Q7100 CA

Cigna Dental Care® Plan Patient Charge Schedule

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

Important Highlights

- **The covered procedures are listed by American Dental Association Common Dental Terminology (CDT) code so you'll always know what services are included in your plan.** Remember, if a procedure is not listed on the Patient Charge Schedule, then it's not a covered benefit on your plan.
- **The percentage listed is the total cost that you owe directly to the dentist** and is calculated based on the network dentist's contracted fee schedule, which is the amount the plan agrees to pay dentists for their services. The contracted fee schedules vary by network dentist. Your

exact out-of-pocket costs are calculated by multiplying the percentage listed for a given procedure by the dentist's contracted fee for that same procedure. If you'd like more information about your specific out-of-pocket costs, call us 24/7 at 1.800.Cigna24 or the phone number on your ID card.

- **The copay is the fixed dollar amount that you owe directly to the dentist.** Your out-of-pocket cost for any covered procedure with a copay is only that exact dollar amount.
- 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.
- 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 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 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.

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Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180) and oral evaluations for patients under 3 years of age (D0145).		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	20%
D9311	Consultation with a medical health care professional	0%
D9430	Office visit for observation – No other services performed	20%
D9450	Case presentation, subsequent to detailed and extensive treatment planning	0%
D0120	Periodic oral evaluation – Established patient	0%
D0140	Limited oral evaluation – Problem focused	0%
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	0%
D0150	Comprehensive oral evaluation – New or established patient	0%
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%
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	0%
D0171	Re-evaluation – Post-operative office visit	0%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	0%
D0210	X-rays intraoral – Comprehensive series of radiographic images *(limited to 1 D0210 or D0709 every 3 years)*	0%
D0220	X-rays intraoral – Periapical – First radiographic image	0%
D0230	X-rays intraoral – Periapical – Each additional radiographic image	0%
D0240	X-rays intraoral – Occlusal radiographic image	0%
D0250	X-rays extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0%
D0251	X-rays extra-oral posterior dental radiographic image (*limit 1 D0251 or D0705 per calendar year*)	0%
D0270	X-rays (bitewing) – Single radiographic image	0%
D0272	X-rays (bitewings) – 2 radiographic images	0%
D0273	X-rays (bitewings) – 3 radiographic images	0%
D0274	X-rays (bitewings) – 4 radiographic images	0%
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	0%
D0330	X-rays (panoramic radiographic image) – *(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)*	0%
D0340	2D cephalometric radiographic image - Acquisition, measurement and analysis *(when utilized for orthodontic services, see D8999)*	0%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally *(when utilized for orthodontic services, see D8999)*	50%
D0364	Cone beam CT capture and interpretation with limited field of view – Less than one whole jaw *(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)*	50%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – Mandible *(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)*	50%
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – Maxilla, with or without cranium *(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)*	50%
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium *(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)*	50%
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)*	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D0372	Intraoral tomosynthesis – Comprehensive series of radiographic images	0%
D0373	Intraoral tomosynthesis – Bitewing radiographic image	0%
D0374	Intraoral tomosynthesis – Periapical radiographic image	0%
D0387	Intraoral tomosynthesis – Comprehensive series of radiographic images – Image capture only	0%
D0388	Intraoral tomosynthesis – Bitewing radiographic image – Image capture only	0%
D0389	Intraoral tomosynthesis – Periapical radiographic image – Image capture only	0%
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	0%
D0393	Virtual treatment simulation using 3D image volume or surface scan	0%
D0394	Digital subtraction of two or more images or image volumes of the same modality	0%
