

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 1.800.790.3086 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.



CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (QJ100)

Important Highlights (Continued)

- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made by your Network General Dentist 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. 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 1.800.790.3086 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 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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PATIENT CHARGE (QJ100)

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)	10%
D9311	Consultation with a medical health care professional	0%
D9430	Office visit for observation – No other services performed	10%
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 (<i>limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i>)	0%
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	0%
D0171	Re-evaluation – Post-operative office visit	0%
D0180	Comprehensive periodontal evaluation – New or established patient	0%

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Code	Procedure Description	Patient Charge
D0210	X-rays intraoral – Comprehensive series of radiographic images <i>(limited to 1 D0210 or D0709 every 3 years)</i>	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 extraoral – 2D projection radiographic image created using a stationary radiation source, and detector	0%
D0251	X-rays extra-oral posterior dental radiographic image <i>(limit 1 D0251 or D0705 per calendar year)</i>	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) – <i>(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)</i>	0%
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	50%
D0364	Cone beam CT capture and interpretation with limited field of view – Less than one whole jaw <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)</i>	40%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – Mandible <i>(only</i>	40%

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Code	Procedure Description	Patient Charge
	<i>covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)</i>	
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – Maxilla, with or without cranium <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)</i>	40%
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	40%
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>	50%
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	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%
D0425	Caries susceptibility tests	0%
D0431	Oral cancer screening using a special light source	0%
D0460	Pulp vitality tests	0%
D0470	Diagnostic casts <i>(when utilized for orthodontic services, see D8999)</i>	50%
D0472	Pathology report – Gross examination of lesion (only when tooth related)	0%

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Code	Procedure Description	Patient Charge
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%
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%
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – Image capture only <i>(when utilized for orthodontic services, see D8999)</i>	50%
D0705	X-rays extra-oral posterior dental radiographic image – Image capture only <i>(limited to 1 D0251 or D0705 per calendar year)</i>	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 <i>(limit 1 D0210 or D0709 every 3 years)</i>	0%
D0801	3D dental surface scan – Direct	0%
D0802	3D dental surface scan – Indirect	0%
D0803	3D facial surface scan – Direct	0%
D0804	3D facial surface scan – Indirect	0%

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Code	Procedure Description	Patient Charge
D1110	Prophylaxis (cleaning) – Adult <i>(limit 2 per calendar year)</i>	0%
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$40.00
D1120	Prophylaxis (cleaning) – Child <i>(limit 2 per calendar year)</i>	0%
	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%
	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%
	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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Code	Procedure Description	Patient Charge
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%
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	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	10%
D1552	Re-cement or re-bond bilateral space maintainer – Lower	10%
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	10%
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%
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	10%
D2150	Amalgam – 2 surfaces, primary or permanent	10%
D2160	Amalgam – 3 surfaces, primary or permanent	10%

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Code	Procedure Description	Patient Charge
D2161	Amalgam – 4 or more surfaces, primary or permanent	10%
D2330	Resin-based composite – 1 surface, anterior	10%
D2331	Resin-based composite – 2 surfaces, anterior	10%
D2332	Resin-based composite – 3 surfaces, anterior	10%
D2335	Resin-based composite – 4 or more surfaces, anterior	10%
D2390	Resin-based composite crown, anterior	40%
D2391	Resin-based composite – 1 surface, posterior	10%
D2392	Resin-based composite – 2 surfaces, posterior	10%
D2393	Resin-based composite – 3 surfaces, posterior	10%
D2394	Resin-based composite – 4 or more surfaces, posterior	10%
<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> <p>No more than an additional \$150 per tooth/unit charge for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.</p> <p>Complex rehabilitation – An additional \$125 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)</p>		
D2510	Inlay – Metallic – 1 surface	40%
D2520	Inlay – Metallic – 2 surfaces	40%
D2530	Inlay – Metallic – 3 or more surfaces	40%
D2542	Onlay – Metallic – 2 surfaces	40%
D2543	Onlay – Metallic – 3 surfaces	40%
D2544	Onlay – Metallic – 4 or more surfaces	40%
D2610	Inlay – Porcelain/ceramic, 1 surface	40%

