



# Cigna Dental Care Plan

Customer information guide

**Comprehensive Dental Plan Plus:**

Colorado, Illinois, Kansas City, New Jersey, North Carolina, Oregon, Pennsylvania, South Illinois, St. Louis, Texas, Utah, Washington, Washington, D.C.

Maryland (available with optional buy-up plan only)



# Introduction

Thank you for choosing Cigna Healthcare<sup>SM</sup> for your Medicare Advantage plan. Here's how to use your dental benefits.

## Network dentist selection

- You must choose a general dentist from the Cigna Dental Care network.
- How to find an in-network dentist near you:
  - Search our online provider directory at [CignaMedicare.com/resources](https://CignaMedicare.com/resources) ; or
  - Call Cigna Dental Customer Service at **1-866-213-7295 (TTY 711)**, October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

## Preventive care

Preventive dental care is key to a healthy smile and overall good health. To avoid delays at the beginning of the year, start a preventive care schedule when you first enroll in the plan.

## Specialty care

If you need to see a specialist, such as an oral surgeon, endodontist or a periodontist, your general dentist will provide a referral. Keep in mind, your costs are the same if you see a specialist as long as they're in our network. See the Dental Patient Charge Schedule for costs.

## Care for dental emergencies away from home

If you have an emergency while you are out of your service area or you are unable to contact your network general dentist, you may receive emergency covered services from any

general dentist. Routine restorative procedures or definitive treatment (e.g., root canal) are not considered emergency care. You should return to your network general dentist for these procedures.

For emergency covered services, you will be responsible for the copays listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference between the dentist's usual fee for emergency covered services and your copay, up to a total of \$50 per incident. To receive reimbursement, send the dentist's itemized statement to:

Cigna Dental  
P.O. Box 188045  
Chattanooga, TN 37422-8045

## Dental Patient Charge Schedule

The American Dental Association issues codes that are used for treatment and billing. These codes and definitions may periodically change. Different codes may be used to describe these covered procedures.

The Dental Patient Charge Schedule is included in this guide. It lists the services covered under your plan, along with the costs you'll pay for each service. Keep in mind, this list is valid only for our network providers. Some exclusions and limitations may apply, which are included in the back of this guide.

## Cigna Dental Care Plan

# PATIENT CHARGE SCHEDULE

Here's where you can learn about what's covered and your costs for services.  
This Patient Charge Schedule is valid from January 1, 2024 through December 31, 2024.

### Important highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your assigned network general dentist or network specialist, unless otherwise authorized by Cigna Dental Care as described in your plan documents. Your network dentist may not offer every service. Before you schedule an appointment, check to see if your network dentist offers the services you need.
- This Patient Charge Schedule applies to network providers only. When you need to see a specialist, you must get a referral from your network general dentist. And the referral must be to a network specialist, such as an oral surgeon, endodontist, or a periodontist.
- Procedures **not** listed on this Patient Charge Schedule are **not** covered. Any services performed that are not covered are the patient's responsibility at the dentist's usual fees.
- The administration of IV sedation, general anesthesia and/or nitrous oxide is not covered.
- The use of a local anesthetic is considered part of, and included in, your dental treatment.
- Cigna Dental Care considers infection control, such as personal protective equipment and/or sterilization, to be incidental to and part of the charges for services provided, and a separate fee may not be charged.
- This Patient Charge Schedule is subject to annual change.
- Procedures listed on this Patient Charge Schedule are subject to plan exclusions and limitations, which can be found in the back of this guide.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.



Call the Cigna Dental Customer Service department for more information:  
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From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time.  
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**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

