



Patient Charge Schedule

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

Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by CIGNA Dental as described in your plan documents.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialist (Endodontist, Periodontist, Orthodontist, Oral Surgeon or Pediatric Dentist (up to 7th birthday)). You must verify with the Network Specialist that your treatment plan has been authorized for payment by CIGNA Dental.
- Procedures NOT listed on this Patient Charge Schedule are NOT covered and are the patient's responsibility at the dentist's usual fees.
- The administration of I.V. sedation, general anesthesia, and/or Nitrous Oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- This Patient Charge Schedule is subject to *annual change* in accordance with the terms of the group agreement.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the *procedure is initiated*.

CIGNA Dental Care

Code ‡

Patient Charge

Office Visit Fee (Per Patient, Per Office Visit in Addition to Any Other Applicable Patient Charges)

9999.9491 Office Visit Fee \$5.00

Diagnostic/Preventive

D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Practitioner Providing Treatment)	No Charge
D0120	Periodic Oral Evaluation	No Charge
D0140	Limited Oral Evaluation - Problem Focused	No Charge
D0150	Comprehensive Oral Evaluation	No Charge
D0170	Re-evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	No Charge
D0210	X-Rays Intraoral - Complete Series (including bitewings) ★	No Charge
D0220	X-Rays Intraoral - Periapical First Film	No Charge
D0230	X-Rays Intraoral - Periapical Each Additional Film	No Charge
D0240	X-Rays Intraoral - Occlusal Film	No Charge
D0270	X-Rays (Bitewing) - Single Film	No Charge
D0272	X-Rays (Bitewing) - Two Films	No Charge
D0274	X-Rays (Bitewing) - Four Films	No Charge
D0277	X-Rays (Bitewing, Vertical) - 7 to 8 Films	No Charge
D0330	X-Rays (Panoramic) ★	No Charge
D0460	Pulp Vitality Tests	No Charge
D0470	Diagnostic Casts	No Charge
D0472	Accession of Tissue, Gross Examination, Preparation and Transmission of Written Report	No Charge
D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	No Charge
D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	No Charge
D0501	Histopathologic Examinations	No Charge
D1110	Prophylaxis - Adult ★ ★	No Charge
9999.1119	Prophylaxis - Adult (In Addition to the 1 Prophylaxis Allowed Every 6 Months)	\$50.00
D1120	Prophylaxis - Child ★ ★	No Charge
9999.1129	Prophylaxis - Child (In Addition to the 1 Prophylaxis Allowed Every 6 Months)	\$35.00
D1203	Topical Application of Fluoride - (Prophylaxis Not Included) - Child ◆ ★ ★	No Charge
D1330	Oral Hygiene Instructions	No Charge
D1351	Sealant ■ ■ ❁	\$15.00
D1510	Space Maintainer - Fixed - Unilateral	\$85.00
D1515	Space Maintainer - Fixed - Bilateral	\$85.00

Restorative (Fillings)

D2110	Amalgam - One Surface, Primary	\$7.00
D2120	Amalgam - Two Surfaces, Primary	\$9.00
D2130	Amalgam - Three Surfaces, Primary	\$14.00
D2131	Amalgam - Four or More Surfaces, Primary	\$17.00
D2140	Amalgam - One Surface, Permanent	\$7.00
D2150	Amalgam - Two Surfaces, Permanent	\$9.00
D2160	Amalgam - Three Surfaces, Permanent	\$14.00

‡ Different Codes May Be Used to Describe These Covered Procedures. ★ Limit 1 Every 3 Years.

★★ Limit 1 Every 6 Months. ◆ Up to 19th Birthday. ■ ■ Per Tooth. ❁ Up to 14th Birthday.