D0395	Fusion of two or more 3D image volumes of one or more modalities	0%
D0396	3D printing of a 3D dental surface scan	0%
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	0%
D0415	Collection of microorganisms for culture and sensitivity	0%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D0425	Caries susceptibility tests	0%
D0431	Oral cancer screening using a special light source	0%
D0460	Pulp vitality tests	0%
D0470	Diagnostic casts *(when utilized for orthodontic services, see D8999)*	50%
D0472	Pathology report – Gross examination of lesion (only when tooth related)	0%
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	0%
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	0%
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0%
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	0%
D0701	X-rays (panoramic radiographic image) – Image capture only *(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)*	0%
D0702	2D cephalometric radiographic image – Image capture only *(when utilized for orthodontic services, see D8999)*	0%
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – Image capture only *(when utilized for orthodontic services, see D8999)*	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D0705	X-rays extra-oral posterior dental radiographic image – Image capture only *(limited to 1 D0251 or D0705 per calendar year)*	0%
D0706	X-rays intraoral – Occlusal radiographic image – Image capture only	0%
D0707	X-rays intraoral – Periapical radiographic image – Image capture only	0%
D0708	X-rays intraoral – Bitewing radiographic image – Image capture only	0%
D0709	X-rays intraoral – Comprehensive series of radiographic images – Image capture only *(limit 1 D0210 or D0709 every 3 years)*	0%
D0801	3D dental surface scan – Direct *(when utilized for orthodontic services, see D8999)*	0%
D0802	3D dental surface scan – Indirect *(when utilized for orthodontic services, see D8999)*	0%
D0803	3D facial surface scan – Direct *(when utilized for orthodontic services, see D8999)*	0%
D0804	3D facial surface scan – Indirect *(when utilized for orthodontic services, see D8999)*	0%
D1110	Prophylaxis (cleaning) – Adult *(limit 2 per calendar year)*	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$40.00
D1120	Prophylaxis (cleaning) – Child *(limit 2 per calendar year)*	0%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$30.00
D1206	Topical application of fluoride varnish *(limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.*	0%
	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 (*limit 2 per calendar year*) *There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.*	0%
	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%
D1320	Tobacco counseling for the control and prevention of oral disease	0%
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0%
D1330	Oral hygiene instructions	0%
D1351	Sealant – Per tooth	0%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	0%
D1353	Sealant repair – Per tooth	0%
D1354	Application of caries arresting medicament - Per tooth	0%
D1355	Caries preventive medicament application – Per tooth	0%
D1510	Space maintainer – Fixed - Unilateral - Per quadrant	0%
D1516	Space maintainer – Fixed – Bilateral, upper	0%
D1517	Space maintainer – Fixed – Bilateral, lower	0%
D1520	Space maintainer – Removable - Unilateral - Per quadrant	0%
D1526	Space maintainer – Removable – Bilateral, upper	0%
D1527	Space maintainer – Removable – Bilateral, lower	0%
D1551	Re-cement or re-bond bilateral space maintainer – Upper	20%
D1552	Re-cement or re-bond bilateral space maintainer – Lower	20%
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	20%
D1556	Removal of fixed unilateral space maintainer – Per quadrant	0%
D1557	Removal of fixed bilateral space maintainer – Upper	0%
D1558	Removal of fixed bilateral space maintainer – Lower	0%
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	0%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	20%
D2150	Amalgam – 2 surfaces, primary or permanent	20%
D2160	Amalgam – 3 surfaces, primary or permanent	20%
D2161	Amalgam – 4 or more surfaces, primary or permanent	20%
D2330	Resin-based composite – 1 surface, anterior	20%
D2331	Resin-based composite – 2 surfaces, anterior	20%
D2332	Resin-based composite – 3 surfaces, anterior	20%
D2335	Resin-based composite – 4 or more surfaces, anterior	20%
D2390	Resin-based composite crown, anterior	50%
D2391	Resin-based composite – 1 surface, posterior	20%
D2392	Resin-based composite – 2 surfaces, posterior	20%
D2393	Resin-based composite – 3 surfaces, posterior	20%
D2394	Resin-based composite – 4 or more surfaces, posterior	20%
Crown and bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). 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.		