Code	Procedure description	Procedure charge
<b>Office Visit Fee (Per Patient, Per Office Visit, in addition to any applicable patient charges)</b>		
	Office Visit Fee	\$0.00
<b>Diagnostic/preventive</b> – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), and comprehensive periodontal evaluations (D0180).		
<b>Covered Services</b>		
D0120	Periodic Oral Evaluation - Established Patient	\$0.00
D0140	Limited Oral Evaluation - Problem Focused	\$0.00
D0150	Comprehensive Oral Evaluation - New or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report (limit 2 per calendar year)	\$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
D0190	Screening of a patient	\$0.00
D0191	Assessment of a patient	\$0.00
D0210	X-rays (intraoral – comprehensive series, including bitewings) - (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$0.00
D0220	X-rays (intraoral – Periapical) – First radiographic image	\$0.00
D0230	X-rays (intraoral – Periapical) – Each additional radiographic image	\$0.00
D0240	X-rays (intraoral – occlusal radiographic image)	\$0.00
D0250	X-rays extraoral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00
D0251	X-rays extra-oral posterior dental radiographic image (limit 1 D0251 or D0705 per calendar year)	\$0.00
D0270	X-rays (extra-oral posterior dental radiographic image)	\$0.00
D0272	X-rays (bitewings) – 2 radiographic images	\$0.00
D0273	X-rays (bitewings) – 3 radiographic images	\$0.00
D0274	X-rays (bitewings) – 4 radiographic images	\$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	\$0.00
D0330	X-rays (panoramic radiographic image) - (limit 1 D0330 or D0701 every 3 years)	\$0.00
D0372	X-rays (intraoral tomosynthesis - comprehensive series, including bitewings) - (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$0.00
D0373	X-rays (intraoral tomosynthesis - bitewing radiographic image)	\$0.00

**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D0374	X-rays (intraoral tomosynthesis - periapical radiographic image)	\$0.00
D0387	X-rays (intraoral tomosynthesis - comprehensive series, including bitewings) - image capture only (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$0.00
D0388	X-rays (intraoral tomosynthesis - bitewing radiographic image) - image capture only	\$0.00
D0389	X-rays (intraoral tomosynthesis - periapical radiographic image) - image capture only	\$0.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0.00
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
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$0.00
D0418	Analysis of saliva sample	\$0.00
D0419	Assessment of salivary flow by measurement	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0431	Oral cancer screening using a special light source	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in the structure of enamel, dentin and cementum	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00
D0701	X-rays (panoramic radiographic image) - image capture only (limit 1 D0330 or D0701 every 3 years)	\$0.00
D0705	X-rays (extra-oral posterior dental radiographic image) - image capture only (limit 1 D0251 or D0705 per calendar year)	\$0.00

**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D0706	X-rays (intraoral – occlusal radiographic image) – image capture only	\$0.00
D0707	X-rays (intraoral – periapical radiographic image) – image capture only	\$0.00
D0708	X-rays (intraoral – bitewing radiographic image) – image capture only	\$0.00
D0709	X-rays (intraoral – comprehensive series of radiographic images) – image capture only (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$0.00
D1110	Prophylaxis (cleaning) – Adult (limit 2 per calendar year)	\$0.00
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.	\$0.00
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.	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$0.00
D1354	Interim caries arresting medicament application	\$0.00
D1355	Caries preventive medicament application – per tooth	\$0.00
<b>Restorative</b> (fillings, including polishing) - Covered when performed by your Network General Dentist.		
D2140	Amalgam – 1 surface, primary or permanent	\$0.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$0.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$0.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – 1 surface, anterior	\$0.00
D2331	Resin-based composite – 2 surfaces, anterior	\$0.00
D2332	Resin-based composite – 3 surfaces, anterior	\$0.00
D2335	Resin-based composite – 4 or more surfaces	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2391	Resin-based composite – 1 surface, posterior	\$0.00
D2392	Resin-based composite – 2 surfaces, posterior	\$0.00
D2393	Resin-based composite – 3 surfaces, posterior	\$0.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$0.00
D2976	Band stabilization – per tooth	\$0.00
D2989	Excavation of a tooth resulting in the determination of non-restorability	\$155.00