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Code	Procedure Description	Patient Charge
D2620	Inlay – Porcelain/ceramic, 2 surfaces	40%
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	40%
D2642	Onlay – Porcelain/ceramic, 2 surfaces	40%
D2643	Onlay – Porcelain/ceramic, 3 surfaces	40%
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	40%
D2650	Inlay – Resin-based composite, 1 surface	40%
D2651	Inlay – Resin-based composite, 2 surfaces	40%
D2652	Inlay – Resin-based composite, 3 or more surfaces	40%
D2662	Onlay – Resin-based composite, 2 surfaces	40%
D2663	Onlay – Resin-based composite, 3 surfaces	40%
D2664	Onlay – Resin-based composite, 4 or more surfaces	40%
D2710	Crown – Resin-based composite, indirect	40%
D2712	Crown – 3/4 resin-based composite, indirect	40%
D2720	Crown – Resin with high noble metal	40%
D2721	Crown – Resin with predominantly base metal	40%
D2722	Crown – Resin with noble metal	40%
D2740	Crown – Porcelain/ceramic	40%
D2750	Crown – Porcelain fused to high noble metal	40%
D2751	Crown – Porcelain fused to predominantly base metal	40%
D2752	Crown – Porcelain fused to noble metal	40%
D2753	Crown - Porcelain fused to titanium and titanium alloys	40%
D2780	Crown – 3/4 cast high noble metal	40%
D2781	Crown – 3/4 cast predominantly base metal	40%

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Code	Procedure Description	Patient Charge
D2782	Crown – 3/4 cast noble metal	40%
D2783	Crown – 3/4 porcelain/ceramic	40%
D2790	Crown – Full cast high noble metal	40%
D2791	Crown – Full cast predominantly base metal	40%
D2792	Crown – Full cast noble metal	40%
D2794	Crown – Titanium	40%
D2799	Interim crown (<i>not to be used as a temporary crown for a routine prosthetic restoration</i>)	40%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	10%
D2920	Re-cement or re-bond crown	10%
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	40%
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	40%
D2930	Prefabricated stainless steel crown – Primary tooth	40%
D2931	Prefabricated stainless steel crown – Permanent tooth	40%
D2932	Prefabricated resin crown	40%
D2933	Prefabricated stainless steel crown with resin window	40%
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	40%
D2940	Protective restoration	10%
D2941	Interim therapeutic restoration - Primary dentition	10%
D2950	Core buildup – Including any pins	40%

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Code	Procedure Description	Patient Charge
D2951	Pin retention – Per tooth – In addition to restoration	10%
D2952	Post and core – In addition to crown, indirectly fabricated	40%
D2953	Each additional indirectly prefabricated post – Same tooth	40%
D2954	Prefabricated post and core – In addition to crown	40%
D2957	Each additional prefabricated post – Same tooth	40%
D2960	Labial veneer (resin laminate) – Direct	40%
D2971	Additional procedures to construct new crown under existing partial denture framework	40%
D2976	Band stabilization – Per tooth	10%
D2980	Crown repair, necessitated by restorative material failure	10%
D2989	Excavation of a tooth resulting in the determination of non-restorability	10%
D6210	Pontic – Cast high noble metal	40%
D6211	Pontic – Cast predominantly base metal	40%
D6212	Pontic – Cast noble metal	40%
D6214	Pontic – Titanium and titanium alloys	40%
D6240	Pontic – Porcelain fused to high noble metal	40%
D6241	Pontic – Porcelain fused to predominantly base metal	40%
D6242	Pontic – Porcelain fused to noble metal	40%
D6245	Pontic – Porcelain/ceramic	40%
D6250	Pontic – Resin with high noble metal	40%
D6251	Pontic – Resin with predominantly base metal	40%
D6252	Pontic – Resin with noble metal	40%

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Code	Procedure Description	Patient Charge
D6253	Provisional pontic	40%
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	40%
D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	40%
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	40%
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	40%
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	40%
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	40%
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	40%
D6606	Retainer inlay – Cast noble metal, 2 surfaces	40%
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	40%
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	40%
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	40%
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	40%
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	40%
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	40%
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	40%
D6614	Retainer onlay – Cast noble metal, 2 surfaces	40%
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	40%
D6624	Retainer inlay – Titanium	40%
D6634	Retainer onlay – Titanium	40%

