

CIGNA DENTAL CARE® PLAN PATIENT CHARGE SCHEDULE

This Patient Charge Schedule lists the benefits of the Dental Plan including

This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested that you check with your Network Dentist in advance of receiving services.

t, Periodontist or Oral Surgeon. A referral is not required for Specialty Care at a Network Specialty Pediatric Dentist or Orthodontist. You may select a Network Pediatric Dentist for your child under the age of 13 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 13th birthday.

- Procedures not listed on this Patient Charge Schedule are not covered and are the patient's responsibility at the dentist's usual fees.
- Infection control and/or sterilization are considered to be incidental to and part of the charges for services provided and not separately chargeable.
- This Patient Charge Schedule is subject to *annual change* in accordance with the terms of the group agreement.



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- 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 t

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Office visit fee – (per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	\$5.00
<p>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).</p>		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$12.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit for observation – No other services performed	\$6.00
D9450	Case presentation – Detailed and extensive treatment planning	\$0.00
D0120	Periodic oral evaluation – Established patient	\$0.00
D0140	Limited oral evaluation – Problem focused	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – New or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report (<i>limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i>)	\$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	\$0.00
D0171	Re-evaluation – Post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$0.00
D0210	X-rays intraoral – Complete series of radiographic images (<i>limited to 1 D0210 or D0709 every 3 years</i>)	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00

D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	\$0.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0431	Oral cancer screening using a special light source	\$50.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts (<i>when utilized for orthodontic services, see D8999</i>)	\$0.00
D0472	Pathology report – Gross examination of lesion (only when tooth related)	\$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	\$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	\$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0.00
	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin	\$0.00



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D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$12.00
D1353	Sealant repair – Per tooth	\$8.00
D1354	Application of caries arresting medicament - Per tooth	\$0.00
D1355	Caries preventive medicament application – Per tooth	\$0.00
D1510	Space maintainer – Fixed - Unilateral - Per quadrant	\$35.00
D1516	Space maintainer – Fixed – Bilateral, upper	\$35.00
D1517	Space maintainer – Fixed – Bilateral, lower	\$35.00
D1520	Space maintainer – Removable - Unilateral - Per quadrant	\$45.00
D1526	Space maintainer – Removable – Bilateral, upper	\$45.00
D1527	Space maintainer – Removable – Bilateral, lower	\$45.00
D1551	Re-cement or re-bond bilateral space maintainer – Upper	\$6.00
D1552	Re-cement or re-bond bilateral space maintainer – Lower	\$6.00
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	\$6.00
D1556	Removal of fixed unilateral space maintainer – Per quadrant	\$6.00
D1557	Removal of fixed bilateral space maintainer – Upper	\$6.00
D1558	Removal of fixed bilateral space maintainer – Lower	\$6.00
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	\$30.00
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$0.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$0.00



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D2520	Inlay – Metallic – 2 surfaces	\$260.00
D2530	Inlay – Metallic – 3 or more surfaces	\$260.00
D2542	Onlay – Metallic – 2 surfaces	\$260.00
D2543	Onlay – Metallic – 3 surfaces	\$260.00
D2544	Onlay – Metallic – 4 or more surfaces	\$260.00
D2610	Inlay – Porcelain/ceramic, 1 surface	\$240.00
D2620	Inlay – Porcelain/ceramic, 2 surfaces	\$240.00
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D2642	Onlay – Porcelain/ceramic, 2 surfaces	\$240.00
D2643	Onlay – Porcelain/ceramic, 3 surfaces	\$240.00
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	\$240.00
D2650	Inlay – Resin-based composite, 1 surface	\$225.00
D2651	Inlay – Resin-based composite, 2 surfaces	\$225.00
D2652	Inlay – Resin-based composite, 3 or more surfaces	\$225.00
D2662	Onlay – Resin-based composite, 2 surfaces	\$225.00
D2663	Onlay – Resin-based composite, 3 surfaces	\$225.00
D2664	Onlay – Resin-based composite, 4 or more surfaces	\$225.00
D2710	Crown – Resin-based composite, indirect	\$225.00
D2712	Crown – 3/4 resin-based composite, indirect	\$225.00
D2720	Crown – Resin with high noble metal	\$260.00
D2721	Crown – Resin with predominantly base metal	\$225.00
D2722	Crown – Resin with noble metal	\$260.00
D2740	Crown – Porcelain/ceramic	\$285.00
D2750	Crown – Porcelain fused to high noble metal	\$270.00
D2751	Crown – Porcelain fused to predominantly base metal	\$240.00

