

# Cigna Dental Care<sup>®</sup> Plan 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 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.
- 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 must 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 (WI-V9)

| Code                                                                                                                                                                                                                                                                                                                                      | Procedure Description                                                                                                                                                               | Patient Charge |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)                                                                                                                                                                                                                                      |                                                                                                                                                                                     |                |
|                                                                                                                                                                                                                                                                                                                                           | Office visit fee                                                                                                                                                                    | \$5.00         |
| 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, subsequent to 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 calendar 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         |

# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                          | Patient Charge |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D0180 | Comprehensive periodontal evaluation – New or established patient                                                                              | \$43.00        |
| D0210 | X-rays intraoral – Comprehensive 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 extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector                                 | \$0.00         |
| D0251 | X-rays extra-oral posterior dental radiographic image <i>(limit 1 D0251 or D0705 per calendar 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 <i>(when utilized for orthodontic services, see D8999)</i>         | \$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         |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                                                                                  | Patient Charge |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 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       |
| D0372 | Intraoral tomosynthesis – Comprehensive series of radiographic images                                                                                                                                  | \$0.00         |
| D0373 | Intraoral tomosynthesis – Bitewing radiographic image                                                                                                                                                  | \$0.00         |
| D0374 | Intraoral tomosynthesis – Periapical radiographic image                                                                                                                                                | \$0.00         |
| D0387 | Intraoral tomosynthesis – Comprehensive series of radiographic images – Image capture only                                                                                                             | \$0.00         |
| D0388 | Intraoral tomosynthesis – Bitewing radiographic image – Image capture only                                                                                                                             | \$0.00         |
| D0389 | Intraoral tomosynthesis – Periapical radiographic image – Image capture only                                                                                                                           | \$0.00         |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report                                                                                        | \$0.00         |
| D0393 | Virtual treatment simulation using 3D image volume or surface scan                                                                                                                                     | \$0.00         |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality                                                                                                                        | \$0.00         |
| D0395 | Fusion of two or more 3D image volumes of one or more modalities                                                                                                                                       | \$0.00         |
| D0396 | 3D printing of a 3D dental surface scan                                                                                                                                                                | \$0.00         |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report                                                                | \$0.00         |
| D0431 | Oral cancer screening using a special light source                                                                                                                                                     | \$50.00        |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                                             | Patient Charge |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D0460 | Pulp vitality tests                                                                                                                                               | \$14.00        |
| 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         |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum                            | \$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         |
| D0702 | 2D cephalometric radiographic image – Image capture only <i>(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 <i>(when utilized for orthodontic services, see D8999)</i>           | \$0.00         |
| D0705 | X-rays extra-oral posterior dental radiographic image – Image capture only <i>(limited to 1 D0251 or D0705 per calendar 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         |

# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                                                                                                               | Patient Charge |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D0709 | X-rays intraoral – Comprehensive series of radiographic images – Image capture only <i>(limit 1 D0210 or D0709 every 3 years)</i>                                                                                                   | \$0.00         |
| D0801 | 3D dental surface scan – Direct <i>(when utilized for orthodontic services, see D8999)</i>                                                                                                                                          | \$0.00         |
| D0802 | 3D dental surface scan – Indirect <i>(when utilized for orthodontic services, see D8999)</i>                                                                                                                                        | \$0.00         |
| D0803 | 3D facial surface scan – Direct <i>(when utilized for orthodontic services, see D8999)</i>                                                                                                                                          | \$0.00         |
| D0804 | 3D facial surface scan – Indirect <i>(when utilized for orthodontic services, see D8999)</i>                                                                                                                                        | \$0.00         |
| D1110 | Prophylaxis (cleaning) – Adult <i>(limit 2 per calendar year)</i>                                                                                                                                                                   | \$0.00         |
|       | Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year                                                                                                                          | \$45.00        |
| D1120 | Prophylaxis (cleaning) – Child <i>(limit 2 per calendar year)</i>                                                                                                                                                                   | \$0.00         |
|       | Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year                                                                                                                          | \$30.00        |
| 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         |
|       | 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 calendar year | \$15.00        |
| 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         |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                                                                                                                              | Patient Charge |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|       | 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 calendar year | \$15.00        |
| D1310 | Nutritional counseling for control of dental disease                                                                                                                                                                                               | \$0.00         |
| D1330 | Oral hygiene instructions                                                                                                                                                                                                                          | \$0.00         |
| D1351 | Sealant – Per tooth                                                                                                                                                                                                                                | \$17.00        |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth                                                                                                                                                           | \$17.00        |
| D1353 | Sealant repair – Per tooth                                                                                                                                                                                                                         | \$11.00        |
| D1354 | Application of caries arresting medicament - Per tooth                                                                                                                                                                                             | \$0.00         |
| D1355 | Caries preventive medicament application – Per tooth                                                                                                                                                                                               | \$0.00         |
| D1510 | Space maintainer – Fixed - Unilateral - Per quadrant                                                                                                                                                                                               | \$110.00       |
| D1516 | Space maintainer – Fixed – Bilateral, upper                                                                                                                                                                                                        | \$170.00       |
| D1517 | Space maintainer – Fixed – Bilateral, lower                                                                                                                                                                                                        | \$170.00       |
| D1520 | Space maintainer – Removable - Unilateral - Per quadrant                                                                                                                                                                                           | \$110.00       |
| D1526 | Space maintainer – Removable – Bilateral, upper                                                                                                                                                                                                    | \$170.00       |
| D1527 | Space maintainer – Removable – Bilateral, lower                                                                                                                                                                                                    | \$170.00       |
| D1551 | Re-cement or re-bond bilateral space maintainer – Upper                                                                                                                                                                                            | \$0.00         |
| D1552 | Re-cement or re-bond bilateral space maintainer – Lower                                                                                                                                                                                            | \$0.00         |
| D1553 | Re-cement or re-bond unilateral space maintainer – Per quadrant                                                                                                                                                                                    | \$0.00         |
| D1556 | Removal of fixed unilateral space maintainer – Per quadrant                                                                                                                                                                                        | \$0.00         |



# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Procedure Description                                           | Patient Charge |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------|
| D1557                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Removal of fixed bilateral space maintainer – Upper             | \$0.00         |
| D1558                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Removal of fixed bilateral space maintainer – Lower             | \$0.00         |
| D1575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Distal shoe space maintainer – Fixed, Unilateral - Per quadrant | \$121.00       |
| <b>Restorative (fillings - primary or permanent teeth, including polishing)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                |
| D2140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amalgam – 1 surface, primary or permanent                       | \$17.00        |
| D2150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amalgam – 2 surfaces, primary or permanent                      | \$22.00        |
| D2160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amalgam – 3 surfaces, primary or permanent                      | \$28.00        |
| D2161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amalgam – 4 or more surfaces, primary or permanent              | \$35.00        |
| D2330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 1 surface, anterior                     | \$22.00        |
| D2331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 2 surfaces, anterior                    | \$29.00        |
| D2332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 3 surfaces, anterior                    | \$35.00        |
| D2335                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 4 or more surfaces, anterior            | \$88.00        |
| D2390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite crown, anterior                           | \$115.00       |
| D2391                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 1 surface, posterior                    | \$47.00        |
| D2392                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 2 surfaces, posterior                   | \$59.00        |
| D2393                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 3 surfaces, posterior                   | \$82.00        |
| D2394                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Resin-based composite – 4 or more surfaces, posterior           | \$115.00       |
| <b>Crown and bridge – All charges for crown and bridge (fixed partial denture) 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.</b><br><b>If your dentist offers same day in-office CAD/CAM (ceramic) services, they may charge an additional fee of no more than \$150.00 per tooth/unit for crowns, bridges, inlays, onlays, post and cores, and veneers. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created and</b> |                                                                 |                |

# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code                                                                                                             | Procedure Description                                   | Patient Charge |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------|
| delivered in the dental office the same day using a digital impression and an in-office CAD/CAM milling machine. |                                                         |                |
| D2510                                                                                                            | Inlay – Metallic – 1 surface                            | \$430.00       |
| D2520                                                                                                            | Inlay – Metallic – 2 surfaces                           | \$430.00       |
| D2530                                                                                                            | Inlay – Metallic – 3 or more surfaces                   | \$430.00       |
| D2542                                                                                                            | Onlay – Metallic – 2 surfaces                           | \$490.00       |
| D2543                                                                                                            | Onlay – Metallic – 3 surfaces                           | \$490.00       |
| D2544                                                                                                            | Onlay – Metallic – 4 or more surfaces                   | \$490.00       |
| D2710                                                                                                            | Crown – Resin-based composite, indirect                 | \$260.00       |
| D2712                                                                                                            | Crown – 3/4 resin-based composite, indirect             | \$370.00       |
| D2720                                                                                                            | Crown – Resin with high noble metal                     | \$380.00       |
| D2721                                                                                                            | Crown – Resin with predominantly base metal             | \$335.00       |
| D2722                                                                                                            | Crown – Resin with noble metal                          | \$355.00       |
| D2740                                                                                                            | Crown – Porcelain/ceramic                               | \$515.00       |
| D2750                                                                                                            | Crown – Porcelain fused to high noble metal             | \$470.00       |
| D2751                                                                                                            | Crown – Porcelain fused to predominantly base metal     | \$415.00       |
| D2752                                                                                                            | Crown – Porcelain fused to noble metal                  | \$440.00       |
| D2753                                                                                                            | Crown – Porcelain fused to titanium and titanium alloys | \$470.00       |
| D2780                                                                                                            | Crown – 3/4 cast high noble metal                       | \$480.00       |
| D2781                                                                                                            | Crown – 3/4 cast predominantly base metal               | \$425.00       |
| D2782                                                                                                            | Crown – 3/4 cast noble metal                            | \$450.00       |
| D2783                                                                                                            | Crown – 3/4 porcelain/ceramic                           | \$515.00       |
| D2790                                                                                                            | Crown – Full cast high noble metal                      | \$480.00       |

# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                             | Patient Charge |
|-------|---------------------------------------------------------------------------------------------------|----------------|
| D2791 | Crown – Full cast predominantly base metal                                                        | \$425.00       |
| D2792 | Crown – Full cast noble metal                                                                     | \$450.00       |
| D2794 | Crown – Titanium and titanium alloys                                                              | \$480.00       |
| D2799 | Interim crown ( <i>not to be used as a temporary crown for a routine prosthetic restoration</i> ) | \$135.00       |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration                         | \$43.00        |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core                         | \$43.00        |
| D2920 | Re-cement or re-bond crown                                                                        | \$43.00        |
| D2928 | Prefabricated porcelain/ceramic crown – Permanent tooth                                           | \$155.00       |
| D2929 | Prefabricated porcelain/ceramic crown - Primary tooth                                             | \$155.00       |
| D2930 | Prefabricated stainless steel crown – Primary tooth                                               | \$105.00       |
| D2931 | Prefabricated stainless steel crown – Permanent tooth                                             | \$105.00       |
| D2932 | Prefabricated resin crown                                                                         | \$130.00       |
| D2933 | Prefabricated stainless steel crown with resin window                                             | \$155.00       |
| D2934 | Prefabricated esthetic coated stainless steel crown – Primary tooth                               | \$155.00       |
| D2940 | Protective restoration                                                                            | \$15.00        |
| D2941 | Interim therapeutic restoration - Primary dentition                                               | \$15.00        |
| D2950 | Core buildup – Including any pins                                                                 | \$105.00       |
| D2951 | Pin retention – Per tooth – In addition to restoration                                            | \$23.00        |
| D2952 | Post and core – In addition to crown, indirectly fabricated                                       | \$165.00       |

# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                     | Patient Charge |
|-------|---------------------------------------------------------------------------|----------------|
| D2954 | Prefabricated post and core – In addition to crown                        | \$140.00       |
| D2960 | Labial veneer (resin laminate) – Direct                                   | \$105.00       |
| D2976 | Band stabilization – Per tooth                                            | \$0.00         |
| D2980 | Crown repair necessitated by restorative material failure                 | \$15.00        |
| D2983 | Veneer repair necessitated by restorative material failure                | \$15.00        |
| D2989 | Excavation of a tooth resulting in the determination of non-restorability | \$155.00       |
| D2991 | Application of hydroxyapatite regeneration medicament - Per tooth         | \$17.00        |
| D6210 | Pontic – Cast high noble metal                                            | \$470.00       |
| D6211 | Pontic – Cast predominantly base metal                                    | \$425.00       |
| D6212 | Pontic – Cast noble metal                                                 | \$450.00       |
| D6214 | Pontic – Titanium and titanium alloys                                     | \$480.00       |
| D6240 | Pontic – Porcelain fused to high noble metal                              | \$470.00       |
| D6241 | Pontic – Porcelain fused to predominantly base metal                      | \$425.00       |
| D6242 | Pontic – Porcelain fused to noble metal                                   | \$450.00       |
| D6243 | Pontic – Porcelain fused to titanium and titanium alloys                  | \$470.00       |
| D6245 | Pontic – Porcelain/ceramic                                                | \$470.00       |
| D6602 | Retainer inlay – Cast high noble metal, 2 surfaces                        | \$460.00       |
| D6603 | Retainer inlay – Cast high noble metal, 3 or more surfaces                | \$480.00       |
| D6604 | Retainer inlay – Cast predominantly base metal, 2 surfaces                | \$405.00       |
| D6605 | Retainer inlay – Cast predominantly base metal, 3 or more surfaces        | \$415.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                              | Patient Charge |
|-------|--------------------------------------------------------------------|----------------|
| D6606 | Retainer inlay – Cast noble metal, 2 surfaces                      | \$430.00       |
| D6607 | Retainer inlay – Cast noble metal, 3 or more surfaces              | \$440.00       |
| D6610 | Retainer onlay – Cast high noble metal, 2 surfaces                 | \$460.00       |
| D6611 | Retainer onlay – Cast high noble metal, 3 or more surfaces         | \$480.00       |
| D6612 | Retainer onlay – Cast predominantly base metal, 2 surfaces         | \$405.00       |
| D6613 | Retainer onlay – Cast predominantly base metal, 3 or more surfaces | \$415.00       |
| D6614 | Retainer onlay – Cast noble metal, 2 surfaces                      | \$430.00       |
| D6615 | Retainer onlay – Cast noble metal, 3 or more surfaces              | \$450.00       |
| D6624 | Retainer inlay – Titanium                                          | \$470.00       |
| D6634 | Retainer onlay – Titanium                                          | \$470.00       |
| D6740 | Retainer crown – Porcelain/ceramic                                 | \$525.00       |
| D6750 | Retainer crown – Porcelain fused to high noble metal               | \$480.00       |
| D6751 | Retainer crown – Porcelain fused to predominantly base metal       | \$425.00       |
| D6752 | Retainer crown – Porcelain fused to noble metal                    | \$450.00       |
| D6753 | Retainer crown – Porcelain fused to titanium and titanium alloys   | \$480.00       |
| D6780 | Retainer crown – 3/4 cast high noble metal                         | \$480.00       |
| D6781 | Retainer crown – 3/4 cast predominantly base metal                 | \$425.00       |
| D6782 | Retainer crown – 3/4 cast noble metal                              | \$450.00       |
| D6784 | Retainer crown - 3/4 titanium and titanium alloys                  | \$480.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                                                                                                         | Procedure Description                                                                                                                                                                      | Patient Charge |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D6790                                                                                                                                                                                                                                                        | Retainer crown – Full cast high noble metal                                                                                                                                                | \$480.00       |
| D6791                                                                                                                                                                                                                                                        | Retainer crown – Full cast predominantly base metal                                                                                                                                        | \$425.00       |
| D6792                                                                                                                                                                                                                                                        | Retainer crown – Full cast noble metal                                                                                                                                                     | \$450.00       |
| D6794                                                                                                                                                                                                                                                        | Retainer crown – Titanium and titanium alloys                                                                                                                                              | \$480.00       |
| D6930                                                                                                                                                                                                                                                        | Re-cement or re-bond fixed partial denture                                                                                                                                                 | \$64.00        |
|                                                                                                                                                                                                                                                              | Complex rehabilitation – An additional charge per crown/bridge unit when there are 6 or more units of crown and/or bridge in the same treatment plan – ask your dentist for the guidelines | \$135.00       |
| <b>Endodontics (root canal treatment, excluding final restorations)</b><br><b>Gingival and/or osseous regenerative procedures (ie. grafting of gum tissue and/or bone) are limited to one regenerative procedure per site (or per tooth, if applicable).</b> |                                                                                                                                                                                            |                |
| D3110                                                                                                                                                                                                                                                        | Pulp cap – Direct (excluding final restoration)                                                                                                                                            | \$38.00        |
| D3120                                                                                                                                                                                                                                                        | Pulp cap – Indirect (excluding final restoration)                                                                                                                                          | \$38.00        |
| D3220                                                                                                                                                                                                                                                        | Pulpotomy – Removal of pulp, not part of a root canal                                                                                                                                      | \$87.00        |
| D3221                                                                                                                                                                                                                                                        | Pulpal debridement (not to be used when root canal is done on the same day)                                                                                                                | \$87.00        |
| D3222                                                                                                                                                                                                                                                        | Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development                                                                                                      | \$87.00        |
| D3310                                                                                                                                                                                                                                                        | Anterior root canal – Permanent tooth (excluding final restoration)                                                                                                                        | \$330.00       |
| D3320                                                                                                                                                                                                                                                        | Premolar root canal – Permanent tooth (excluding final restoration)                                                                                                                        | \$390.00       |
| D3330                                                                                                                                                                                                                                                        | Molar root canal – Permanent tooth (excluding final restoration)                                                                                                                           | \$530.00       |
| D3331                                                                                                                                                                                                                                                        | Treatment of root canal obstruction – Nonsurgical access                                                                                                                                   | \$155.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                         | Patient Charge |
|-------|-----------------------------------------------------------------------------------------------|----------------|
| D3332 | Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth                   | \$155.00       |
| D3333 | Internal root repair of perforation defects                                                   | \$155.00       |
| D3346 | Retreatment of previous root canal therapy – Anterior                                         | \$470.00       |
| D3347 | Retreatment of previous root canal therapy – Premolar                                         | \$530.00       |
| D3348 | Retreatment of previous root canal therapy – Molar                                            | \$675.00       |
| D3410 | Apicoectomy/periradicular surgery – Anterior                                                  | \$415.00       |
| D3421 | Apicoectomy/periradicular surgery – Premolar (first root)                                     | \$455.00       |
| D3425 | Apicoectomy/periradicular surgery – Molar (first root)                                        | \$480.00       |
| D3426 | Apicoectomy/periradicular surgery (each additional root)                                      | \$165.00       |
| D3430 | Retrograde filling per root                                                                   | \$115.00       |
| D3471 | Surgical repair of root resorption – Anterior                                                 | \$415.00       |
| D3472 | Surgical repair of root resorption – Premolar                                                 | \$415.00       |
| D3473 | Surgical repair of root resorption – Molar                                                    | \$415.00       |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior | \$415.00       |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar | \$415.00       |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar    | \$415.00       |
| D3911 | Intraorifice barrier                                                                          | \$0.00         |
| D3921 | Decoronation or submergence of an erupted tooth                                               | \$415.00       |

**Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Gingival and/or osseous regenerative procedures (gum tissue and/or bone) are limited to 1 regenerative procedure per site (or per tooth, if applicable).**

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                                                                                                                                                                                                                                                     | Procedure Description                                                              | Patient Charge |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------|
| Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) and coverage is restricted to one per tooth per 12 consecutive months. The use of any tools or equipment, including but not 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                       | \$270.00       |
| D4211                                                                                                                                                                                                                                                                                                                                                                                                    | Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant                          | \$125.00       |
| D4212                                                                                                                                                                                                                                                                                                                                                                                                    | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$125.00       |
| D4240                                                                                                                                                                                                                                                                                                                                                                                                    | Gingival flap (including root planing) – 4 or more teeth per quadrant              | \$330.00       |
| D4241                                                                                                                                                                                                                                                                                                                                                                                                    | Gingival flap (including root planing) – 1 to 3 teeth per quadrant                 | \$180.00       |
| D4245                                                                                                                                                                                                                                                                                                                                                                                                    | Apically positioned flap                                                           | \$310.00       |
| D4249                                                                                                                                                                                                                                                                                                                                                                                                    | Clinical crown lengthening – Hard tissue                                           | \$365.00       |
| D4260                                                                                                                                                                                                                                                                                                                                                                                                    | Osseous surgery – 4 or more teeth per quadrant                                     | \$595.00       |
| D4261                                                                                                                                                                                                                                                                                                                                                                                                    | Osseous surgery – 1 to 3 teeth per quadrant                                        | \$350.00       |
| D4263                                                                                                                                                                                                                                                                                                                                                                                                    | Bone replacement graft – Retained natural tooth - First site in quadrant           | \$290.00       |
| D4264                                                                                                                                                                                                                                                                                                                                                                                                    | Bone replacement graft – Retained natural tooth - Each additional site in quadrant | \$225.00       |
| D4266                                                                                                                                                                                                                                                                                                                                                                                                    | Guided tissue regeneration, natural teeth – Resorbable barrier per site            | \$380.00       |



## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                                                                                | Patient Charge |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D4267 | Guided tissue regeneration, natural teeth – Nonresorbable barrier per site (includes membrane removal)                                                                                               | \$430.00       |
| D4270 | Pedicle soft tissue graft procedure                                                                                                                                                                  | \$425.00       |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft                                                     | \$440.00       |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous ( <i>missing</i> ) tooth position in graft                                       | \$440.00       |
| 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        | \$220.00       |
| 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 | \$220.00       |
| D4286 | Removal of non-resorbable barrier                                                                                                                                                                    | \$86.00        |
| D4341 | Periodontal scaling and root planing – 4 or more teeth per quadrant ( <i>limited to once per quadrant per consecutive 12 months</i> )                                                                | \$115.00       |
| D4342 | Periodontal scaling and root planing – 1 to 3 teeth per quadrant ( <i>limited to once per quadrant per consecutive 12 months</i> )                                                                   | \$64.00        |
| 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         |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                  | Procedure Description                                                                                                                                             | Patient Charge |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                       | 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        |
| D4355                                                                                                                                                                 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit ( <i>1 per lifetime, unless medically necessary</i> ) | \$86.00        |
| D4381                                                                                                                                                                 | Localized delivery of antimicrobial agents per tooth                                                                                                              | \$45.00        |
| D4910                                                                                                                                                                 | Periodontal maintenance ( <i>limit 4 per calendar year (only covered after active periodontal therapy)</i> )                                                      | \$78.00        |
|                                                                                                                                                                       | Additional periodontal maintenance procedures (beyond 4 per calendar year)                                                                                        | \$78.00        |
|                                                                                                                                                                       | Periodontal charting for planning treatment of periodontal disease                                                                                                | \$0.00         |
|                                                                                                                                                                       | Periodontal hygiene instruction                                                                                                                                   | \$0.00         |
| D4921                                                                                                                                                                 | Gingival irrigation with a medicinal agent - Per quadrant                                                                                                         | \$0.00         |
| <b>Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.</b> |                                                                                                                                                                   |                |
| D5110                                                                                                                                                                 | Full upper denture                                                                                                                                                | \$575.00       |
| D5120                                                                                                                                                                 | Full lower denture                                                                                                                                                | \$575.00       |
| D5130                                                                                                                                                                 | Immediate full upper denture                                                                                                                                      | \$615.00       |
| D5140                                                                                                                                                                 | Immediate full lower denture                                                                                                                                      | \$615.00       |
| D5211                                                                                                                                                                 | Upper partial denture – Resin base (including retentive/ clasping materials, rests, and teeth)                                                                    | \$430.00       |
| D5212                                                                                                                                                                 | Lower partial denture – Resin base (including retentive/ clasping materials, rests, and teeth)                                                                    | \$430.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                     | Patient Charge |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D5213 | Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)           | \$670.00       |
| D5214 | Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)           | \$670.00       |
| D5221 | Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)                                    | \$430.00       |
| D5222 | Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)                                    | \$430.00       |
| D5223 | Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$670.00       |
| D5224 | Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$670.00       |
| D5225 | Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)                                           | \$460.00       |
| D5226 | Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)                                           | \$460.00       |
| D5227 | Immediate upper partial denture - Flexible base (including any clasps, rests and teeth)                                                   | \$430.00       |
| D5228 | Immediate lower partial denture - Flexible base (including any clasps, rests and teeth)                                                   | \$430.00       |
| D5410 | Adjust complete denture – Upper                                                                                                           | \$38.00        |
| D5411 | Adjust complete denture – Lower                                                                                                           | \$38.00        |
| D5421 | Adjust partial denture – Upper                                                                                                            | \$38.00        |
| D5422 | Adjust partial denture – Lower                                                                                                            | \$38.00        |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                                              | Procedure Description                                             | Patient Charge |
|---------------------------------------------------|-------------------------------------------------------------------|----------------|
| <b>Repairs to prosthetics</b>                     |                                                                   |                |
| D5511                                             | Repair broken complete denture base - Lower                       | \$73.00        |
| D5512                                             | Repair broken complete denture base - Upper                       | \$73.00        |
| D5520                                             | Replace missing or broken teeth – Complete denture (each tooth)   | \$73.00        |
| D5611                                             | Repair resin partial denture base - Lower                         | \$73.00        |
| D5612                                             | Repair resin partial denture base - Upper                         | \$73.00        |
| D5630                                             | Repair or replace broken retentive/clasping materials - Per tooth | \$92.00        |
| D5640                                             | Replace broken teeth – Per tooth                                  | \$73.00        |
| D5650                                             | Add tooth to existing partial denture                             | \$73.00        |
| D5660                                             | Add clasp to existing partial denture - Per tooth                 | \$92.00        |
| <b>Denture relining (limit 1 every 24 months)</b> |                                                                   |                |
| D5710                                             | Rebase complete upper denture                                     | \$220.00       |
| D5711                                             | Rebase complete lower denture                                     | \$220.00       |
| D5720                                             | Rebase upper partial denture                                      | \$220.00       |
| D5721                                             | Rebase lower partial denture                                      | \$220.00       |
| D5725                                             | Rebase hybrid prosthesis                                          | \$440.00       |
| D5730                                             | Reline complete upper denture – Direct                            | \$130.00       |
| D5731                                             | Reline complete lower denture – Direct                            | \$130.00       |
| D5740                                             | Reline upper partial denture – Direct                             | \$130.00       |
| D5741                                             | Reline lower partial denture – Direct                             | \$130.00       |
| D5750                                             | Reline complete upper denture – Indirect                          | \$195.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Procedure Description                                                                    | Patient Charge |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------|
| D5751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Reline complete lower denture – Indirect                                                 | \$195.00       |
| D5760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Reline upper partial denture – Indirect                                                  | \$195.00       |
| D5761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Reline lower partial denture – Indirect                                                  | \$195.00       |
| D5765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Soft liner for complete or partial removable denture – Indirect                          | \$195.00       |
| <b>Interim dentures (limit 1 every 5 years)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                |
| D5810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Interim complete denture – Upper                                                         | \$330.00       |
| D5811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Interim complete denture – Lower                                                         | \$330.00       |
| D5820                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Interim partial denture (including retentive/clasping materials, rests and teeth), upper | \$265.00       |
| D5821                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Interim partial denture (including retentive/clasping materials, rests and teeth), lower | \$265.00       |
| D5875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Modification of removable prosthesis following implant surgery                           | \$230.00       |
| D5876                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Add metal substructure to acrylic full denture (per arch)                                | \$220.00       |
| <b>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.</b><br><b>If your dentist offers same day in-office CAD/CAM (ceramic) services, they may charge an additional fee of no more than \$150.00 per tooth/unit for crowns, bridges, inlays, onlays, post and cores, and veneers. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created and delivered in the dental office the same day using a digital impression and an in-office CAD/CAM milling machine.</b> |                                                                                          |                |
| D6058                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Abutment supported porcelain/ceramic crown                                               | \$815.00       |
| D6059                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Abutment supported porcelain fused to metal crown (high noble metal)                     | \$770.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                     | Patient Charge |
|-------|-----------------------------------------------------------------------------------------------------------|----------------|
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal)                              | \$715.00       |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal)                                           | \$740.00       |
| D6062 | Abutment supported cast metal crown (high noble metal)                                                    | \$770.00       |
| D6063 | Abutment supported cast metal crown (predominantly base metal)                                            | \$715.00       |
| D6064 | Abutment supported cast metal crown (noble metal)                                                         | \$740.00       |
| D6065 | Implant supported porcelain/ceramic crown                                                                 | \$815.00       |
| D6066 | Implant supported crown - Porcelain fused to high noble alloys                                            | \$770.00       |
| D6067 | Implant supported crown - High noble alloys                                                               | \$770.00       |
| D6068 | Abutment supported retainer for porcelain/ceramic fixed partial denture                                   | \$815.00       |
| D6069 | Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)         | \$770.00       |
| D6070 | Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal) | \$715.00       |
| D6071 | Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)              | \$740.00       |
| D6072 | Abutment supported retainer for cast metal fixed partial denture (high noble metal)                       | \$770.00       |
| D6073 | Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)               | \$715.00       |
| D6074 | Abutment supported retainer for cast metal fixed partial denture (noble metal)                            | \$740.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                       | Patient Charge |
|-------|---------------------------------------------------------------------------------------------|----------------|
| D6075 | Implant supported retainer for ceramic fixed partial denture                                | \$815.00       |
| D6076 | Implant supported retainer for fixed partial denture - Porcelain fused to high noble alloys | \$770.00       |
| D6077 | Implant supported retainer for metal fixed partial denture - High noble alloys              | \$770.00       |
| D6082 | Implant supported crown – Porcelain fused to predominantly base alloys                      | \$715.00       |
| D6083 | Implant supported crown – Porcelain fused to noble alloys                                   | \$740.00       |
| D6084 | Implant supported crown – Porcelain fused to titanium and titanium alloys                   | \$770.00       |
| D6085 | Interim implant crown                                                                       | \$135.00       |
| D6086 | Implant supported crown – Predominantly base alloys                                         | \$715.00       |
| D6087 | Implant supported crown – Noble alloys                                                      | \$740.00       |
| D6088 | Implant supported crown – Titanium and titanium alloys                                      | \$770.00       |
| D6089 | Accessing and retorquing loose implant screw – Per screw                                    | \$82.00        |
| D6092 | Re-cement implant/abutment supported crown                                                  | \$82.00        |
| D6093 | Re-cement implant/abutment supported fixed partial denture                                  | \$103.00       |
| D6094 | Abutment supported crown - Titanium and titanium alloys                                     | \$770.00       |
| D6096 | Remove broken implant retaining screw                                                       | \$82.00        |
| D6097 | Abutment supported crown – Porcelain fused to titanium and titanium alloys                  | \$770.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                  | Patient Charge |
|-------|----------------------------------------------------------------------------------------|----------------|
| D6098 | Implant supported retainer – Porcelain fused to predominantly base alloys              | \$715.00       |
| D6099 | Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys | \$740.00       |
| D6106 | Guided tissue regeneration – Resorbable barrier, per implant                           | \$380.00       |
| D6107 | Guided tissue regeneration – Non-resorbable barrier, per implant                       | \$430.00       |
| D6110 | Implant /abutment supported removable denture for edentulous arch – Upper              | \$875.00       |
| D6111 | Implant /abutment supported removable denture for edentulous arch – Lower              | \$875.00       |
| D6112 | Implant /abutment supported removable denture for partially edentulous arch – Upper    | \$970.00       |
| D6113 | Implant /abutment supported removable denture for partially edentulous arch – Lower    | \$970.00       |
| D6114 | Implant /abutment supported fixed denture for edentulous arch – Upper                  | \$875.00       |
| D6115 | Implant /abutment supported fixed denture for edentulous arch – Lower                  | \$875.00       |
| D6116 | Implant /abutment supported fixed denture for partially edentulous arch – Upper        | \$970.00       |
| D6117 | Implant /abutment supported fixed denture for partially edentulous arch – Lower        | \$970.00       |
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch – Lower           | \$525.00       |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch – Upper           | \$525.00       |



## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                | Procedure Description                                                                                                                                                                                                                            | Patient Charge |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D6120                                                                                                                                                               | Implant supported retainer – Porcelain fused to titanium and titanium alloys                                                                                                                                                                     | \$770.00       |
| D6121                                                                                                                                                               | Implant supported retainer for metal fixed partial denture – Predominantly base alloys                                                                                                                                                           | \$715.00       |
| D6122                                                                                                                                                               | Implant supported retainer for metal fixed partial denture – Noble alloys                                                                                                                                                                        | \$740.00       |
| D6123                                                                                                                                                               | Implant supported retainer for metal fixed partial denture – Titanium and titanium alloys                                                                                                                                                        | \$770.00       |
| D6194                                                                                                                                                               | Abutment supported retainer crown for fixed partial denture - Titanium and titanium alloys                                                                                                                                                       | \$770.00       |
| D6195                                                                                                                                                               | Abutment supported retainer – Porcelain fused to titanium and titanium alloys                                                                                                                                                                    | \$770.00       |
| D6197                                                                                                                                                               | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant                                                                                                                | \$47.00        |
| D6198                                                                                                                                                               | Remove interim implant component                                                                                                                                                                                                                 | \$0.00         |
|                                                                                                                                                                     | Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional charge per crown/bridge unit when there are <i>6 or more units of crown and/or bridge in the same treatment – ask your dentist for the guidelines</i> | \$135.00       |
| <b>Oral surgery (includes routine postoperative treatment)</b><br><b>Surgical removal of impacted teeth are covered for ages below 15 when medically necessary.</b> |                                                                                                                                                                                                                                                  |                |
| D7111                                                                                                                                                               | Extraction of coronal remnants – Primary tooth                                                                                                                                                                                                   | \$53.00        |
| D7140                                                                                                                                                               | Extraction, erupted tooth or exposed root – Elevation and/or forceps removal                                                                                                                                                                     | \$53.00        |
| D7210                                                                                                                                                               | Extraction, erupted tooth – Removal of bone and/or section of tooth                                                                                                                                                                              | \$115.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                            | Patient Charge |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D7220 | Removal of impacted tooth – Soft tissue                                                                                                          | \$125.00       |
| D7230 | Removal of impacted tooth – Partially bony                                                                                                       | \$165.00       |
| D7240 | Removal of impacted tooth – Completely bony                                                                                                      | \$230.00       |
| D7241 | Removal of impacted tooth – Completely bony, unusual complications (narrative required)                                                          | \$245.00       |
| D7250 | Removal of residual tooth roots – Cutting procedure                                                                                              | \$115.00       |
| D7251 | Coronectomy – Intentional partial tooth removal, impacted teeth only                                                                             | \$165.00       |
| D7260 | Oroantral fistula closure                                                                                                                        | \$355.00       |
| D7261 | Primary closure of a sinus perforation                                                                                                           | \$330.00       |
| D7270 | Tooth stabilization of accidentally evulsed or displaced tooth                                                                                   | \$180.00       |
| D7280 | Exposure of an unerupted tooth ( <i>excluding wisdom teeth</i> )                                                                                 | \$210.00       |
| D7283 | Placement of device to facilitate eruption of impacted tooth                                                                                     | \$49.00        |
| D7285 | Incisional biopsy of oral tissue – Hard (bone, tooth) ( <i>tooth related – not allowed when in conjunction with another surgical procedure</i> ) | \$180.00       |
| D7286 | Incisional biopsy of oral tissue – Soft (all others) ( <i>tooth related – not allowed when in conjunction with another surgical procedure</i> )  | \$135.00       |
| D7287 | Exfoliative cytological sample collection                                                                                                        | \$78.00        |
| D7288 | Brush biopsy – Transepithelial sample collection                                                                                                 | \$78.00        |
| D7310 | Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant                                                     | \$115.00       |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code  | Procedure Description                                                                                                                          | Patient Charge |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D7311 | Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant                                                      | \$56.00        |
| D7320 | Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant                                               | \$155.00       |
| D7321 | Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant                                                  | \$74.00        |
| D7450 | Removal of benign odontogenic cyst or tumor – Up to 1.25 cm                                                                                    | \$195.00       |
| D7451 | Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm                                                                             | \$195.00       |
| D7471 | Removal of lateral exostosis – Maxilla or mandible                                                                                             | \$215.00       |
| D7472 | Removal of torus palatinus                                                                                                                     | \$215.00       |
| D7473 | Removal of torus mandibularis                                                                                                                  | \$215.00       |
| D7485 | Reduction of osseous tuberosity                                                                                                                | \$155.00       |
| D7510 | Incision and drainage of abscess – Intraoral soft tissue                                                                                       | \$74.00        |
| D7511 | Incision and drainage of abscess – Intraoral soft tissue – Complicated                                                                         | \$115.00       |
| D7880 | Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i> | \$455.00       |
| D7881 | Occlusal orthotic device adjustment                                                                                                            | \$38.00        |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site                                             | \$0.00         |
| D7961 | Buccal/labial frenectomy (frenulectomy)                                                                                                        | \$14.00        |
| D7963 | Frenuloplasty                                                                                                                                  | \$20.00        |

# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                                                                                                                                                                                                                                  | Procedure Description                                                       | Patient Charge |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------|
| Orthodontics (tooth movement) - The Patient Charge for your entire orthodontic case, including retention, will be based upon the applicable charge in effect on the date your orthodontic treatment begins (banding/ appliance insertion). 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            | \$480.00       |
| D8020                                                                                                                                                                                                                                                                                                                                                                                 | Limited orthodontic treatment of the transitional dentition – Banding       | \$480.00       |
| D8030                                                                                                                                                                                                                                                                                                                                                                                 | Limited orthodontic treatment of the adolescent dentition – Banding         | \$230.00       |
| D8040                                                                                                                                                                                                                                                                                                                                                                                 | Limited orthodontic treatment of the adult dentition – Banding              | \$260.00       |
| D8070                                                                                                                                                                                                                                                                                                                                                                                 | Comprehensive orthodontic treatment of the transitional dentition – Banding | \$500.00       |
| D8080                                                                                                                                                                                                                                                                                                                                                                                 | Comprehensive orthodontic treatment of the adolescent dentition – Banding   | \$515.00       |
| D8090                                                                                                                                                                                                                                                                                                                                                                                 | Comprehensive orthodontic treatment of the adult dentition – Banding        | \$515.00       |
| D8660                                                                                                                                                                                                                                                                                                                                                                                 | Pre-orthodontic treatment examination to monitor growth and development     | \$66.00        |
| D8670                                                                                                                                                                                                                                                                                                                                                                                 | Periodic orthodontic treatment visit                                        |                |
|                                                                                                                                                                                                                                                                                                                                                                                       | Children – Up to 19th birthday:                                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                       | 24-month treatment fee                                                      | \$2,472.00     |
|                                                                                                                                                                                                                                                                                                                                                                                       | Charge per month for 24 months                                              | \$103.00       |
|                                                                                                                                                                                                                                                                                                                                                                                       | Adults:                                                                     |                |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                                                                                                                                            | Procedure Description                                                                                                           | Patient Charge |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                                 | 24-month treatment fee                                                                                                          | \$3,336.00     |
|                                                                                                                                                                                                                                                                                                 | Charge per month for 24 months                                                                                                  | \$139.00       |
| D8680                                                                                                                                                                                                                                                                                           | Orthodontic retention – Removal of appliances, construction and placement of retainer(s)                                        | \$345.00       |
| D8681                                                                                                                                                                                                                                                                                           | Removable orthodontic retainer adjustment                                                                                       | \$0.00         |
| D8695                                                                                                                                                                                                                                                                                           | Removal of fixed orthodontic appliances for reasons other than completion of treatment                                          | \$175.00       |
| D8999                                                                                                                                                                                                                                                                                           | Unspecified orthodontic procedure – By report<br><i>(orthodontic treatment plan and records including all necessary images)</i> | \$195.00       |
| <b>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.</b> |                                                                                                                                 |                |
| D9215                                                                                                                                                                                                                                                                                           | Local anesthesia                                                                                                                | \$0.00         |
| D9222                                                                                                                                                                                                                                                                                           | Deep sedation/general anesthesia – First 15 minutes                                                                             | \$95.00        |
| D9223                                                                                                                                                                                                                                                                                           | Deep sedation/general anesthesia – Each subsequent 15 minute increment                                                          | \$95.00        |
| D9230                                                                                                                                                                                                                                                                                           | Inhalation of nitrous oxide / analgesia, anxiolysis                                                                             | \$60.00        |
| D9239                                                                                                                                                                                                                                                                                           | Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes                                                         | \$95.00        |
| D9243                                                                                                                                                                                                                                                                                           | Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment                                       | \$95.00        |
| D9613                                                                                                                                                                                                                                                                                           | Infiltration of sustained release therapeutic drug, per quadrant <i>(patient charge is per quadrant)</i>                        | \$50.00        |
| D9910                                                                                                                                                                                                                                                                                           | Application of desensitizing medicament                                                                                         | \$15.00        |

