

**State of Georgia
Cigna Dental Care (*DHMO)
Patient Charge Schedule**

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

Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric, Orthodontist and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Customer Services 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 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- Procedures **not** listed on this Patient Charge Schedule are **not** covered and are the patient's responsibility at the dentist's usual fees.
- The administration of I.V. sedation, general anesthesia, and/or Nitrous Oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- 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.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.



| Code | Procedure Description | SG-09 |
|--|--|---------|
| Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), and comprehensive periodontal evaluations (D0180). | | |
| D9310 | Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) | \$0.00 |
| D9430 | Office visit for observation – No other services performed | \$0.00 |
| D9450 | Case presentation – Detailed and extensive treatment planning | \$0.00 |
| D0120 | Periodic oral evaluation – Established patient | \$0.00 |
| D0140 | Limited oral evaluation – Problem focused | \$0.00 |
| D0150 | Comprehensive oral evaluation – New or established patient | \$0.00 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report (limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation) | \$0.00 |
| D0170 | Reevaluation – Limited, problem focused (not postoperative visit) | \$0.00 |
| D0180 | Comprehensive periodontal evaluation – New or established patient | \$43.00 |
| D0210 | X-rays intraoral – Complete series of radiographic images-(<i>limit 1 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 |
| 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>limit 1 every 3 years</i>) | \$0.00 |

| Code | Procedure Description | SG-09 |
|--|---|--------------|
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation) | \$240.00 |
| D0431 | Oral cancer screening using a special light source | \$50.00 |
| D0460 | Pulp vitality tests | \$14.00 |
| D0470 | Diagnostic casts | \$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 |
| 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 | \$52.00 |
| 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 | \$35.00 |
| D1206 | Topical application of fluoride varnish – (<i>limit 2 per calendar year</i>). <i>There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i> | \$20.00 |
| D1208 | Topical application of fluoride (<i>limit 2 per calendar year</i>) <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i> | \$20.00 |
| D1330 | Oral hygiene instructions | \$0.00 |
| D1351 | Sealant – Per tooth | \$0.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth | \$0.00 |
| D1510 | Space maintainer – Fixed – Unilateral | \$13.00 |
| D1515 | Space maintainer – Fixed – Bilateral | \$22.00 |
| Restorative (fillings, including polishing) | | |
| D2140 | Amalgam – 1 surface, primary or permanent | \$0.00 |

| Code | Procedure Description | SG-09 |
|---|---|--------------|
| D2150 | Amalgam – 2 surfaces, primary or permanent | \$0.00 |
| D2160 | Amalgam – 3 surfaces, primary or permanent | \$0.00 |
| D2161 | Amalgam – 4 or more surfaces, primary or permanent | \$0.00 |
| D2330 | Resin-based composite – 1 surface, anterior | \$0.00 |
| D2331 | Resin-based composite – 2 surfaces, anterior | \$0.00 |
| D2332 | Resin-based composite – 3 surfaces, anterior | \$0.00 |
| D2335 | Resin-based composite – 4 or more surfaces or involving incisal angle, anterior | \$90.00 |
| D2390 | Resin-based composite crown, anterior | \$62.00 |
| D2391 | Resin-based composite – 1 surface, posterior | \$46.00 |
| D2392 | Resin-based composite – 2 surfaces, posterior | \$60.00 |
| D2393 | Resin-based composite – 3 surfaces, posterior | \$84.00 |
| D2394 | Resin-based composite – 4 or more surfaces, posterior | \$115.00 |
| <p>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.</p> | | |
| D2510 | Inlay – Metallic – 1 surface | \$145.00 |
| D2520 | Inlay – Metallic – 2 surfaces | \$170.00 |
| D2530 | Inlay – Metallic – 3 or more surfaces | \$205.00 |
| D2542 | Onlay – Metallic – 2 surfaces | \$150.00 |
| D2543 | Onlay – Metallic – 3 surfaces | \$185.00 |
| D2544 | Onlay – Metallic – 4 or more surfaces | \$185.00 |
| D2740 | Crown – Porcelain/ceramic substrate | \$415.00 |
| D2750 | Crown – Porcelain fused to high noble metal | \$375.00 |
| D2751 | Crown – Porcelain fused to predominantly base metal | \$355.00 |