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
Complex rehabilitation – An additional fee of no more than $125 charge per crown/bridge units where there are[6-8] or more units of crown and/or bridge in the same treatment plan – ask your dentist for the guidelines		
D2510	Inlay – Metallic – 1 surface	50%
D2520	Inlay – Metallic – 2 surfaces	50%
D2530	Inlay – Metallic – 3 or more surfaces	50%
D2542	Onlay – Metallic – 2 surfaces	50%
D2543	Onlay – Metallic – 3 surfaces	50%
D2544	Onlay – Metallic – 4 or more surfaces	50%
D2610	Inlay – Porcelain/ceramic, 1 surface	50%
D2620	Inlay – Porcelain/ceramic, 2 surfaces	50%
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	50%
D2642	Onlay – Porcelain/ceramic, 2 surfaces	50%
D2643	Onlay – Porcelain/ceramic, 3 surfaces	50%
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	50%
D2650	Inlay – Resin-based composite, 1 surface	50%
D2651	Inlay – Resin-based composite, 2 surfaces	50%
D2652	Inlay – Resin-based composite, 3 or more surfaces	50%
D2662	Onlay – Resin-based composite, 2 surfaces	50%
D2663	Onlay – Resin-based composite, 3 surfaces	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D2664	Onlay – Resin-based composite, 4 or more surfaces	50%
D2710	Crown – Resin-based composite, indirect	50%
D2712	Crown – 3/4 resin-based composite, indirect	50%
D2720	Crown – Resin with high noble metal	50%
D2721	Crown – Resin with predominantly base metal	50%
D2722	Crown – Resin with noble metal	50%
D2740	Crown – Porcelain/ceramic	50%
D2750	Crown – Porcelain fused to high noble metal	50%
D2751	Crown – Porcelain fused to predominantly base metal	50%
D2752	Crown – Porcelain fused to noble metal	50%
D2753	Crown - Porcelain fused to titanium and titanium alloys	50%
D2780	Crown – 3/4 cast high noble metal	50%
D2781	Crown – 3/4 cast predominantly base metal	50%
D2782	Crown – 3/4 cast noble metal	50%
D2783	Crown – 3/4 porcelain/ceramic	50%
D2790	Crown – Full cast high noble metal	50%
D2791	Crown – Full cast predominantly base metal	50%
D2792	Crown – Full cast noble metal	50%
D2794	Crown – Titanium and titanium alloys	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D2799	Interim crown *(not to be used as a temporary crown for a routine prosthetic restoration)*	50%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	20%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20%
D2920	Re-cement or re-bond crown	20%
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	50%
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	50%
D2930	Prefabricated stainless steel crown – Primary tooth	50%
D2931	Prefabricated stainless steel crown – Permanent tooth	50%
D2932	Prefabricated resin crown	50%
D2933	Prefabricated stainless steel crown with resin window	50%
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	50%
D2940	Protective restoration	20%
D2941	Interim therapeutic restoration - Primary dentition	20%
D2950	Core buildup – Including any pins	50%
D2951	Pin retention – Per tooth – In addition to restoration	20%
D2952	Post and core – In addition to crown, indirectly fabricated	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D2953	Each additional indirectly prefabricated post – Same tooth	50%
D2954	Prefabricated post and core – In addition to crown	50%
D2957	Each additional prefabricated post – Same tooth	50%
D2960	Labial veneer (resin laminate) – Direct	50%
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	50%
D2976	Band stabilization – Per tooth	20%
D2980	Crown repair, necessitated by restorative material failure	20%
D2983	Veneer repair necessitated by restorative material failure	20%
D2989	Excavation of a tooth resulting in the determination of non-restorability	20%
D2991	Application of hydroxyapatite regeneration medicament - Per tooth	0%
D6210	Pontic – Cast high noble metal	50%
D6211	Pontic – Cast predominantly base metal	50%
D6212	Pontic – Cast noble metal	50%
D6214	Pontic – Titanium and titanium alloys	50%
D6240	Pontic – Porcelain fused to high noble metal	50%
D6241	Pontic – Porcelain fused to predominantly base metal	50%
D6242	Pontic – Porcelain fused to noble metal	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6243	Pontic – Porcelain fused to titanium and titanium alloys	50%
D6245	Pontic – Porcelain/ceramic	50%
D6250	Pontic – Resin with high noble metal	50%
D6251	Pontic – Resin with predominantly base metal	50%
D6252	Pontic – Resin with noble metal	50%
D6253	Interim Pontic	50%
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	50%
D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	50%
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	50%
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	50%
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	50%
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	50%
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	50%
D6606	Retainer inlay – Cast noble metal, 2 surfaces	50%
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	50%
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	50%
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	50%
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	50%
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	50%
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	50%
D6614	Retainer onlay – Cast noble metal, 2 surfaces	50%
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	50%
D6624	Retainer inlay – Titanium	50%
D6634	Retainer onlay – Titanium	50%
D6710	Retainer crown – Indirect resin based composite	50%
D6720	Retainer crown – Resin with high noble metal	50%
D6721	Retainer crown – Resin with predominantly base metal	50%
D6722	Retainer crown – Resin with noble metal	50%
D6740	Retainer crown – Porcelain/ceramic	50%
D6750	Retainer crown – Porcelain fused to high noble metal	50%
D6751	Retainer crown – Porcelain fused to predominantly base metal	50%
D6752	Retainer crown – Porcelain fused to noble metal	50%
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	50%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6780	Retainer crown – 3/4 cast high noble metal	50%
D6781	Retainer crown – 3/4 cast predominantly base metal	50%
D6782	Retainer crown – 3/4 cast noble metal	50%
D6783	Retainer crown – 3/4 porcelain/ceramic	50%
D6784	Retainer crown - 3/4 titanium and titanium alloys	50%
D6790	Retainer crown – Full cast high noble metal	50%
D6791	Retainer crown – Full cast predominantly base metal	50%
D6792	Retainer crown – Full cast noble metal	50%
D6794	Retainer crown – Titanium and titanium alloys	50%
D6930	Re-cement or re-bond fixed partial denture	20%
D6950	Precision attachment	50%
Endodontics (root canal treatment, excluding final restorations) 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).		
D3110	Pulp cap – Direct (excluding final restoration)	20%
D3120	Pulp cap – Indirect (excluding final restoration)	20%
D3220	Pulpotomy – Removal of pulp, not part of a root canal	20%
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	20%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	20%
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	20%
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	20%
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	20%
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	20%
D3330	Molar root canal – Permanent tooth (excluding final restoration)	50%
D3331	Treatment of root canal obstruction – Nonsurgical access	20%
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	20%
D3333	Internal root repair of perforation defects	20%
D3346	Retreatment of previous root canal therapy – Anterior	20%
D3347	Retreatment of previous root canal therapy – Premolar	20%
D3348	Retreatment of previous root canal therapy – Molar	50%
D3351	Apexification/recalcification – Initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	20%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	20%
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	20%
D3410	Apicoectomy/periradicular surgery – Anterior	20%
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	20%
D3425	Apicoectomy/periradicular surgery – Molar (first root)	20%
D3426	Apicoectomy/periradicular surgery (each additional root)	20%
D3430	Retrograde filling per root	20%
D3450	Root amputation – Per root	20%
D3460	Endodontic endosseous implant	50%
D3471	Surgical repair of root resorption – Anterior	20%
D3472	Surgical repair of root resorption – Premolar	20%
D3473	Surgical repair of root resorption – Molar	20%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	20%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	20%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	20%