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Code	Procedure Description	Patient Charge
D6710	Retainer crown – Indirect resin based composite	40%
D6720	Retainer crown – Resin with high noble metal	40%
D6721	Retainer crown – Resin with predominantly base metal	40%
D6722	Retainer crown – Resin with noble metal	40%
D6740	Retainer crown – Porcelain/ceramic	40%
D6750	Retainer crown – Porcelain fused to high noble metal	40%
D6751	Retainer crown – Porcelain fused to predominantly base metal	40%
D6752	Retainer crown – Porcelain fused to noble metal	40%
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	40%
D6780	Retainer crown – 3/4 cast high noble metal	40%
D6781	Retainer crown – 3/4 cast predominantly base metal	40%
D6782	Retainer crown – 3/4 cast noble metal	40%
D6783	Retainer crown – 3/4 porcelain/ceramic	40%
D6784	Retainer crown - 3/4 titanium and titanium alloys	40%
D6790	Retainer crown – Full cast high noble metal	40%
D6791	Retainer crown – Full cast predominantly base metal	40%
D6792	Retainer crown – Full cast noble metal	40%
D6794	Retainer crown – Titanium	40%
D6930	Re-cement or re-bond fixed partial denture	10%
D6950	Precision attachment	40%
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	10%

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Code	Procedure Description	Patient Charge
D3120	Pulp cap – Indirect (excluding final restoration)	10%
D3220	Pulpotomy – Removal of pulp, not part of a root canal	10%
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	10%
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	10%
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	10%
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	10%
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	10%
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	10%
D3330	Molar root canal – Permanent tooth (excluding final restoration)	10%
D3331	Treatment of root canal obstruction – Nonsurgical access	10%
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	10%
D3333	Internal root repair of perforation defects	10%
D3346	Retreatment of previous root canal therapy – Anterior	10%
D3347	Retreatment of previous root canal therapy – Premolar	10%
D3348	Retreatment of previous root canal therapy – Molar	10%
D3351	Apexification/recalcification – Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	10%

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Code	Procedure Description	Patient Charge
D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	10%
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	10%
D3410	Apicoectomy/periradicular surgery – Anterior	10%
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	10%
D3425	Apicoectomy/periradicular surgery – Molar (first root)	10%
D3426	Apicoectomy/periradicular surgery (each additional root)	10%
D3430	Retrograde filling per root	10%
D3450	Root amputation – Per root	10%
D3471	Surgical repair of root resorption – Anterior	10%
D3472	Surgical repair of root resorption – Premolar	10%
D3473	Surgical repair of root resorption – Molar	10%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	10%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	10%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	10%
D3920	Hemisection (including any root removal), not including root canal therapy	10%

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

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Code	Procedure Description	Patient Charge
on the Patient Charge Schedule. 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	10%
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	10%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	10%
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	10%
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	10%
D4245	Apically positioned flap	10%
D4249	Clinical crown lengthening – Hard tissue	10%
D4260	Osseous surgery – 4 or more teeth per quadrant	10%
D4261	Osseous surgery – 1 to 3 teeth per quadrant	10%
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	10%
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	10%
D4265	Biologic materials to aid in soft and osseous tissue regeneration	10%
D4266	Guided tissue regeneration, natural teeth – Resorbable barrier per site	10%
D4267	Guided tissue regeneration, natural teeth – Nonresorbable barrier per site (includes membrane removal)	10%
D4270	Pedicle soft tissue graft procedure	10%

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Code	Procedure Description	Patient Charge
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	10%
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	10%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	10%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (<i>missing</i>) tooth position in graft	10%
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	10%
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	10%
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	10%
D4286	Removal of non-resorbable barrier	10%
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (<i>limited to once per quadrant per consecutive 12 months</i>)	10%
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (<i>limited to once per quadrant per consecutive 12 months</i>)	10%