| Code | Procedure Description | SG-09 |
|-------------|---|--------------|
| D2752 | Crown – Porcelain fused to noble metal | \$360.00 |
| D2780 | Crown – 3/4 cast high noble metal | \$360.00 |
| D2781 | Crown – 3/4 cast predominantly base metal | \$355.00 |
| D2782 | Crown – 3/4 cast noble metal | \$355.00 |
| D2790 | Crown – Full cast high noble metal | \$370.00 |
| D2791 | Crown – Full cast predominantly base metal | \$345.00 |
| D2792 | Crown – Full cast noble metal | \$355.00 |
| D2794 | Crown – Titanium | \$370.00 |
| D2910 | Recement inlay – Onlay or partial coverage restoration | \$15.00 |
| D2915 | Recement cast or prefabricated post and core | \$15.00 |
| D2920 | Recement crown | \$15.00 |
| D2929 | Prefabricated porcelain/ceramic crown - Primary tooth | \$120.00 |
| D2930 | Prefabricated stainless steel crown – Primary tooth | \$23.00 |
| D2931 | Prefabricated stainless steel crown – Permanent tooth | \$23.00 |
| D2932 | Prefabricated resin crown | \$105.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$120.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown – Primary tooth | \$120.00 |
| D2940 | Protective restoration | \$12.00 |
| D2941 | Interim therapeutic restoration – primary dentition | \$12.00 |
| D2950 | Core buildup – Including any pins | \$28.00 |
| D2951 | Pin retention – Per tooth – In addition to restoration | \$12.00 |
| D2952 | Post and core – In addition to crown, indirectly fabricated | \$115.00 |
| D2954 | Prefabricated post and core – In addition to crown | \$99.00 |
| D2960 | Labial veneer (resin laminate) – Chairside | \$85.00 |

| Code | Procedure Description | SG-09 |
|-------------|---|--------------|
| D6210 | Pontic – Cast high noble metal | \$355.00 |
| D6211 | Pontic – Cast predominantly base metal | \$335.00 |
| D6212 | Pontic – Cast noble metal | \$345.00 |
| D6214 | Pontic – Titanium | \$355.00 |
| D6240 | Pontic – Porcelain fused to high noble metal | \$350.00 |
| D6241 | Pontic – Porcelain fused to predominantly base metal | \$325.00 |
| D6242 | Pontic – Porcelain fused to noble metal | \$340.00 |
| D6245 | Pontic – Porcelain/ceramic | \$345.00 |
| D6600 | Inlay – Porcelain/ceramic, 2 surfaces | \$445.00 |
| D6601 | Inlay - Porcelain/ceramic, 3 surfaces | \$445.00 |
| D6602 | Inlay – Cast high noble metal, 2 surfaces | \$355.00 |
| D6603 | Inlay – Cast high noble metal, 3 or more surfaces | \$355.00 |
| D6604 | Inlay – Cast predominantly base metal, 2 surfaces | \$335.00 |
| D6605 | Inlay – Cast predominantly base metal, 3 or more surfaces | \$335.00 |
| D6606 | Inlay – Cast noble metal, 2 surfaces | \$345.00 |
| D6607 | Inlay – Cast noble metal, 3 or more surfaces | \$345.00 |
| D6608 | Onlay – porcelain/ceramic 2 surfaces | \$445.00 |
| D6609 | Onlay - porcelain/ceramic 3 surfaces | \$445.00 |
| D6610 | Onlay – Cast high noble metal, 2 surfaces | \$355.00 |
| D6611 | Onlay – Cast high noble metal, 3 or more surfaces | \$355.00 |
| D6612 | Onlay – Cast predominantly base metal, 2 surfaces | \$335.00 |
| D6613 | Onlay – Cast predominantly base metal, 3 or more surfaces | \$335.00 |
| D6614 | Onlay – Cast noble metal, 2 surfaces | \$345.00 |
| D6615 | Onlay – Cast noble metal, 3 or more surfaces | \$345.00 |