## Cigna Dental Care Plan

### Patient Charge Schedule (WI-V9)

| Code                          | Procedure Description                                                                                                                                           | Patient Charge |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| D9911                         | Application of desensitizing resin for cervical and/or root surface, per tooth                                                                                  | \$0.00         |
| <b>Emergency services</b>     |                                                                                                                                                                 |                |
| D9110                         | Palliative treatment of dental pain – Per visit                                                                                                                 | \$48.00        |
| D9440                         | Office visit – After regularly scheduled hours                                                                                                                  | \$77.00        |
| <b>Miscellaneous services</b> |                                                                                                                                                                 |                |
| D9912                         | Pre-visit patient screening                                                                                                                                     | \$0.00         |
| D9938                         | Fabrication of a custom removable clear plastic temporary aesthetic appliance                                                                                   | \$87.00        |
| D9939                         | Placement of a custom removable clear plastic temporary aesthetic appliance                                                                                     | \$27.00        |
| D9941                         | Fabrication of athletic mouthguard ( <i>limit 1 per 12 months</i> )                                                                                             | \$110.00       |
| D9943                         | Occlusal guard adjustment                                                                                                                                       | \$0.00         |
| D9944                         | Occlusal guard – Hard appliance, full arch ( <i>limited to 1 D9944, D9945 or D9946 per 24 months</i> )                                                          | \$285.00       |
| D9945                         | Occlusal guard – Soft appliance, full arch ( <i>limited to 1 D9944, D9945 or D9946 per 24 months</i> )                                                          | \$145.00       |
| D9946                         | Occlusal guard – Hard appliance, partial arch ( <i>limited to 1 D9944, D9945 or D9946 per 24 months</i> )                                                       | \$170.00       |
| D9951                         | Occlusal adjustment – Limited                                                                                                                                   | \$56.00        |
| D9952                         | Occlusal adjustment – Complete                                                                                                                                  | \$260.00       |
| 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> ) | \$165.00       |

# Cigna Dental Care Plan

## Patient Charge Schedule (WI-V9)

| Code                                                                                                                                                                                                                                                                                                                                                                                                  | Procedure Description                                                                           | Patient Charge |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|
| D9990                                                                                                                                                                                                                                                                                                                                                                                                 | Certified translation or sign language services, per visit                                      | \$0.00         |
| D9995                                                                                                                                                                                                                                                                                                                                                                                                 | Teledentistry – Synchronous; real-time encounter                                                | \$0.00         |
| D9996                                                                                                                                                                                                                                                                                                                                                                                                 | Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review | \$0.00         |
| This may contain CDT Dental Procedure 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 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. Emergency dental care is limited to services to evaluate, diagnose, and relieve pain or stabilize your emergent oral condition. You should then return to your Network General Dentist for evaluation and determination of any follow up care that you may require. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.



Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative. Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT.) (CHLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., **Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK – HP-POL899 et al., POL115; OR – HP-POL862 et al., HP-POL121 04-10; TN – HP-POL767/HCDDB-CVR28 et al., HP-POL134/HC-CER17V1 et al.