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Code	Procedure Description	Patient Charge
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 1 per calendar year)</i>	0%
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 2 per calendar year)</i>	\$40.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit <i>(1 per lifetime, unless medically necessary)</i>	10%
D4381	Localized delivery of antimicrobial agents per tooth	10%
D4910	Periodontal maintenance <i>(limit 4 per calendar year) (only covered after active therapy)</i>	0%
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	\$50
	Periodontal charting for planning treatment of periodontal disease	0%
	Periodontal hygiene instruction	0%
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	40%
D5120	Full lower denture	40%
D5130	Immediate full upper denture	40%
D5140	Immediate full lower denture	40%
D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	40%
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	40%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	40%
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	40%
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%
D5225	Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	40%
D5226	Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	40%
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), upper	40%
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), lower	40%
D5286	Removable unilateral partial denture – One piece resin base (including retentive/clasping materials, rests and teeth) - Per quadrant	40%
D5410	Adjust complete denture – Upper	10%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D5411	Adjust complete denture – Lower	10%
D5421	Adjust partial denture – Upper	10%
D5422	Adjust partial denture – Lower	10%
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	10%
D5512	Repair broken complete denture base - Upper	10%
D5520	Replace missing or broken teeth – Complete denture (each tooth)	10%
D5611	Repair resin partial denture base - Lower	10%
D5612	Repair resin partial denture base - Upper	10%
D5621	Repair cast partial framework - Lower	10%
D5622	Repair cast partial framework - Upper	10%
D5630	Repair or replace broken retentive/clasping materials - Per tooth	10%
D5640	Replace broken teeth – Per tooth	10%
D5650	Add tooth to existing partial denture	10%
D5660	Add clasp to existing partial denture - Per tooth	10%
D5670	Replace all teeth and acrylic on cast metal framework – Upper	10%
D5671	Replace all teeth and acrylic on cast metal framework – Lower	10%
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	10%
D5711	Rebase complete lower denture	10%
D5720	Rebase upper partial denture	10%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D5721	Rebase lower partial denture	10%
D5730	Reline complete upper denture – Direct	10%
D5731	Reline complete lower denture – Direct	10%
D5740	Reline upper partial denture – Direct	10%
D5741	Reline lower partial denture – Direct	10%
D5750	Reline complete upper denture – Indirect	10%
D5751	Reline complete lower denture – Indirect	10%
D5760	Reline upper partial denture – Indirect	10%
D5761	Reline lower partial denture – Indirect	10%
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	40%
D5811	Interim complete denture – Lower	40%
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	40%
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	40%
D5850	Tissue conditioning – Upper	10%
D5851	Tissue conditioning – Lower	10%
D5862	Precision attachment – By report	10%
Implant services - Surgical placement of implants (D6010, D6012, D6013, D6040, D6050 and D7994 have a limit of 1 implant per calendar year with a replacement of 1 per 10 years)		
D6010	Surgical placement of implant body: Endosteal implant	10%
D6011	Surgical access to an implant body (second stage implant surgery)	40%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	40%
D6013	Surgical placement of mini implant	40%
D6040	Surgical placement: Eposteal implant	40%
D6050	Surgical placement: Transosteal implant	40%
D6055	Connecting bar - Implant supported or abutment supported <i>(limit 1 per calendar year)</i>	40%
D6056	Prefabricated abutment - Includes modification and placement <i>(limit 1 per calendar year)</i>	40%
D6057	Custom fabricated abutment - Includes placement <i>(limit 1 per calendar year)</i>	40%
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis <i>(limit 1 per calendar year)</i>	40%
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure <i>(limit 2 per implant, per calendar year)</i>	10%
D6089	Accessing and retorquing loose implant screw – Per screw	40%
D6090	Repair implant supported prosthesis, by report <i>(limit 1 per calendar year)</i>	40%
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment <i>(limit 1 per calendar year)</i>	40%
D6095	Repair implant abutment, by report <i>(limit 1 per calendar year)</i>	40%
D6096	Remove broken implant retaining screw	40%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D6100	Implant removal, by report <i>(limit 1 per calendar year)</i>	40%
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure <i>(limit 1 per calendar year)</i>	10%
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, flap entry and closure <i>(limit 1 per calendar year)</i>	40%
D6103	Bone graft for repair of periimplant defect - Does not include flap entry and closure <i>(limit 1 per calendar year)</i>	10%
D6104	Bone graft at time of implant placement <i>(limit 1 per calendar year)</i>	10%
D6105	Removal of implant body not requiring bone removal nor flap elevation	40%
D6106	Guided tissue regeneration – Resorbable barrier, per implant	10%
D6107	Guided tissue regeneration – Non-resorbable barrier, per implant	10%
D6190	Radiographic/surgical implant index, by report <i>(limit 1 per calendar year)</i>	10%
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	0%
D7994	Surgical placement: Zygomatic implant	10%
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.		

