750	Crown – Porcelain fused to high noble metal	\$210.00
D2751	Crown – Porcelain fused to predominantly base metal	\$210.00
D2752	Crown – Porcelain fused to noble metal	\$210.00
D2753	Crown - Porcelain fused to titanium and titanium alloys	\$210.00
D2780	Crown – 3/4 cast high noble metal	\$210.00
D2781	Crown – 3/4 cast predominantly base metal	\$210.00
D2782	Crown – 3/4 cast noble metal	\$210.00
D2783	Crown – 3/4 porcelain/ceramic	\$210.00
D2790	Crown – Full cast high noble metal	\$210.00
D2791	Crown – Full cast predominantly base metal	\$210.00
D2792	Crown – Full cast noble metal	\$210.00
D2794	Crown – Titanium and titanium alloys	\$210.00
D2799	Interim crown - Further treatment or completion of diagnosis necessary prior to final impression <i>(not to be used as a temporary crown for a routine prosthetic restoration)</i>	\$100.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10.00

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Code	Procedure Description	Patient Charge
D2920	Re-cement or re-bond crown	\$10.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$48.00
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	\$105.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	\$105.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$38.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$38.00
D2932	Prefabricated resin crown	\$35.00
D2933	Prefabricated stainless steel crown with resin window	\$35.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$38.00
D2940	Protective restoration	\$4.00
D2941	Interim therapeutic restoration - Primary dentition	\$4.00
D2949	Restorative foundation for an indirect restoration	\$20.00
D2950	Core buildup – Including any pins	\$20.00
D2951	Pin retention – Per tooth – In addition to restoration	\$24.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$40.00
D2953	Each additional indirectly prefabricated post – Same tooth	\$12.00
D2954	Prefabricated post and core – In addition to crown	\$40.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$12.00
D2957	Each additional prefabricated post – Same tooth	\$10.00
D2960	Labial veneer (resin laminate) – Direct	\$250.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50.00
D2980	Crown repair, necessitated by restorative material failure	\$15.00
D2983	Veneer repair necessitated by restorative material failure	\$15.00

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Code	Procedure Description	Patient Charge
D2990	Resin infiltration of incipient smooth surface lesions	\$4.00
D6210	Pontic – Cast high noble metal	\$210.00
D6211	Pontic – Cast predominantly base metal	\$210.00
D6212	Pontic – Cast noble metal	\$210.00
D6214	Pontic – Titanium and titanium alloys	\$210.00
D6240	Pontic – Porcelain fused to high noble metal	\$210.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$210.00
D6242	Pontic – Porcelain fused to noble metal	\$210.00
D6243	Pontic – Porcelain fused to titanium and titanium alloys	\$210.00
D6245	Pontic – Porcelain/ceramic	\$210.00
D6250	Pontic – Resin with high noble metal	\$210.00
D6251	Pontic – Resin with predominantly base metal	\$210.00
D6252	Pontic – Resin with noble metal	\$210.00
D6253	Provisional Pontic	\$185.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	\$185.00
D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	\$185.00
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	\$185.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	\$185.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	\$185.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	\$185.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	\$185.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	\$185.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	\$185.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	\$185.00
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	\$185.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	\$185.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	\$185.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	\$185.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	\$185.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	\$185.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	\$185.00
D6624	Retainer inlay – Titanium	\$185.00
D6634	Retainer onlay – Titanium	\$185.00
D6710	Retainer crown – Indirect resin based composite	\$185.00
D6720	Retainer crown – Resin with high noble metal	\$210.00
D6721	Retainer crown – Resin with predominantly base metal	\$210.00
D6722	Retainer crown – Resin with noble metal	\$210.00
D6740	Retainer crown – Porcelain/ceramic	\$415.00
D6750	Retainer crown – Porcelain fused to high noble metal	\$210.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	\$210.00
D6752	Retainer crown – Porcelain fused to noble metal	\$210.00
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	\$210.00
D6780	Retainer crown – 3/4 cast high noble metal	\$210.00
D6781	Retainer crown – 3/4 cast predominantly base metal	\$210.00
D6782	Retainer crown – 3/4 cast noble metal	\$210.00
D6783	Retainer crown – 3/4 porcelain/ceramic	\$210.00