**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D2976	Band stabilization – per tooth	\$0.00
<b>Crown and bridge</b> (fixed partial dentures), are covered when provided by your Network General Dentist or Network Pediatric Dentist (for children under the age of 13), and all charges 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. If your Network Dentist certifies to Cigna Dental that, due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the applicable limitation. Other specific limitations are discussed in the Exclusions and Limitations section of the Information Guide.		
	Per-tooth 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.	\$150.00
D2510	Inlay – Metallic – 1 surface	\$430.00
D2520	Inlay – Metallic – 2 surfaces	\$430.00
D2530	Inlay – Metallic – 3 or more surfaces	\$430.00
D2542	Onlay – Metallic – 2 surfaces	\$490.00
D2543	Onlay – Metallic – 3 surfaces	\$490.00
D2544	Onlay – Metallic – 4 or more surfaces	\$490.00
D2710	Crown - Resin-based composite (Indirect)	\$295.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$370.00
D2720	Crown - Resin with high noble metal	\$400.00
D2721	Crown - Resin Based with Predominantly Base Metal	\$400.00
D2722	Crown - Resin with noble metal	\$400.00
D2740	Crown – Porcelain/ceramic	\$525.00
D2750	Crown – Porcelain fused to high noble metal	\$525.00
D2751	Crown – Porcelain fused to predominantly base metal	\$500.00
D2752	Crown – Porcelain fused to noble metal	\$475.00
D2753	Crown - Porcelain fused to titanium and titanium alloys	\$550.00
D2780	Crown – 3/4 cast high noble metal	\$480.00
D2781	Crown – 3/4 cast predominantly base metal	\$450.00
D2782	Crown – 3/4 cast noble metal	\$450.00
D2783	Crown - 3/4 Porcelain/Ceramic	\$515.00
D2790	Crown – Full cast high noble metal	\$500.00
D2791	Crown – Full cast predominantly base metal	\$425.00
D2792	Crown – Full cast noble metal	\$450.00
D2794	Crown – Titanium and titanium alloys	\$525.00



**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D2799	Provisional Crown	\$135.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10.00
D2920	Re-cement or re-bond crown	\$10.00
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	\$0.00
D2929	Prefabricated porcelain/ceramic crown – Primary tooth	\$0.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$0.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$0.00
D2932	Prefabricated resin crown	\$0.00
D2933	Prefabricated stainless steel crown with resin window	\$0.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$0.00
D2940	Protective restoration	\$0.00
D2950	Core buildup – Including any pins	\$125.00
D2951	Pin retention – Per tooth – In addition to restoration	\$15.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$125.00
D2953	Each additional indirectly prefabricated post – Same tooth	\$10.00
D2954	Prefabricated post and core – In addition to crown	\$125.00
D2960	Labial veneer (resin laminate) – Chairside	\$88.00
D2961	Labial veneer (resin laminate) - laboratory	\$295.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$515.00
D2975	Coping	\$0.00
D2980	Crown repair, necessitated by restorative material failure	\$10.00
D2981	Inlay repair necessitated by restorative material failure	\$10.00
D2982	Onlay repair necessitated by restorative material failure	\$10.00
D2990	Resin infiltration of incipient smooth surface lesions	\$10.00
D6205	Pontic - indirect resin based composite	\$295.00
D6210	Pontic – Cast high noble metal	\$500.00
D6211	Pontic – Cast predominantly base metal	\$425.00
D6212	Pontic – Cast noble metal	\$450.00
D6214	Pontic – Titanium and titanium alloys	\$525.00
D6240	Pontic – Porcelain fused to high noble metal	\$525.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$525.00



**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D6242	Pontic – Porcelain fused to noble metal	\$475.00
D6243	Pontic – Porcelain fused to titanium and titanium alloys	\$500.00
D6245	Pontic – Porcelain/ceramic	\$525.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$280.00
D6549	Resin Retainer - for resin bonded fixed prosthesis	\$295.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	\$460.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	\$480.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	\$405.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	\$415.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	\$430.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	\$440.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	\$460.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	\$480.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	\$405.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	\$415.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	\$430.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	\$450.00
D6624	Retainer inlay – Titanium	\$470.00
D6634	Retainer onlay – Titanium	\$470.00
D6740	Retainer crown – Porcelain/ceramic	\$525.00
D6750	Retainer crown – Porcelain fused to high noble metal	\$500.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	\$475.00
D6752	Retainer crown – Porcelain fused to noble metal	\$525.00
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	\$525.00
D6780	Retainer crown – 3/4 cast high noble metal	\$480.00
D6781	Retainer crown – 3/4 cast predominantly base metal	\$425.00
D6782	Retainer crown – 3/4 cast noble metal	\$450.00
D6784	Retainer crown ¾ – Titanium and titanium alloys	\$480.00
D6790	Retainer crown – Full cast high noble metal	\$525.00
D6791	Retainer crown – Full cast predominantly base metal	\$425.00
D6792	Retainer crown – Full cast noble metal	\$450.00
D6793	Provisional retainer crown further treatment or diagnosis needed	\$135.00
D6794	Retainer crown – Titanium and titanium alloys	\$480.00
D6930	Re-cement or re-bond fixed partial denture	\$75.00