PATIENT CHARGE SCHEDULE (WV-04)

Code ‡		Patient Charge
D2161	Amalgam – Four or More Surfaces, Permanent	\$17.00
D2330	Resin-Based Composite – One Surface, Anterior	\$9.00
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$14.00
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$17.00
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$75.00
D2336	Resin-Based Composite Crown, Anterior – Primary	\$75.00
D2337	Resin-Based Composite Crown, Anterior – Permanent	\$90.00
D2380	Resin-Based Composite – One Surface, Posterior – Primary	\$30.00
D2381	Resin-Based Composite – Two Surfaces, Posterior – Primary	\$40.00
D2382	Resin-Based Composite – Three or More Surfaces, Posterior – Primary	\$55.00
D2385	Resin-Based Composite – One Surface, Posterior – Permanent	\$30.00
D2386	Resin-Based Composite – Two Surfaces, Posterior – Permanent	\$40.00
D2387	Resin-Based Composite – Three Surfaces, Posterior–Permanent	\$55.00
D2388	Resin-Based Composite – Four or More Surfaces, Posterior – Permanent	\$75.00

Crown and Bridge *All charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) – replacement limit 1 every 5 years*

D2510	Inlay – Metallic – One Surface	\$255.00
D2520	Inlay – Metallic – Two Surfaces	\$255.00
D2530	Inlay – Metallic – Three or More Surfaces	\$255.00
D2542	Onlay – Metallic – Two Surfaces	\$320.00
D2543	Onlay – Metallic – Three Surfaces	\$320.00
D2544	Onlay – Metallic – Four or More Surfaces	\$320.00
D2740	Crown – Porcelain/Ceramic Substrate	\$400.00
D2750	Crown – Porcelain Fused to High Noble Metal	\$390.00
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$320.00
D2752	Crown – Porcelain Fused to Noble Metal	\$380.00
D2780	Crown – 3/4 Cast High Noble Metal	\$390.00
D2781	Crown – 3/4 Cast Predominantly Base Metal	\$320.00
D2782	Crown – 3/4 Cast Noble Metal	\$380.00
D2790	Crown – Full Cast High Noble Metal	\$390.00
D2791	Crown – Full Cast Predominantly Base Metal	\$320.00
D2792	Crown – Full Cast Noble Metal	\$380.00
D2910	Recement Inlay	\$20.00
D2920	Recement Crown	\$20.00
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$70.00
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$70.00
D2932	Prefabricated Resin Crown	\$90.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$140.00
D2940	Sedative Filling	\$10.00
D2950	Core Buildup, Including Any Pins	\$95.00
D2951	Pin Retention ■■, In Addition to Restoration	\$20.00
D2952	Cast Post and Core, In Addition to Crown	\$110.00
D2954	Prefabricated Post and Core In Addition to Crown	\$95.00
D2960	Labial veneer (Resin Laminate) – Chairside	\$75.00
D6210	Pontic – Cast High Noble Metal	\$365.00
D6211	Pontic – Cast Fused to Predominantly Base Metal	\$295.00
D6212	Pontic – Cast Noble Metal	\$355.00

‡ Different Codes May Be Used to Describe These Covered Procedures. ■■ Per Tooth.