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
<p>No more than an additional \$150 per tooth/unit charge for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.</p> <p>Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional \$125 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)</p>		
D6058	Abutment supported porcelain/ceramic crown	40%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	40%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	40%
D6061	Abutment supported porcelain fused to metal crown (noble metal)	40%
D6062	Abutment supported cast metal crown (high noble metal)	40%
D6063	Abutment supported cast metal crown (predominantly base metal)	40%
D6064	Abutment supported cast metal crown (noble metal)	40%
D6065	Implant supported porcelain/ceramic crown	40%
D6066	Implant supported crown - Porcelain fused to high noble alloys	40%
D6067	Implant supported crown - High noble alloys	40%
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	40%
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	40%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	40%
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	40%
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	40%
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	40%
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	40%
D6075	Implant supported retainer for ceramic fixed partial denture	40%
D6076	Implant supported retainer for fixed partial denture - Porcelain fused to high noble alloys	40%
D6077	Implant supported retainer for metal fixed partial denture - High noble alloys	40%
D6082	Implant supported crown – Porcelain fused to predominantly base alloys	40%
D6083	Implant supported crown – Porcelain fused to noble alloys	40%
D6084	Implant supported crown – Porcelain fused to titanium and titanium alloys	40%
D6085	Provisional implant crown	40%
D6086	Implant supported crown – Predominantly base alloys	40%
D6087	Implant supported crown – Noble alloys	40%
D6088	Implant supported crown – Titanium and titanium alloys	40%
D6092	Re-cement implant/abutment supported crown	10%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D6093	Re-cement implant/abutment supported fixed partial denture	10%
D6094	Abutment supported crown - Titanium and titanium alloys	40%
D6097	Abutment supported crown – Porcelain fused to titanium and titanium alloys	40%
D6098	Implant supported retainer – Porcelain fused to predominantly base alloys	40%
D6099	Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys	40%
D6110	Implant /abutment supported removable denture for edentulous arch – Upper	40%
D6111	Implant /abutment supported removable denture for edentulous arch – Lower	40%
D6112	Implant /abutment supported removable denture for partially edentulous arch – Upper	40%
D6113	Implant /abutment supported removable denture for partially edentulous arch – Lower	40%
D6114	Implant /abutment supported fixed denture for edentulous arch – Upper	40%
D6115	Implant /abutment supported fixed denture for edentulous arch – Lower	40%
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Upper	40%
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Lower	40%
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	40%
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	40%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D6120	Implant supported retainer – Porcelain fused to titanium and titanium alloys	40%
D6121	Implant supported retainer for metal fixed partial denture – Predominantly base alloys	40%
D6122	Implant supported retainer for metal fixed partial denture – Noble alloys	40%
D6191	Semi-precision abutment - placement	40%
D6192	Semi-precision attachment - placement	10%
D6194	Abutment supported retainer crown for fixed partial denture - Titanium and titanium alloys	40%
D6195	Abutment supported retainer – Porcelain fused to titanium and titanium alloys	40%
D6198	Remove interim implant component	0%
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted teeth are covered for ages below 15 when medically necessary.		
D7111	Extraction of coronal remnants – Primary tooth	10%
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	10%
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	10%
D7220	Removal of impacted tooth – Soft tissue	10%
D7230	Removal of impacted tooth – Partially bony	10%
D7240	Removal of impacted tooth – Completely bony	10%
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	40%
D7250	Removal of residual tooth roots – Cutting procedure	10%
D7251	Coronectomy - Intentional partial tooth removal	40%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D7260	Oroantral fistula closure	10%
D7261	Primary closure of a sinus perforation	10%
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	10%
D7280	Exposure of an unerupted tooth <i>(excluding wisdom teeth)</i>	50%
D7283	Placement of device to facilitate eruption of impacted tooth	50%
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) <i>(tooth related – not allowed when in conjunction with another surgical procedure)</i>	10%
D7286	Incisional biopsy of oral tissue – Soft (all others) <i>(tooth related – not allowed when in conjunction with another surgical procedure)</i>	10%
D7287	Exfoliative cytological sample collection	10%
D7288	Brush biopsy – Transepithelial sample collection	40%
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	10%
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	10%
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	10%
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	10%
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	10%
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	10%
D7471	Removal of lateral exostosis – Maxilla or mandible	10%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D7472	Removal of torus palatinus	10%
D7473	Removal of torus mandibularis	10%
D7485	Reduction of osseous tuberosity	10%
D7510	Incision and drainage of abscess – Intraoral soft tissue	10%
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	10%
D7520	Incision and drainage of abscess – Extraoral soft tissue	10%
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	10%
D7880	Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	50%
D7881	Occlusal orthotic device adjustment	10%
D7910	Suture of recent small wounds up to 5cm	10%
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	0%
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach <i>(limit 1 per calendar year)</i>	40%
D7952	Sinus augmentation via a vertical approach <i>(limit 1 per calendar year)</i>	40%
D7953	Bone replacement graft for ridge preservation - Per site <i>(limit 1 per calendar year)</i>	40%
D7956	Guided tissue regeneration,edentulous area - Resorbable barrier, per site	40%
D7957	Guided tissue regeneration, edentulous area – Non-resorbable barrier, per site	40%
D7961	Buccal / labial frenectomy (frenulectomy)	10%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D7963	Frenuloplasty	10%
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%
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	50%
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	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	50%
D8681	Removable orthodontic retainer adjustment	0%