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Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D3911	Intraorifice barrier	0%
D3920	Hemisection (including any root removal), not including root canal therapy	20%
D3921	Decoronation or submergence of an erupted tooth	20%
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). 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	20%
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	20%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	20%
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	20%
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	20%
D4245	Apically positioned flap	20%
D4249	Clinical crown lengthening – Hard tissue	20%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D4260	Osseous surgery – 4 or more teeth per quadrant	50%
D4261	Osseous surgery – 1 to 3 teeth per quadrant	50%
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	20%
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	20%
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	20%
D4266	Guided tissue regeneration, natural teeth – Resorbable barrier per site	20%
D4267	Guided tissue regeneration, natural teeth – Nonresorbable barrier per site (includes membrane removal)	20%
D4270	Pedicle soft tissue graft procedure	20%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	20%
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	20%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	20%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous *(missing)* tooth position in graft	20%
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous *(missing)* tooth position in same graft site	20%
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	20%
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	20%
D4286	Removal of non-resorbable barrier	20%
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant *(limited to once per quadrant per consecutive 12 months)*	20%
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant *(limited to once per quadrant per consecutive 12 months)*	20%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation *(limit 1 per calendar year)*	0%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (*limit 2 per calendar year)*	$40.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	20%
D4381	Localized delivery of antimicrobial agents per tooth	20%
D4910	Periodontal maintenance *(limit 4 per calendar year (only covered after active periodontal therapy)*	0%
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	$50.00
	Periodontal charting for planning treatment of periodontal disease	0%
	Periodontal hygiene instruction	0%
D4921	Gingival irrigation with a medicinal agent - Per quadrant	0%
Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion.		
D5110	Full upper denture	50%
D5120	Full lower denture	50%
D5130	Immediate full upper denture	50%
D5140	Immediate full lower denture	50%
D5211	Upper partial denture – Resin base (including retentive/ clasping materials, rests, and teeth)	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	50%
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	50%
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	50%
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	50%
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	50%
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	50%
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	50%
D5225	Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	50%
D5226	Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	50%
D5227	Immediate upper partial denture - Flexible base (including any clasps, rests and teeth)	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D5228	Immediate lower partial denture - Flexible base (including any clasps, rests and teeth)	50%
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), upper	50%
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), lower	50%
D5284	Removable unilateral partial denture – One piece flexible base (including retentive/clasping materials, rests and teeth) - Per quadrant	50%
D5286	Removable unilateral partial denture – One piece resin base (including retentive/clasping materials, rests and teeth) - Per quadrant	50%
D5410	Adjust complete denture – Upper	20%
D5411	Adjust complete denture – Lower	20%
D5421	Adjust partial denture – Upper	20%
D5422	Adjust partial denture – Lower	20%
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	20%
D5512	Repair broken complete denture base - Upper	20%
D5520	Replace missing or broken teeth – Complete denture (each tooth)	20%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D5611	Repair resin partial denture base - Lower	20%
D5612	Repair resin partial denture base - Upper	20%
D5621	Repair cast partial framework - Lower	20%
D5622	Repair cast partial framework - Upper	20%
D5630	Repair or replace broken retentive/clasping materials - Per tooth	20%
D5640	Replace broken teeth – Per tooth	20%
D5650	Add tooth to existing partial denture	20%
D5660	Add clasp to existing partial denture - Per tooth	20%
D5670	Replace all teeth and acrylic on cast metal framework – Upper	20%
D5671	Replace all teeth and acrylic on cast metal framework – Lower	20%
Denture relining (limit 1 every 24 months)		
D5710	Rebase complete upper denture	20%
D5711	Rebase complete lower denture	20%
D5720	Rebase upper partial denture	20%
D5721	Rebase lower partial denture	20%
D5725	Rebase hybrid prosthesis	20%
D5730	Reline complete upper denture – Direct	20%
D5731	Reline complete lower denture – Direct	20%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D5740	Reline upper partial denture – Direct	20%
D5741	Reline lower partial denture – Direct	20%
D5750	Reline complete upper denture – Indirect	20%
D5751	Reline complete lower denture – Indirect	20%
D5760	Reline upper partial denture – Indirect	20%
D5761	Reline lower partial denture – Indirect	20%
D5765	Soft liner for complete or partial removable denture – Indirect	20%
Interim dentures		
D5810	Interim complete denture – Upper	50%
D5811	Interim complete denture – Lower	50%
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	50%
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	50%
D5850	Tissue conditioning – Upper	20%
D5851	Tissue conditioning – Lower	20%
D5862	Precision attachment – By report	50%
D5875	Modification of removable prosthesis following implant surgery	50%
D5876	Add metal substructure to acrylic full denture (per arch)	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