D2752	Crown – Porcelain fused to noble metal	\$270.00
D2753	Crown - Porcelain fused to titanium and titanium alloys	\$270.00
D2780	Crown – 3/4 cast high noble metal	\$260.00
D2781	Crown – 3/4 cast predominantly base metal	\$225.00
D2782	Crown – 3/4 cast noble metal	\$260.00
D2783	Crown – 3/4 porcelain/ceramic	\$240.00
D2790	Crown – Full cast high noble metal	\$260.00
D2791	Crown – Full cast predominantly base metal	\$225.00
D2792	Crown – Full cast noble metal	\$260.00
D2794	Crown – Titanium and titanium alloys	\$260.00
D2799	Interim crown (<i>not to be used as a temporary crown for a routine prosthetic restoration</i>)	\$100.00
		\$0.00



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D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	\$240.00
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	\$260.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	\$260.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	\$225.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	\$225.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	\$260.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	\$260.00
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	\$240.00
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	\$240.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	\$260.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	\$260.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	\$225.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	\$225.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	\$260.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	\$260.00
D6624	Retainer inlay – Titanium	\$250.00
D6634	Retainer onlay – Titanium	\$220.00
D6710	Retainer crown – Indirect resin based composite	\$225.00
D6720	Retainer crown – Resin with high noble metal	\$260.00
D6721	Retainer crown – Resin with predominantly base metal	\$225.00
D6722	Retainer crown – Resin with noble metal	\$260.00
D6740	Retainer crown – Porcelain/ceramic	\$220.00
D6750	Retainer crown – Porcelain fused to high noble metal	\$250.00

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D6751	Retainer crown – Porcelain fused to predominantly base metal	\$220.00
D6752	Retainer crown – Porcelain fused to noble metal	\$250.00
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	\$250.00
D6780	Retainer crown – 3/4 cast high noble metal	\$260.00
D6781	Retainer crown – 3/4 cast predominantly base metal	\$225.00
D6782	Retainer crown – 3/4 cast noble metal	\$260.00
D6783	Retainer crown – 3/4 porcelain/ceramic	\$220.00
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$250.00
D6790	Retainer crown – Full cast high noble metal	\$260.00
D6791	Retainer crown – Full cast predominantly base metal	\$225.00
D6792	Retainer crown – Full cast noble metal	\$260.00
D6794	Retainer crown – Titanium and titanium alloys	\$260.00
D6930	Re-cement or re-bond fixed partial denture	\$0.00
D6950	Precision attachment	\$195.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	\$0.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$0.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$12.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	\$55.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$17.00
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	\$40.00
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	\$45.00

	Anterior root canal	\$100.00

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D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	\$115.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	\$115.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	\$115.00
D3911	Intraorifice barrier	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$110.00
D3921	Decoronation or submergence of an erupted tooth	\$115.00

Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4265, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule. The use of any tools or equipment, including but 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	\$160.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$100.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$100.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	\$185.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	\$140.00
D4245	Apically positioned flap	\$200.00
D4249	Clinical crown lengthening – Hard tissue	\$155.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$360.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$275.00

D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	\$250.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	\$115.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$95.00
D4266	Guided tissue regeneration – Resorbable barrier per site	\$215.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	\$255.00
D4270	Pedicle soft tissue graft procedure	\$300.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$75.00
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$85.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$460.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (<i>missing</i>) tooth position in graft	\$300.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous (<i>missing</i>) tooth position in same graft site	\$150.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$38.00

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D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant <i>(limited to once per quadrant per consecutive 12 months)</i>	\$50.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant <i>(limited to once per quadrant per consecutive 12 months)</i>	\$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 1 per calendar year)</i>	\$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 2 per calendar year)</i>	\$55.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit <i>(1 per lifetime, unless medically necessary)</i>	\$50.00
D4381	Localized delivery of antimicrobial agents per tooth	\$60.00
D4910	Periodontal maintenance <i>(limit 4 per calendar year) (only covered after active periodontal therapy)</i>	\$40.00
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	\$70.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00
D4921	Gingival irrigation - Per quadrant	\$0.00
<p>Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. Characterization is considered an upgrade with maximum additional charge to the member of \$200.00 per denture.</p>		
D5110	Full upper denture	\$225.00
D5120	Full lower denture	\$225.00
D5130	Immediate full upper denture	\$245.00
D5140	Immediate full lower denture	\$245.00

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D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$225.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$225.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$225.00
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$225.00
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$240.00
D5225	Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$165.00
D5226	Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$165.00
D5227	Immediate upper partial denture - Flexible base (including any clasps, rests and teeth)	\$225.00
D5228	Immediate lower partial denture - Flexible base (including any clasps, rests and teeth)	\$225.00
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), upper	\$225.00
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), lower	\$225.00





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Implant/abutment supported prosthetics – All charges for crowns and bridges (fixed partial dentures) 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.