CIGNA DENTAL CARE PLAN PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
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%
D8999	Unspecified orthodontic procedure – By report (orthodontic treatment plan and records including all necessary images)	50%
<p>General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or IV sedation when used for the purpose of anxiety control or patient management.</p>		
D9211	Regional block anesthesia	0%
D9212	Trigeminal division block anesthesia	0%
D9215	Local anesthesia	0%
D9222	Deep sedation/general anesthesia – First 15 minutes	10%
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	10%
D9239	Intravenous moderate (conscious) sedation/ anesthesia – First 15 minutes	10%
D9243	Intravenous moderate (conscious) sedation/ analgesia - Each subsequent 15 minute increment	10%
D9610	Therapeutic parenteral drug, single administration	10%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	10%
D9613	Infiltration of sustained release therapeutic drug, per quadrant (<i>patient charge is per quadrant</i>)	\$50.00
D9630	Drugs or medicaments dispensed in the office for home use	10%
D9910	Application of desensitizing medicament	10%
Emergency services		
D9110	Palliative treatment of dental pain – Per visit	0%
D9120	Fixed partial denture sectioning	10%
D9440	Office visit – After regularly scheduled hours	10%
Miscellaneous services		
D9912	Pre-visit patient screening	0%
D9941	Fabrication of athletic mouthguard (<i>limit 1 per 12 months</i>)	40%
D9942	Repair and/or reline of occlusal guard	40%
D9943	Occlusal guard adjustment	10%
D9944	Occlusal guard – Hard appliance, full arch (<i>limited to 1 D9944, D9945 or D9946 per 24 months</i>)	40%
D9945	Occlusal guard – Soft appliance, full arch (<i>limited to 1 D9944, D9945 or D9946 per 24 months</i>)	40%
D9946	Occlusal guard – Hard appliance, partial arch (<i>limited to 1 D9944, D9945 or D9946 per 24 months</i>)	40%
D9951	Occlusal adjustment – Limited	40%
D9952	Occlusal adjustment – Complete	40%
D9961	Duplicate/copy patient's records	0%

CIGNA DENTAL CARE PLAN

PATIENT CHARGE (QJ100)

Code	Procedure Description	Patient Charge
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
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.

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/HCDFB-CVR28 et al., HP-POL134/HC-CER17V1 et al.