| Code | Procedure Description | SG-09 |
|---|--|----------|
| D6624 | Inlay – Titanium | \$355.00 |
| D6634 | Onlay – Titanium | \$355.00 |
| D6740 | Crown – Porcelain/ceramic | \$420.00 |
| D6750 | Crown – Porcelain fused to high noble metal | \$395.00 |
| D6751 | Crown – Porcelain fused to predominantly base metal | \$365.00 |
| D6752 | Crown – Porcelain fused to noble metal | \$375.00 |
| D6780 | Crown – 3/4 cast high noble metal | \$390.00 |
| D6781 | Crown – 3/4 cast predominantly base metal | \$360.00 |
| D6782 | Crown – 3/4 cast noble metal | \$375.00 |
| D6790 | Crown – Full cast high noble metal | \$380.00 |
| D6791 | Crown – Full cast predominantly base metal | \$355.00 |
| D6792 | Crown – Full cast noble metal | \$375.00 |
| D6794 | Crown – Titanium | \$380.00 |
| | Complex rehabilitation – Additional charge per unit for multiple crown units/complex rehabilitation <i>(6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)</i> | \$140.00 |
| D6930 | Recement fixed partial denture | \$18.00 |
| Endodontics (root canal treatment, excluding final restorations) | | |
| D3110 | Pulp cap – Direct (excluding final restoration) | \$14.00 |
| D3120 | Pulp cap – Indirect (excluding final restoration) | \$14.00 |
| D3220 | Pulpotomy – Removal of pulp, not part of a root canal | \$22.00 |
| D3221 | Pulpal debridement (not to be used when root canal is done on the same day) | \$22.00 |
| D3310 | Anterior root canal – Permanent tooth (excluding final restoration) | \$42.00 |
| D3320 | Bicuspid root canal – Permanent tooth (excluding final restoration) | \$46.00 |

| Code | Procedure Description | SG-09 |
|--|--|----------|
| D3330 | Molar root canal – Permanent tooth (excluding final restoration) | \$58.00 |
| D3331 | Treatment of root canal obstruction – Nonsurgical access | \$25.00 |
| D3332 | Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth | \$25.00 |
| D3333 | Internal root repair of perforation defects | \$25.00 |
| D3346 | Retreatment of previous root canal therapy – Anterior | \$51.00 |
| D3347 | Retreatment of previous root canal therapy – Bicuspid | \$75.00 |
| D3348 | Retreatment of previous root canal therapy – Molar | \$395.00 |
| D3410 | Apicoectomy/periradicular surgery – Anterior | \$47.00 |
| D3421 | Apicoectomy/periradicular surgery – Bicuspid (first root) | \$82.00 |
| D3425 | Apicoectomy/periradicular surgery – Molar (first root) | \$115.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | \$26.00 |
| D3427 | Periradicular surgery without apicoectomy | \$47.00 |
| D3430 | Retrograde filling per root | \$21.00 |
| <p>Periodontics (treatment of supporting tissues [gum and bone] of the teeth) periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the patient charge schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months when covered on the patient charge schedule.</p> | | |
| D4210 | Gingivectomy or gingivoplasty – 4 or more teeth per quadrant | \$280.00 |
| D4211 | Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant | \$145.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$145.00 |
| D4240 | Gingival flap (including root planing) – 4 or more teeth per quadrant | \$295.00 |
| D4241 | Gingival flap (including root planing) – 1 to 3 teeth per quadrant | \$160.00 |
| D4245 | Apically positioned flap | \$295.00 |
| D4249 | Clinical crown lengthening – Hard tissue | \$325.00 |