Implant services - Surgical placement of implants (D6010, D6012, D6013, D6040, D6050 and D7994) - limited to 1 implant per calendar year with a replacement of 1 per 10 years. 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).		
D6010	Surgical placement of implant body: Endosteal implant	50%
D6011	Surgical access to an implant body (second stage implant surgery)	50%
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	50%
D6013	Surgical placement of mini implant	50%
D6040	Surgical placement: Eposteal implant	50%
D6050	Surgical placement: Transosteal implant	50%
D6055	Connecting bar - Implant supported or abutment supported *(limit 1 per calendar year)*	50%
D6056	Prefabricated abutment - Includes modification and placement *(limit 1 per calendar year)*	50%
D6057	Custom fabricated abutment - Includes placement *(limit 1 per calendar year)*	50%
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis *(limit 1 per calendar year)*	50%
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including	20%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
	cleaning of the implant surfaces, without flap entry and closure *(limit 2 per implant, per calendar year)*	
D6090	Repair implant supported prosthesis, by report *(limit 1 per calendar year)*	50%
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment *(limit 1 per calendar year)*	50%
D6095	Repair implant abutment, by report *(limit 1 per calendar year)*	50%
D6100	Surgical removal of implant body *(limit 1 per calendar year)*	50%
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure *(limit 1 per calendar year)*	20%
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, flap entry and closure *(limit 1 per calendar year)*	50%
D6103	Bone graft for repair of periimplant defect - Does not include flap entry and closure *(limit 1 per calendar year)*	20%
D6104	Bone graft at time of implant placement *(limit 1 per calendar year)*	20%
D6105	Removal of implant body not requiring bone removal nor flap elevation	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6190	Radiographic/surgical implant index, by report *(limit 1 per calendar year)*	20%
D6191	Semi-precision abutment - Placement	50%
D7994	Surgical placement: Zygomatic implant	50%
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). 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. Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional fee of no more than $125 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		
D6058	Abutment supported porcelain/ceramic crown	50%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	50%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	50%
D6061	Abutment supported porcelain fused to metal crown (noble metal)	50%
D6062	Abutment supported cast metal crown (high noble metal)	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6063	Abutment supported cast metal crown (predominantly base metal)	50%
D6064	Abutment supported cast metal crown (noble metal)	50%
D6065	Implant supported porcelain/ceramic crown	50%
D6066	Implant supported crown - Porcelain fused to high noble alloys	50%
D6067	Implant supported crown - High noble alloys	50%
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	50%
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	50%
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	50%
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	50%
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	50%
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	50%
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	50%
D6075	Implant supported retainer for ceramic fixed partial denture	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6076	Implant supported retainer for fixed partial denture - Porcelain fused to high noble alloys	50%
D6077	Implant supported retainer for metal fixed partial denture - High noble alloys	50%
D6082	Implant supported crown – Porcelain fused to predominantly base alloys	50%
D6083	Implant supported crown – Porcelain fused to noble alloys	50%
D6084	Implant supported crown – Porcelain fused to titanium and titanium alloys	50%
D6085	Interim implant crown	50%
D6086	Implant supported crown – Predominantly base alloys	50%
D6087	Implant supported crown – Noble alloys	50%
D6088	Implant supported crown – Titanium and titanium alloys	50%
D6089	Accessing and retorquing loose implant screw – Per screw	50%
D6092	Re-cement implant/abutment supported crown	50%
D6093	Re-cement implant/abutment supported fixed partial denture	50%
D6094	Abutment supported crown - Titanium and titanium alloys	50%
D6096	Remove broken implant retaining screw	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6097	Abutment supported crown – Porcelain fused to titanium and titanium alloys	50%
D6098	Implant supported retainer – Porcelain fused to predominantly base alloys	50%
D6099	Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys	50%
D6106	Guided tissue regeneration – Resorbable barrier, per implant	20%
D6107	Guided tissue regeneration – Non-resorbable barrier, per implant	20%
D6110	Implant /abutment supported removable denture for edentulous arch – Upper	50%
D6111	Implant /abutment supported removable denture for edentulous arch – Lower	50%
D6112	Implant /abutment supported removable denture for partially edentulous arch – Upper	50%
D6113	Implant /abutment supported removable denture for partially edentulous arch – Lower	50%
D6114	Implant /abutment supported fixed denture for edentulous arch – Upper	50%
D6115	Implant /abutment supported fixed denture for edentulous arch – Lower	50%
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Upper	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Lower	50%
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	50%
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	50%
D6120	Implant supported retainer – Porcelain fused to titanium and titanium alloys	50%
D6121	Implant supported retainer for metal fixed partial denture – Predominantly base alloys	50%
D6122	Implant supported retainer for metal fixed partial denture – Noble alloys	50%
D6123	Implant supported retainer for metal fixed partial denture – Titanium and titanium alloys	50%
D6192	Semi-precision attachment - Placement	50%
D6194	Abutment supported retainer crown for fixed partial denture - Titanium and titanium alloys	50%
D6195	Abutment supported retainer – Porcelain fused to titanium and titanium alloys	50%
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	20%
D6198	Remove interim implant component	0%
Oral surgery (includes routine postoperative treatment)		