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Code	Procedure Description	Patient Charge
D6784	Retainer crown ¾ – Titanium and titanium alloys	\$210.00
D6790	Retainer crown – Full cast high noble metal	\$210.00
D6791	Retainer crown – Full cast predominantly base metal	\$210.00
D6792	Retainer crown – Full cast noble metal	\$210.00
D6794	Retainer crown – Titanium and titanium alloys	\$210.00
D6930	Re-cement or re-bond fixed partial denture	\$0.00
D6940	Stress breaker	\$32.00
D6950	Precision attachment	\$75.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$45.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	\$12.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$0.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$20.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	\$0.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$17.00
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	\$20.00
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	\$20.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$95.00
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	\$118.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$162.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D3331	Treatment of root canal obstruction – Nonsurgical access	\$85.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	\$85.00
D3346	Retreatment of previous root canal therapy – Anterior	\$200.00
D3347	Retreatment of previous root canal therapy – Premolar	\$300.00
D3348	Retreatment of previous root canal therapy – Molar	\$450.00
D3351	Apexification/recalcification – Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$0.00
D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$0.00
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – Apical closure/calcific repair of perforations, root resorption, etc.)	\$0.00
D3355	Pulpal regeneration - initial visit	\$0.00
D3356	Pulpal regeneration - interim medication	\$0.00
D3357	Pulpal regeneration - completion of treatment	\$0.00
D3410	Apicoectomy/periarticular surgery – Anterior	\$80.00
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	\$80.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$80.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$80.00
D3430	Retrograde filling per root	\$20.00
D3450	Root amputation – Per root	\$95.00
D3460	Endodontic endosseous implant	\$990.00
D3471	Surgical repair of root resorption – Anterior	\$95.00
D3472	Surgical repair of root resorption – Premolar	\$95.00

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Code	Procedure Description	Patient Charge
D3473	Surgical repair of root resorption – Molar	\$95.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	\$95.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	\$95.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	\$95.00
D3911	Intraorifice barrier	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$90.00
D3921	Decoronation or submergence of an erupted tooth	\$0.00
Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4265, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule. The use of any tools or equipment, including but limited to handpieces, lasers, scalers, etc., is considered inclusive to the overall covered procedure listed on the Patient Charge Schedule, and cannot be separately charged.		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$95.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$64.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$64.00
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	\$100.00
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	\$100.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	\$125.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	\$84.00