**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D6980	Fixed partial denture repair, by report	\$50.00
<b>Complex rehabilitation</b> – Additional charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)		
<b>Endodontics</b> (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), when covered on the Patient Charge Schedule.		
D3110	Pulp cap – Direct (excluding final restoration)	\$38.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$38.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$87.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	\$87.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$87.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$330.00
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	\$390.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$530.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$155.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$155.00
D3333	Internal root repair of perforation defects	\$155.00
D3346	Retreatment of previous root canal therapy – Anterior	\$470.00
D3347	Retreatment of previous root canal therapy – Premolar	\$530.00
D3348	Retreatment of previous root canal therapy – Molar	\$675.00
D3355	Pulpal regeneration - initial visit	\$125.00
D3356	Pulpal regeneration - interim medication	\$105.00
D3357	Pulpal regeneration - completion of treatment	\$155.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$415.00
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	\$455.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$480.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$165.00
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$290.00
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$225.00
D3430	Retrograde filling per root	\$115.00

## PATIENT CHARGE SCHEDULE

Code	Procedure description	Procedure charge
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$165.00
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$405.00
D3471	Surgical repair of root resorption – anterior	\$415.00
D3472	Surgical repair of root resorption – premolar	\$415.00
D3473	Surgical repair of root resorption – molar	\$415.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$415.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$415.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$415.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0.00
D3911	Intraorifice barrier	\$0.00
D3921	Decoronation or submergence of an erupted tooth	\$415.00
D3950	Canal preparation and fitting of preformed dowel or post	\$0.00
<b>Periodontics</b> (treatment of supporting tissues [gum and bone] of the teeth). 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), when covered on the Patient Charge Schedule. Localized delivery of antimicrobial agents (D4381) is limited to 8 teeth (or 8 sites, if applicable) on the same date of service, and coverage is restricted to one per tooth per 12-consecutive-month period. Other specific limitations are discussed in the Exclusions and Limitations section of the Information Guide.		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$270.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$125.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$125.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	\$330.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	\$180.00
D4245	Apically positioned flap	\$310.00
D4249	Clinical crown lengthening – Hard tissue	\$365.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$595.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$350.00
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	\$290.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	\$225.00

**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$165.00
D4266	Guided tissue regeneration, natural teeth – Resorbable barrier per site - Not covered with extractions or dental implants	\$380.00
D4267	Guided tissue regeneration, natural teeth – Nonresorbable barrier per site (includes membrane removal) - Not covered with extractions or dental implants	\$430.00
D4270	Pedicle soft tissue graft procedure	\$425.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$325.00
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$175.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$440.00
D4276	Combined connective tissue and double pedicle graft, per tooth	\$325.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (missing) tooth position in graft	\$440.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous (missing) tooth position in same graft site	\$220.00
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	\$220.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$220.00
D4286	Removal of non-resorbable barrier	\$0.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limited to once per quadrant per consecutive 12 months)	\$115.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (limited to once per quadrant per consecutive 12 months)	\$65.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 1 per calendar year)	\$0.00

**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 2 per calendar year)	\$45.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (1 per lifetime)	\$65.00
D4381	Localized delivery of antimicrobial agents per tooth	\$45.00
D4910	Periodontal maintenance (limit 4 per calendar year)	\$15.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00
D4921	Gingival irrigation with a medicinal agent - per quadrant	\$0.00
<b>Prosthetics</b> (removable tooth replacement – dentures and partial dentures) includes up to 4 adjustments within first 6 months after placement – Coverage for replacement of prosthetics is limited to 1 every 5 years. If your network dentist certifies to Cigna Dental that due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the applicable limitation. Other specific limitations are discussed in the Exclusions and Limitations section of the Information Guide.		
D5110	Full upper denture	\$575.00
D5120	Full lower denture	\$575.00
D5130	Immediate full upper denture	\$615.00
D5140	Immediate full lower denture	\$615.00
D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$430.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$430.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00
D5221	Immediate maxillary partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$430.00
D5222	Immediate mandibular partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$430.00
D5223	Immediate maxillary partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00
D5224	Immediate mandibular partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00