| Code | Procedure Description | SG-09 |
|--|---|----------|
| D4260 | Osseous surgery – 4 or more teeth per quadrant | \$530.00 |
| D4261 | Osseous surgery – 1 to 3 teeth per quadrant | \$280.00 |
| D4263 | Bone replacement graft – First site in quadrant | \$355.00 |
| D4264 | Bone replacement graft – Each additional site in quadrant | \$275.00 |
| D4266 | Guided tissue regeneration – Resorbable barrier per site | \$470.00 |
| D4267 | Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal) | \$525.00 |
| D4270 | Pedicle soft tissue graft procedure | \$405.00 |
| D4275 | Soft Tissue Allograft | \$405.00 |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | \$405.00 |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | \$200.00 |
| D4341 | Periodontal scaling and root planing – 4 or more teeth per quadrant (<i>limit 4 quadrants per consecutive 12 months</i>) | \$24.00 |
| D4342 | Periodontal scaling and root planing – 1 to 3 teeth – per quadrant (<i>limit 4 quadrants per consecutive 12 months</i>) | \$12.00 |
| D4355 | Full mouth debridement to allow evaluation and diagnosis (<i>1 per lifetime</i>) | \$18.00 |
| D4381 | Localized delivery of antimicrobial agents per tooth | \$76.00 |
| D4910 | Periodontal maintenance (<i>limit 4 per calendar year</i>) (<i>only covered after active periodontal therapy</i>) | \$66.00 |
| Prosthetics (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. | | |
| D5110 | Full upper denture | \$675.00 |
| D5120 | Full lower denture | \$675.00 |
| D5130 | Immediate full upper denture | \$730.00 |
| D5140 | Immediate full lower denture | \$730.00 |
| D5211 | Upper partial denture – Resin base (including clasps, rests and teeth) | \$580.00 |

| Code | Procedure Description | SG-09 |
|---|--|--------------|
| D5212 | Lower partial denture – Resin base (including clasps, rests and teeth) | \$665.00 |
| D5213 | Upper partial denture – Cast metal framework (including clasps, rests and teeth) | \$755.00 |
| D5214 | Lower partial denture – Cast metal framework (including clasps, rests and teeth) | \$755.00 |
| D5225 | Upper partial denture – Flexible base (including clasps, rests and teeth) | \$580.00 |
| D5226 | Lower partial denture – Flexible base (including clasps, rests and teeth) | \$665.00 |
| D5410 | Adjust complete denture – Upper | \$18.00 |
| D5411 | Adjust complete denture – Lower | \$18.00 |
| D5421 | Adjust partial denture – Upper | \$18.00 |
| D5422 | Adjust partial denture – Lower | \$18.00 |
| Repairs to prosthetics | | |
| D5510 | Repair broken complete denture base | \$24.00 |
| D5520 | Replace missing or broken teeth – Complete denture (each tooth) | \$22.00 |
| D5610 | Repair resin denture base | \$23.00 |
| D5630 | Repair or replace broken clasp | \$26.00 |
| D5640 | Replace broken teeth – Per tooth | \$23.00 |
| D5650 | Add tooth to existing partial denture | \$23.00 |
| D5660 | Add clasp to existing partial denture | \$26.00 |
| Denture relining (limit 1 every 36 months) | | |
| D5710 | Rebase complete upper denture | \$43.00 |
| D5711 | Rebase complete lower denture | \$43.00 |
| D5720 | Rebase upper partial denture | \$43.00 |
| D5721 | Rebase lower partial denture | \$43.00 |
| D5730 | Reline complete upper denture – Chairside | \$30.00 |
| D5731 | Reline complete lower denture – Chairside | \$30.00 |
| D5740 | Reline upper partial denture – Chairside | \$30.00 |