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Code	Procedure Description	Patient Charge
D4245	Apically positioned flap	\$165.00
D4249	Clinical crown lengthening – Hard tissue	\$100.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$140.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$94.00
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	\$205.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	\$95.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$95.00
D4266	Guided tissue regeneration – Resorbable barrier per site	\$215.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	\$255.00
D4270	Pedicle soft tissue graft procedure	\$245.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$75.00
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$380.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (<i>missing</i>) tooth position in graft	\$245.00
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	\$125.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$38.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$190.00
D4322	Splint - Intra-coronal; natural teeth or prosthetic crowns	\$20.00
D4323	Splint - Extra-coronal; natural teeth or prosthetic crowns	\$20.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (<i>limited to once per quadrant per consecutive 12 months</i>)	\$20.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (<i>limited to once per quadrant per consecutive 12 months</i>)	\$14.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (<i>limit 1 per consecutive year</i>)	\$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (<i>limit 2 per consecutive year</i>)	\$45.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (<i>1 treatment per year</i>)	\$30.00
D4381	Localized delivery of antimicrobial agents per tooth	\$60.00
D4910	Periodontal maintenance (<i>limit 4 per consecutive year</i>) (<i>only covered after active periodontal therapy</i>)	\$24.00
	Additional periodontal maintenance procedures (<i>beyond 4 per consecutive year</i>)	\$55.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D4921	Gingival Irrigation - Per quadrant	\$0.00
Prosthetics (removable tooth replacement – dentures) – Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. Characterization is considered an upgrade with maximum additional charge to the member of \$200.00 per denture.		
D5110	Full upper denture	\$260.00
D5120	Full lower denture	\$260.00
D5130	Immediate full upper denture	\$270.00
D5140	Immediate full lower denture	\$270.00
D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$260.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$260.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$270.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$270.00
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$260.00
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$260.00
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$270.00
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$270.00
D5225	Upper partial denture – Flexible base (including retentive/ clasping materials, rests and teeth)	\$165.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D5226	Lower partial denture – Flexible base (including retentive/ clasp ing materials, rests and teeth)	\$165.00
D5227	Immediate upper partial denture - Flexible base (including any clasps, rests and teeth)	\$260.00
D5228	Immediate lower partial denture - Flexible base (including any clasps, rests and teeth)	\$260.00
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasp ing materials, rests and teeth), upper	\$150.00
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasp ing materials, rests and teeth), lower	\$150.00
D5284	Removable unilateral partial denture – One piece flexible base (including retentive/clasp ing materials, rests and teeth) - Per quadrant	\$150.00
D5286	Removable unilateral partial denture – One piece resin base (including retentive/clasp ing materials, rests and teeth) - Per quadrant	\$150.00
D5410	Adjust complete denture – Upper	\$10.00
D5411	Adjust complete denture – Lower	\$10.00
D5421	Adjust partial denture – Upper	\$10.00
D5422	Adjust partial denture – Lower	\$10.00
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	\$23.00
D5512	Repair broken complete denture base - Upper	\$23.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$17.00
D5611	Repair resin partial denture base - Lower	\$23.00
D5612	Repair resin partial denture base - Upper	\$23.00
D5621	Repair cast partial framework - Lower	\$23.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D5622	Repair cast partial framework - Upper	\$23.00
D5630	Repair or replace broken retentive/clasping materials - Per tooth	\$23.00
D5640	Replace broken teeth – Per tooth	\$17.00
D5650	Add tooth to existing partial denture	\$23.00
D5660	Add clasp to existing partial denture - Per tooth	\$32.00
D5670	Replace all teeth and acrylic on cast metal framework – Upper	\$234.00
D5671	Replace all teeth and acrylic on cast metal framework – Lower	\$234.00
Denture relining (limit 1 every 12 months)		
D5710	Rebase complete upper denture	\$59.00
D5711	Rebase complete lower denture	\$59.00
D5720	Rebase upper partial denture	\$59.00
D5721	Rebase lower partial denture	\$59.00
D5725	Rebase hybrid prosthesis	\$118.00
D5730	Reline complete upper denture – Direct	\$23.00
D5731	Reline complete lower denture – Direct	\$23.00
D5740	Reline upper partial denture – Direct	\$23.00
D5741	Reline lower partial denture – Direct	\$23.00
D5750	Reline complete upper denture – Indirect	\$59.00
D5751	Reline complete lower denture – Indirect	\$59.00
D5760	Reline upper partial denture –Indirect	\$59.00
D5761	Reline lower partial denture –Indirect	\$59.00
D5765	Soft liner for complete or partial removable denture – Indirect	\$59.00
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	\$230.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D5811	Interim complete denture – Lower	\$230.00
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	\$41.00
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	\$41.00
D5850	Tissue conditioning – Upper	\$23.00
D5851	Tissue conditioning – Lower	\$23.00
D5862	Precision attachment – By report	\$160.00
D5863	Overdenture - complete upper	\$260.00
D5864	Overdenture - partial upper	\$260.00
D5865	Overdenture - complete lower	\$270.00
D5866	Overdenture - partial lower	\$270.00
D5875	Modification of removable prosthesis following implant surgery	\$65.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$55.00
Implant services		
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 consecutive year)</i>	\$75.00
D6198	Remove interim implant component	\$0.00
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	\$9.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$9.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$20.00
D7220	Removal of impacted tooth – Soft tissue	\$27.00
D7230	Removal of impacted tooth – Partially bony	\$45.00
D7240	Removal of impacted tooth – Completely bony	\$68.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	\$68.00
D7250	Removal of residual tooth roots – Cutting procedure	\$27.00