**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D5225	Upper partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$600.00
D5226	Lower partial denture – Flexible base (including retentive/clasping materials, rests and teeth)	\$600.00
D5410	Adjust complete denture – Upper	\$38.00
D5411	Adjust complete denture – Lower	\$38.00
D5421	Adjust partial denture – Upper	\$38.00
D5422	Adjust partial denture – Lower	\$38.00
<b>Repairs to prosthetics</b>		
D5511	Repair broken complete denture base - Lower	\$73.00
D5512	Repair broken complete denture base - Upper	\$73.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$73.00
D5611	Repair resin partial denture base - Lower	\$73.00
D5612	Repair resin partial denture base - Upper	\$73.00
D5621	Repair cast partial framework - Lower	\$25.00
D5622	Repair cast partial framework - Upper	\$25.00
D5630	Repair or replace broken retentive/clasping materials - Per tooth	\$92.00
D5640	Replace broken teeth – Per tooth	\$73.00
D5650	Add tooth to existing partial denture	\$73.00
D5660	Add clasp to existing partial denture - Per tooth	\$92.00
<b>Denture relining (limit 1 every 24 months)</b>		
D5710	Rebase complete upper denture	\$220.00
D5711	Rebase complete lower denture	\$220.00
D5720	Rebase upper partial denture	\$220.00
D5721	Rebase lower partial denture	\$220.00
D5730	Reline complete upper denture – Direct	\$130.00
D5731	Reline complete lower denture – Direct	\$130.00
D5740	Reline upper partial denture – Direct	\$130.00
D5741	Reline lower partial denture – Direct	\$130.00
D5750	Reline complete upper denture – Indirect	\$195.00
D5751	Reline complete lower denture – Indirect	\$195.00
D5760	Reline upper partial denture – Indirect	\$195.00
D5761	Reline lower partial denture – Indirect	\$195.00

**Cigna Dental Care Plan**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
<b>Interim dentures (limit 1 every 5 years)</b>		
D5810	Interim complete denture – Upper	\$330.00
D5811	Interim complete denture – Lower	\$330.00
D5820	Interim partial denture – Upper	\$265.00
D5821	Interim partial denture – Lower	\$265.00
D5850	Tissue conditioning – Upper	\$25.00
D5851	Tissue conditioning – Lower	\$25.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$220.00
<b>Oral surgery (includes routine postoperative care)</b>		
D7111	Extraction of coronal remnants – Deciduous tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$0.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$0.00
D7288	Brush biopsy – Transepithelial sample collection	\$0.00
<b>Emergency services</b>		
D9110	Palliative treatment of dental pain – per visit	\$0.00
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0.00
D9410	House/extended care facility call	\$0.00
D9440	Office visit – After regularly scheduled hours	\$55.00
<b>Miscellaneous services</b>		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia	\$0.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit for observation – No other services performed	\$0.00
D9450	Case presentation – subsequent to detailed and extensive treatment planning	\$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	\$0.00



**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure description</b>	<b>Procedure charge</b>
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0.00
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	\$87.00
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	\$27.00
D9941	Fabrication of athletic mouthguard (limit 1 per 12 months)	\$110.00
D9943	Occlusal guard adjustment	\$0.00
D9944	Occlusal guard – hard appliance, full arch (limit 1 per 24 months)	\$285.00
D9945	Occlusal guard – soft appliance, full arch (limit 1 per 24 months)	\$145.00
D9946	Occlusal guard – hard appliance, partial arch (limit 1 per 24 months)	\$170.00
D9951	Occlusal adjustment – Limited	\$65.00
D9952	Occlusal adjustment – Complete	\$280.00
D9961	Duplicate/copy patient's records	\$0.00
D9986	Missed appointment (without 24 hour notice)	\$40.00
D9987	Cancelled appointment (with 24-hour notice)	\$0.00
D9990	Certified translation or sign language services, per visit	\$0.00
D9991	Dental case management - addressing appointment compliance	\$0.00
D9992	Dental case management - care coordination	\$0.00
D9993	Dental case management - motivational interviewing	\$0.00
D9994	Dental case management - patient education to improve oral health literacy	\$0.00
D9995	Teledentistry – Synchronous; real-time encounter	\$0.00
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00

This may contain CDT Dental Procedure Codes and/or portions of, or excerpts from the Code on Dental Procedures and Nomenclature (CDT Code) contained within the current version of the “Dental Procedure Codes”, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.