For single crowns, retainer (“abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amounts, based on the type of material the dentist uses for your restoration. You may be charged:

- No more than \$150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys
- No more than \$75.00 per tooth for any porcelain fused to metal (only on molar teeth)
- Porcelain/ceramic substrate crowns on molar teeth are not covered.

In addition, you may be charged up to these additional amounts:

- No more than \$100.00 per tooth if an indirectly fabricated (“cast”) post and core is made of high noble metal alloy

- No more than \$150.00 per tooth/unit 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.

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)

D6058	Abutment supported porcelain/ceramic crown	\$625.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$760.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$580.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$760.00
D6062	Abutment supported cast metal crown (high noble metal)	\$710.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$525.00
D6064	Abutment supported cast metal crown (noble metal)	\$710.00
D6065	Implant supported porcelain/ceramic crown	\$625.00
D6066	Implant supported crown - Porcelain fused to high noble alloys	\$760.00



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D6092	Re-cement implant/abutment supported crown	\$40.00
D6093	Re-cement implant/abutment supported fixed partial denture	\$40.00
D6094	Abutment supported crown - Titanium and titanium alloys	\$710.00
D6096	Remove broken implant retaining screw	\$40.00
D6097	Abutment supported crown – Porcelain fused to titanium and titanium alloys	\$760.00
D6098	Implant supported retainer – Porcelain fused to predominantly base alloys	\$560.00
D6099	Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys	\$740.00
D6110	Implant /abutment supported removable denture for edentulous arch – Upper	\$725.00
D6111	Implant /abutment supported removable denture for edentulous arch – Lower	\$725.00
D6112	Implant /abutment supported removable denture for partially edentulous arch – Upper	\$740.00
D6113	Implant /abutment supported removable denture for partially edentulous arch – Lower	\$740.00
D6114	Implant /abutment supported fixed denture for edentulous arch – Upper	\$725.00
D6115	Implant /abutment supported fixed denture for edentulous arch – Lower	\$725.00
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Upper	\$740.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Lower	\$740.00
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	\$435.00
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	\$435.00

D7260	Oroantral fistula closure	\$135.00
D7261	Primary closure of a sinus perforation	\$135.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$105.00
D7280	Exposure of an unerupted tooth <i>(excluding wisdom teeth)</i>	\$110.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$110.00
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) <i>(tooth related – not allowed when in conjunction with another surgical procedure)</i>	\$0.00
D7286	Incisional biopsy of oral tissue – Soft (all others) <i>(tooth related – not allowed when in conjunction with another surgical procedure)</i>	\$0.00
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D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	\$40.00
D7520	Incision and drainage of abscess – Extraoral soft tissue	\$40.00
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	\$40.00
D7880	Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	\$200.00
D7881	Occlusal orthotic device adjustment	\$12.00
D7910	Suture of recent small wounds up to 5cm	\$35.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7961	Buccal / labial frenectomy (frenulectomy)	\$50.00
D7963	Frenuloplasty	\$50.00
<p>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.</p>		
D8010	Limited orthodontic treatment of the primary dentition - Banding	\$485.00
D8020	Limited orthodontic treatment of the transitional dentition – Banding	\$485.00
D8030	Limited orthodontic treatment of the adolescent dentition – Banding	\$220.00
D8040	Limited orthodontic treatment of the adult dentition – Banding	\$240.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	\$485.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$485.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	\$485.00



D9215	Local anesthesia	\$0.00
D9222	Deep sedation/general anesthesia – First 15 minutes	\$80.00
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	\$80.00
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis	\$50.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment	\$80.00
D9610	Therapeutic parenteral drug, single administration	\$15.00
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	\$25.00
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	\$15.00
D9910	Application of desensitizing medicament	\$15.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$0.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	\$6.00
D9120	Fixed partial denture sectioning	\$0.00
D9440	Office visit – After regularly scheduled hours	\$40.00
Miscellaneous services		
D9912	Pre-visit patient screening	\$0.00
D9941	Fabrication of athletic mouthguard (<i>limit 1 per 12 months</i>)	\$110.00
D9942	Repair and/or reline of occlusal guard	\$40.00
D9943	Occlusal guard adjustment	\$0.00



After your enrollment is effective:

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

- › On-line provider directory at Cigna.com
- › On-line provider directory on myCigna.com
- › Call the number located on your ID card to:
 - Use the Dental Office Locator via Speech Recognition
 - Speak to a Customer Service Representative

EMERGENCY: If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area, contact your local emergency services.

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