D7251	Coronectomy - Intentional partial tooth removal	\$70.00
D7260	Oroantral fistula closure	\$110.00
D7261	Primary closure of a sinus perforation	\$110.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$110.00
D7280	Exposure of an unerupted tooth (<i>excluding wisdom teeth</i>)	\$45.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$45.00
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) (<i>tooth related – not allowed when in conjunction with another surgical procedure</i>)	\$90.00
D7286	Incisional biopsy of oral tissue – Soft (all others) (<i>tooth related – not allowed when in conjunction with another surgical procedure</i>)	\$0.00
D7287	Exfoliative cytological sample collection	\$50.00
D7288	Brush biopsy – Transepithelial sample collection	\$50.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$32.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$21.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$32.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$23.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$0.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$0.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$80.00
D7472	Removal of torus palatinus	\$60.00
D7473	Removal of torus mandibularis	\$60.00
D7485	Reduction of osseous tuberosity	\$60.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$23.00
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	\$30.00
D7520	Incision and drainage of abscess – Extraoral soft tissue	\$23.00
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	\$30.00
D7880	Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	\$160.00
D7881	Occlusal orthotic device adjustment	\$10.00
D7910	Suture of recent small wounds up to 5cm	\$0.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$60.00
D7963	Frenuloplasty	\$40.00
D7970	Excision of hyperplastic tissue - per arch	\$30.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
Orthodontics (tooth movement) - Coverage is provided for twenty-four (24) months of active treatment. Cases beyond 24 months require an additional payment by the patient.		
D8010	Limited orthodontic treatment of the primary dentition - Banding	\$140.00
D8020	Limited orthodontic treatment of the transitional dentition – Banding	\$140.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	\$840.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$840.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	\$920.00
D8210	Removable appliance therapy	\$560.00
D8220	Fixed appliance therapy	\$560.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$95.00
D8670	Periodic orthodontic treatment visit	
	Children – Up to 19th birthday:	
	24-month treatment fee	\$960.00
	Charge per month for 24 months	\$40.00
	Treatment beyond 24 months - Per month	\$125.00
	Adults:	
	24-month treatment fee	\$1,080.00
	Charge per month for 24 months	\$45.00
	Treatment beyond 24 months - Per month	\$125.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	\$95.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D8681	Removable orthodontic retainer adjustment	\$0.00
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$140.00
D8698	Re-cement or re-bond fixed retainer – Upper	\$0.00
D8699	Re-cement or re-bond fixed retainer – Lower	\$0.00
D8701	Repair of fixed retainer, includes reattachment – Upper	\$0.00
D8702	Repair of fixed retainer, includes reattachment – Lower	\$0.00
D8999	Unspecified orthodontic procedure – By report (<i>orthodontic treatment plan and records including all necessary images</i>)	\$270.00
General anesthesia/IV sedation: coverage is provided when medically necessary for covered surgical procedures listed on the Patient Charge Schedule. Clinical guidelines related to the use of general anesthesia/IV sedation should be discussed with your treating network specialist.		
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia	\$0.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00
D9222	Deep sedation/general anesthesia – First 15 minutes	\$45.00
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	\$45.00
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis	\$10.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes	\$45.00
D9243	Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment	\$45.00
D9610	Therapeutic parenteral drug, single administration	\$15.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	\$25.00
D9613	Infiltration of sustained release therapeutic drug, <i>per quadrant (patient charge is per quadrant)</i>	\$50.00
D9630	Drugs or medicaments dispensed in the office for home use	\$0.00
D9910	Application of desensitizing medicament	\$0.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$0.00
D9932	Cleaning and inspection of removable complete denture, upper	\$0.00
D9933	Cleaning and inspection of removable complete denture, lower	\$0.00
D9934	Cleaning and inspection of removable partial denture, upper	\$0.00
D9935	Cleaning and inspection of removable partial denture, lower	\$0.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	\$0.00
D9120	Fixed partial denture sectioning	\$0.00
D9440	Office visit – After regularly scheduled hours	\$35.00
Miscellaneous services		
D9912	Pre-visit patient screening	\$0.00
D9941	Fabrication of athletic mouthguard (<i>limit 1 per 12 months</i>)	\$110.00
D9942	Repair and/or reline of occlusal guard	\$40.00
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard – Hard appliance, full arch (<i>limit 1 per 24 months</i>)	\$300.00
D9945	Occlusal guard – Soft appliance, full arch (<i>limit 1 per 24 months</i>)	\$300.00
D9946	Occlusal guard – Hard appliance, partial arch (<i>limit 1 per 24 months</i>)	\$300.00

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PATIENT CHARGE SCHEDULE (CH-09)

Code	Procedure Description	Patient Charge
D9951	Occlusal adjustment – Limited	\$0.00
D9952	Occlusal adjustment – Complete	\$100.00
D9961	Duplicate/copy patient's records	\$0.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays (<i>all other methods of bleaching are not covered</i>)	\$125.00
D9990	Certified translation or sign language services, per visit	\$0.00
D9991	Dental case management - address patient compliance	\$0.00
D9992	Dental case management- care coordination	\$0.00
D9995	Teledentistry – Synchronous; real-time encounter	\$0.00
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00
D9997	Dental case management patients with special healthcare needs	\$0.00
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After your enrollment is effective:

Call your chosen Network General Dentist to schedule an appointment if desired. If you wish to change dental offices, a transfer can be arranged at no charge by calling the toll free number listed on your ID card or plan materials. Multiple ways to locate a Network General Dentist:

- On-line provider directory at **Cigna.com**
- On-line 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 dental office, dental clinic, or other comparable facility. 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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