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
Surgical removal of impacted teeth are covered for ages below 15 when medically necessary. 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).		
D7111	Extraction of coronal remnants – Primary tooth	20%
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	20%
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	20%
D7220	Removal of impacted tooth – Soft tissue	20%
D7230	Removal of impacted tooth – Partially bony	50%
D7240	Removal of impacted tooth – Completely bony	50%
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	50%
D7250	Removal of residual tooth roots – Cutting procedure	20%
D7251	Coronectomy – Intentional partial tooth removal, impacted teeth only	50%
D7260	Oroantral fistula closure	20%
D7261	Primary closure of a sinus perforation	20%
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	20%
D7280	Exposure of an unerupted tooth *(excluding wisdom teeth)*	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D7283	Placement of device to facilitate eruption of impacted tooth	50%
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) *(tooth related – not allowed when in conjunction with another surgical procedure)*	20%
D7286	Incisional biopsy of oral tissue – Soft (all others) *(tooth related – not allowed when in conjunction with another surgical procedure)*	20%
D7287	Exfoliative cytological sample collection	20%
D7288	Brush biopsy – Transepithelial sample collection	20%
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	20%
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	20%
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	20%
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	20%
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	20%
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	20%
D7471	Removal of lateral exostosis – Maxilla or mandible	20%
D7472	Removal of torus palatinus	20%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D7473	Removal of torus mandibularis	20%
D7485	Reduction of osseous tuberosity	20%
D7510	Incision and drainage of abscess – Intraoral soft tissue	20%
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	20%
D7520	Incision and drainage of abscess – Extraoral soft tissue	20%
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	20%
D7880	Occlusal orthotic device, by report - *(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)*	50%
D7881	Occlusal orthotic device adjustment	20%
D7910	Suture of recent small wounds up to 5cm	20%
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	0%
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	20%
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach *(limit 1 per calendar year)*	50%
D7952	Sinus augmentation via a vertical approach *(limit 1 per calendar year)*	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D7953	Bone replacement graft for ridge preservation - Per site *(limit 1 per calendar year)*	50%
D7956	Guided tissue regeneration, edentulous area – Resorbable barrier, per site	50%
D7957	Guided tissue regeneration, edentulous area – Non-resorbable barrier, per site	50%
D7961	Buccal/labial frenectomy (frenulectomy)	20%
D7963	Frenuloplasty	20%
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	50%
D8020	Limited orthodontic treatment of the transitional dentition – Banding	50%
D8030	Limited orthodontic treatment of the adolescent dentition – Banding	50%
D8040	Limited orthodontic treatment of the adult dentition – Banding	50%
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	50%
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	50%
D8210	Removable appliance therapy	50%
D8220	Fixed appliance therapy	50%
D8660	Pre-orthodontic treatment examination to monitor growth and development	50%
D8670	Periodic orthodontic treatment visit	
	Children – Up to 19th birthday:	
	24-month treatment fee	50%
	Adults:	
	24-month treatment fee	50%
D8680	Charge per month for 24 months	50%
D8681	Removable orthodontic retainer adjustment	0%
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	50%
D8698	Re-cement or re-bond fixed retainer – Upper	50%
D8699	Re-cement or re-bond fixed retainer – Lower	50%
D8701	Repair of fixed retainer, includes reattachment – Upper	50%
D8702	Repair of fixed retainer, includes reattachment – Lower	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D8999	Unspecified orthodontic procedure – By report *(orthodontic treatment plan and records including all necessary images)*	50%
General anesthesia/IV sedation: coverage is provided when medically necessary for covered surgical procedures listed on the Patient Charge Schedule. Clinical guidelines related to the use of general anesthesia/IV sedation should be discussed with your treating network specialist.		
D9211	Regional block anesthesia	0%
D9212	Trigeminal division block anesthesia	0%
D9215	Local anesthesia	0%
D9222	Deep sedation/general anesthesia – First 15 minutes	20%
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	20%
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis	20%
D9239	Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes	20%
D9243	Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment	20%
D9610	Therapeutic parenteral drug, single administration	20%
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	20%
D9613	Infiltration of sustained release therapeutic drug, per quadrant *(patient charge is per quadrant)*	$50.00