| Code | Procedure Description | SG-09 |
|---|---|--------------|
| D5741 | Reline lower partial denture – Chairside | \$30.00 |
| D5750 | Reline complete upper denture – Laboratory | \$38.00 |
| D5751 | Reline complete lower denture – Laboratory | \$38.00 |
| D5760 | Reline upper partial denture – Laboratory | \$38.00 |
| D5761 | Reline lower partial denture – Laboratory | \$38.00 |
| Interim dentures (limit 1 every 5 years) | | |
| D5810 | Interim complete denture – Upper | \$310.00 |
| D5811 | Interim complete denture – Lower | \$310.00 |
| D5820 | Interim partial denture – Upper | \$250.00 |
| D5821 | Interim partial denture – Lower | \$250.00 |
| 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. | | |
| D6053 | Implant/abutment supported removable denture for completely edentulous arch | \$855.00 |
| D6054 | Implant/abutment supported removable denture for partially edentulous arch | \$930.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$765.00 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$730.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$685.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$705.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$730.00 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | \$685.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$705.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$765.00 |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$730.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$730.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic fixed partial denture | \$765.00 |

| Code | Procedure Description | SG-09 |
|---|---|--------------|
| D6069 | Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal) | \$730.00 |
| D6070 | Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal) | \$685.00 |
| D6071 | Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal) | \$705.00 |
| D6072 | Abutment supported retainer for cast metal fixed partial denture (high noble metal) | \$730.00 |
| D6073 | Abutment supported retainer for cast metal fixed partial denture (predominantly base metal) | \$685.00 |
| D6074 | Abutment supported retainer for cast metal fixed partial denture (noble metal) | \$705.00 |
| D6075 | Implant supported retainer for ceramic fixed partial denture | \$765.00 |
| D6076 | Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal) | \$730.00 |
| D6077 | Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal) | \$730.00 |
| D6078 | Implant/abutment supported fixed denture for completely edentulous arch | \$855.00 |
| D6079 | Implant/abutment supported fixed denture for partially edentulous arch | \$930.00 |
| D6092 | Recement implant/abutment supported crown | \$101.00 |
| D6093 | Recement implant/abutment supported fixed partial denture | \$101.00 |
| D6094 | Abutment supported crown (titanium) | \$730.00 |
| D6194 | Abutment supported retainer crown for fixed partial denture (titanium) | \$730.00 |
| | Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines) | \$140.00 |
| Oral surgery (includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists. | | |
| D7111 | Extraction of coronal remnants – Deciduous tooth | \$15.00 |
| D7140 | Extraction, erupted tooth or exposed root – Elevation and/or forceps removal | \$15.00 |
| D7210 | Surgical removal of erupted tooth – Removal of bone and/or section of tooth | \$20.00 |
| D7220 | Removal of impacted tooth – Soft tissue | \$18.00 |
| D7230 | Removal of impacted tooth – Partially bony | \$21.00 |
| D7240 | Removal of impacted tooth – Completely bony | \$27.00 |