CIGNA Dental Care

Code ‡		Patient Charge
D6240	Pontic – Porcelain Fused to High Noble Metal	\$365.00
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$295.00
D6242	Pontic – Porcelain Fused to Noble Metal	\$355.00
D6245	Pontic – Porcelain/Ceramic Substrate	\$400.00
D6740	Crown – Porcelain/Ceramic Substrate	\$400.00
D6750	Crown – Porcelain Fused to High Noble Metal	\$390.00
D6751	Crown – Porcelain Fused to Predominantly Base Metal	\$320.00
D6752	Crown – Porcelain Fused to Noble Metal	\$380.00
D6780	Crown – 3/4 Cast High Noble Metal	\$390.00
D6781	Crown – 3/4 Cast Predominantly Base Metal	\$320.00
D6782	Crown – 3/4 Cast Noble Metal	\$380.00
D6790	Crown – Full Cast High Noble Metal	\$390.00
D6791	Crown – Full Cast Predominantly Base Metal	\$320.00
D6792	Crown – Full Cast Noble Metal	\$380.00
9999.6810	Complex Rehabilitation – Additional Charge Per Unit For Multiple Crown Units/Complex Rehabilitation <i>(6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)</i>	\$125.00
D6930	Recent Fixed Partial Denture	\$20.00
Endodontics (Root canal treatment, excluding final restorations)		
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$20.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$20.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$65.00
D3221	Gross Pulpal Debridement, Primary and Permanent Teeth (Not to be Used by Provider Completing Endodontic Treatment)	\$65.00
D3310	Anterior Root Canal (Excluding Final Restoration) ●	\$215.00
D3320	Bicuspid Root Canal (Excluding Final Restoration) ●	\$265.00
D3330	Molar Root Canal (Excluding Final Restoration) ●	\$360.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$110.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$110.00
D3333	Internal Root Repair of Perforation Defects	\$110.00
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$240.00
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$310.00
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$435.00
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$175.00
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$175.00
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$175.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$100.00
D3430	Retrograde Filling – Per Root	\$45.00
Periodontics (Treatment of supporting tissues [gum and bone] of the teeth)		
9999.4110	Periodontal Evaluation and Treatment Plan	\$40.00
D4210	Gingivectomy or Gingivoplasty (Per Quadrant)	\$185.00
D4211	Gingivectomy or Gingivoplasty (Per Tooth)	\$75.00
D4240	Gingival Flap Procedure, Including Root Planing (Per Quadrant)	\$185.00
D4245	Apically Positioned Flap	\$185.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$150.00

‡ Different Codes May Be Used to Describe These Covered Procedures.

● Permanent Tooth.

PATIENT CHARGE SCHEDULE (WV-04)

Code ‡		Patient Charge
D4260	Osseous Surgery - Including Flap Entry and Closure (Per Quadrant)	\$465.00
9999.4265	Osseous Surgery (1 tooth)	\$185.00
9999.4269	Osseous Surgery (2 - 4 teeth)	\$280.00
D4263	Bone Replacement Graft - First Site in Quadrant	\$225.00
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	\$175.00
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$295.00
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$335.00
D4270	Pedicle Soft Tissue Graft Procedure	\$225.00
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$225.00
D4341	Periodontal Scaling and Root Planing (Per Quadrant) ★	\$65.00
9999.4344	Periodontal Scaling and Root Planing (1 tooth)■ ★	\$25.00
9999.4346	Periodontal Scaling and Root Planing (2-4 teeth)■ ★	\$40.00
D4355	Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis*	\$65.00
D4381	Localized Delivery of Chemotherapeutic Agents Via a Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report	\$60.00
D4910	Periodontal Maintenance Procedure (Following Active Therapy)▲	\$55.00
D9940	Occlusal Guards - By Report	\$155.00
D9951	Occlusal Adjustment - Limited	\$40.00
D9952	Occlusal Adjustment - Complete	\$120.00

Prosthetics (Removable tooth replacement - dentures) (Includes up to 4 adjustments within first 6 months after insertion - replacement limit 1 every 5 years)

D5110	Complete Denture - Maxillary	\$350.00
D5120	Complete Denture - Mandibular	\$350.00
D5130	Immediate Denture - Maxillary	\$350.00
D5140	Immediate Denture - Mandibular	\$350.00
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests & Teeth)	\$320.00
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests & Teeth)	\$320.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth)	\$390.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests & Teeth)	\$390.00
D5410	Adjust Complete Denture - Maxillary	\$15.00
D5411	Adjust Complete Denture - Mandibular	\$15.00
D5421	Adjust Partial Denture - Maxillary	\$15.00
D5422	Adjust Partial Denture - Mandibular	\$15.00

Repairs To Prosthetics

D5510	Repair Broken Complete Denture Base	\$55.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$55.00
D5610	Repair Resin Denture Base	\$55.00
D5630	Repair or Replace Broken Clasp	\$55.00
D5640	Replace Broken Teeth (Per Tooth)	\$55.00
D5650	Add Tooth to Existing Partial Denture	\$55.00
D5660	Add Clasp to Existing Partial Denture	\$55.00

‡ Different Codes May Be Used to Describe These Covered Procedures.

★ Limit 4 Quadrants Per Consecutive 12 Months.