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D9630	Drugs or medicaments dispensed in the office for home use	20%
D9910	Application of desensitizing medicament	20%
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	0%
Emergency services		
D9110	Palliative treatment of dental pain – Per visit	0%
D9120	Fixed partial denture sectioning	20%
D9440	Office visit – After regularly scheduled hours	20%
Miscellaneous services		
D9912	Pre-visit patient screening	0%
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	50%
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	50%
D9941	Fabrication of athletic mouthguard *(limit 1 per 12 months)*	50%
D9942	Repair and/or reline of occlusal guard	20%
D9943	Occlusal guard adjustment	20%
D9944	Occlusal guard – Hard appliance, full arch *(limited to 1 D9944, D9945 or D9946 per 24 months)*	50%
D9945	Occlusal guard – Soft appliance, full arch *(limited to 1 D9944, D9945 or D9946 per 24 months)*	50%

Cigna Dental Care Plan
Patient Charge Schedule (Q7100 CA)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
D9946	Occlusal guard – Hard appliance, partial arch *(limited to 1 D9944, D9945 or D9946 per 24 months)*	50%
D9951	Occlusal adjustment – Limited	20%
D9952	Occlusal adjustment – Complete	20%
D9961	Duplicate/copy patient's records	0%
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays *(all other methods of bleaching are not covered)*	$165.00
D9990	Certified translation or sign language services, per visit	0%
D9995	Teledentistry – Synchronous; real-time encounter	0%
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	0%

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After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling 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.