| Code | Procedure Description | SG-09 |
|-------|--|----------|
| D7241 | Removal of impacted tooth – Completely bony, unusual complications (narrative required) | \$27.00 |
| D7250 | Surgical removal of residual tooth roots – Cutting procedure | \$17.00 |
| D7251 | Coronectomy – Intentional partial tooth removal | \$21.00 |
| D7260 | Oroantral fistula closure | \$125.00 |
| D7261 | Primary closure of a sinus perforation | \$125.00 |
| D7270 | Tooth stabilization of accidentally evulsed or displaced tooth | \$12.00 |
| D7280 | Surgical access of an unerupted tooth (<i>excluding wisdom teeth</i>) | \$12.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$7.00 |
| D7285 | Biopsy of oral tissue – Hard (bone, tooth) (<i>tooth related – not allowed when in conjunction with another surgical procedure</i>) | \$87.00 |
| D7286 | Biopsy of oral tissue – Soft (all others) (<i>tooth related – not allowed when in conjunction with another surgical procedure</i>) | \$75.00 |
| D7288 | Brush biopsy – Transepithelial sample collection | \$75.00 |
| D7310 | Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant | \$18.00 |
| D7311 | Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant | \$10.00 |
| D7320 | Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant | \$20.00 |
| D7321 | Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant | \$10.00 |
| D7450 | Removal of benign odontogenic cyst or tumor – Up to 1.25 cm | \$12.00 |
| D7451 | Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm | \$12.00 |
| D7471 | Removal of lateral exostosis – Maxilla or mandible | \$12.00 |
| D7472 | Removal of torus palatinus | \$12.00 |
| D7473 | Removal of torus mandibularis | \$12.00 |
| D7485 | Surgical reduction of osseous tuberosity | \$20.00 |
| D7510 | Incision and drainage of abscess – Intraoral soft tissue | \$12.00 |
| D7511 | Incision and drainage of abscess – Intraoral soft tissue – Complicated | \$19.00 |
| D7880 | Occlusal orthotic device, by report - (<i>limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i>) | \$600.00 |
| D7960 | Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure | \$12.00 |
| D7963 | Frenuloplasty | \$19.00 |

| Code | Procedure Description | SG-09 |
|---|--|------------|
| Orthodontics (tooth movement) Orthodontic treatment (maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.) | | |
| D8050 | Interceptive orthodontic treatment of the primary dentition – Banding | \$485.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition – Banding | \$485.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition – Banding | \$530.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition – Banding | \$530.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition – Banding | \$530.00 |
| D8660 | Pre-orthodontic treatment visit | \$68.00 |
| D8670 | Periodic orthodontic treatment visit – As part of contract | |
| | Children – Up to 19th birthday: | |
| | 24-month treatment fee | \$1,795.00 |
| | Charge per month for 24 months | \$77.00 |
| | Adults: | |
| | 24-month treatment fee | \$2,090.00 |
| | Charge per month for 24 months | \$90.00 |
| D8680 | Orthodontic retention – Removal of appliances, construction and placement of retainer(s) | \$600.00 |
| D8999 | Unspecified orthodontic procedure – By report (<i>orthodontic treatment plan and records</i>) | \$340.00 |
| General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or IV sedation when used for the purpose of anxiety control or patient management. | | |
| D9220 | General anesthesia – First 30 minutes | \$180.00 |
| D9221 | General anesthesia – Each additional 15 minutes | \$83.00 |
| D9241 | IV conscious sedation – First 30 minutes | \$180.00 |
| D9242 | IV conscious sedation – Each additional 15 minutes | \$83.00 |
| Emergency services | | |
| D9110 | Palliative (emergency) treatment of dental pain – Minor procedure | \$0.00 |

| Code | Procedure Description | SG-09 |
|--|--|----------|
| D9440 | Office visit – After regularly scheduled hours | \$7.00 |
| Miscellaneous services | | |
| D9940 | Occlusal Guard - By Report (Limit 1 Per 24 Months) | \$235.00 |
| D9941 | Athletic mouthguard | \$110.00 |
| D9951 | Occlusal adjustment – Limited | \$51.00 |
| D9952 | Occlusal adjustment – Complete | \$245.00 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays (all other methods of bleaching are not covered) | \$175.00 |
| <p>This may contain CDT codes and/or portions of, or excerpts from the nomenclature contained within the <i>Current Dental Terminology</i>, 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.</p> | | |
| <p>Procedures not listed on the schedule of benefits may be available at your Network Dentist for the usual fee less 25%. Confirm this discount with your dentist prior to beginning treatment for non-covered services.</p> | | |

After your enrollment is effective:

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

- On-line provider directory at www.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 licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.

*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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