## EXCLUSIONS AND LIMITATIONS

### Your Dental Plan has the following limitations:

1. **Frequency** – The frequency of certain covered services is limited. Your Patient Charge Schedule (PCS) lists any frequency limitations. Coverage for additional services is noted on your PCS with the applicable copay.
2. Periodontal services for gum tissue and supporting bone:
  - Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (D4346), is limited to one per calendar year. Coverage for additional services is noted on your PCS with the applicable copay.
  - Gingival and/or osseous regenerative procedures (gum tissue and/or bone) are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the PCS.
  - Localized delivery of antimicrobial agents (D4381) is limited to eight teeth (or eight sites, if applicable) per date of service, per 12 consecutive months. Based on published research, it is Cigna Dental's position that when more than eight of these procedures are planned treatments, modalities other than (D4381) should be considered and offered to the member.
3. **Clinical evaluations** – Oral evaluations are limited to a combined total of four of the following evaluations during a 12-consecutive-month period: periodic oral evaluations (DOI20), comprehensive oral evaluations (DOI50) and comprehensive periodontal evaluations (DOI80).
4. **Endodontic services** – Gingival and/or osseous regenerative procedures (gum tissue and/or bone) are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.

### Your plan doesn't pay for services or costs obtained:

- For, or in connection with, an injury arising out of, or in the course of, any employment for wage or profit;
- For charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the U.S. government or by a state or municipal government, if the person had no insurance;
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- For charges which the person is not legally required to pay;
- For charges which would not have been made if the person had no insurance;
- Due to injuries which are intentionally self-inflicted.

## EXCLUSIONS AND LIMITATIONS

### Services not covered under your Dental Care Plan

Procedures and/or appliances **not** listed on this Patient Charge Schedule are **not** covered. Any services performed that are not covered are the patient's responsibility at the dentist's usual fees.

Listed below are the services or expenses which are **not** covered under your Dental Care Plan and which are your responsibility at the dentist's usual fees. There is no coverage for:

- I. Services not listed on the most current Patient Charge Schedule.
2. Services provided by a non-network dentist, except as described in the *Care for dental emergencies away from home* section.
3. Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
4. Services provided or paid by or through a federal or state governmental agency or authority, a political subdivision, or a public program, other than Medicaid.
5. Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
6. Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule.
7. Prescription drugs.
8. Procedures, appliances or restorations done if the main purpose is to:
  - Change vertical dimension (degree of separation of the jaw when teeth are in contact); or
  - Restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.
9. Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen or damaged due to patient abuse, misuse or neglect.
10. Surgical placement of a dental implant or surgical services related to a dental implant.
11. Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards.
12. Procedures or appliances for minor tooth movement or to control harmful habits.
13. Hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for network dentist charges for covered services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)

## EXCLUSIONS AND LIMITATIONS

14. Services to the extent you or your enrolled dependent are compensated under any group medical plan, no-fault auto insurance policy or uninsured motorist policy. (Arizona residents: Coverage for covered services to the extent compensated under group medical plan, no-fault auto insurance policies or uninsured motorist policies is not excluded.)
15. The completion of treatment already in progress on the effective date of your Cigna Dental coverage.
16. Consultations and/or evaluations associated with services that are not listed on your Patient Charge Schedule.
17. Endodontic treatment and/or surgery of teeth exhibiting a poor or hopeless periodontal prognosis.
18. Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
19. Services performed by a prosthodontist.
20. Infection control, such as personal protective equipment and/or sterilization. Cigna Dental considers this to be incidental to and part of the charges for services provided, and a separate fee may not be charged.
21. The re-cementation of any inlay, onlay, crown, post and core, fixed bridge, or implant-supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers re-cementation within this time frame to be incidental to and part of the charges for the initial restoration.
22. Services to correct congenital malformations, including the replacement of congenitally missing teeth.
23. The replacement of an occlusal guard (night guard) beyond one per any 24-consecutive-month period.
24. Crowns, bridges and/or implant-supported prostheses used solely for splinting.
25. Resin-bonded retainers and associated pontics (e.g., "Maryland bridge").

Preexisting conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule. Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.



**1-866-213-7295 (TTY 711),**

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From

April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time.

Messaging service used weekends, after hours, and on federal holidays.

**CignaMedicare.com**



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