*1 Per Lifetime.

■ Per Quadrant.

▲ Limit 2 Within 12 Months.

CIGNA Dental Care

Code ‡

Patient Charge

Denture Relining *(Limit 1 every 36 months)*

D5710	Rebase Complete Maxillary Denture	\$125.00
D5711	Rebase Complete Mandibular Denture	\$125.00
D5720	Rebase Maxillary Partial Denture	\$125.00
D5721	Rebase Mandibular Partial Denture	\$125.00
D5730	Reline Complete Maxillary Denture (Chairside)	\$75.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$75.00
D5740	Reline Maxillary Partial Denture (Chairside)	\$75.00
D5741	Reline Mandibular Partial Denture (Chairside)	\$75.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$125.00
D5751	Reline Mandibular Complete Denture (Laboratory)	\$125.00
D5760	Reline Maxillary Partial Denture (Laboratory)	\$125.00
D5761	Reline Partial Mandibular Denture (Laboratory)	\$125.00

Interim Dentures *(Limit 1 every 5 years)*

D5810	Interim Complete Denture (Maxillary)	\$170.00
D5811	Interim Complete Denture (Mandibular)	\$170.00
D5820	Interim Partial Denture - (Maxillary)	\$135.00
D5821	Interim Partial Denture - (Mandibular)	\$135.00

Oral Surgery *(Includes routine post-operative treatment)*

D7110	Extraction (Single Tooth)	\$30.00
D7120	Extraction (Each Additional Tooth)	\$30.00
D7130	Root Removal - Exposed Roots	\$30.00
D7210	Surgical Extraction Erupted Tooth	\$70.00
	<i>Surgical removal of impacted tooth - (not covered unless pathology [disease] exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons only is not covered.</i>	
D7220	Removal of Impacted Tooth - Soft Tissue	\$75.00
D7230	Removal of Impacted Tooth - Partial Bony	\$110.00
D7240	Removal of Impacted Tooth - Completely Bony	\$165.00
D7241	Removal of Impacted Tooth - Completely Bony With Unusual Surgical Complications	\$165.00
D7250	Surgical Removal of Residual Tooth Roots	\$70.00
D7260	Oroantral Fistula Closure	\$180.00
D7270	Tooth Reimplantation	\$125.00
D7280	Surgical Exposure of Impacted or Unerupted Tooth for Orthodontic Reasons❖	\$105.00
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	\$105.00
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) ❁	\$120.00
D7286	Biopsy of Oral Tissue - Soft (All Others) ❁	\$100.00
D7310	Alveoplasty in Conjunction with Extractions (Per Quadrant)	\$80.00
D7320	Alveoplasty Not in Conjunction with Extractions (Per Quadrant)	\$110.00
D7450	Removal of Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25cm	\$115.00
D7451	Removal of Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25cm	\$115.00
D7471	Removal of Exostosis - Per Site	\$100.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$40.00
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$110.00

‡ Different Codes May Be Used to Describe These Covered Procedures. ❖ Excluding Wisdom Teeth.

❁ Tooth Related - Not Allowed When in Conjunction with Another Surgical Procedure.

PATIENT CHARGE SCHEDULE (WV-04)

Code ‡ Patient Charge

Orthodontics *(Tooth Movement)*

9999.8010	Orthodontic Evaluation	\$40.00
9999.8020	Orthodontic Treatment Plan and Records	\$150.00
9999.8025	Removable and/or Fixed Appliance(s) Insertion for Interceptive Treatment	\$275.00
9999.8026	Fixed Appliance Insertion (Banding) for Comprehensive Treatment	\$300.00

Orthodontic Treatment (maximum lifetime benefit of 24 months of interceptive and/or comprehensive treatment) - can include:

9999.8360/		
9999.8370	Interceptive Orthodontic Treatment	
9999.8460/		
9999.8470/		
9999.8480	Class I, II, III Malocclusion - Comprehensive Treatment - Combination of Primary and Permanent Teeth	
9999.8560/		
9999.8570/		
9999.8580	Class I, II, III Malocclusion - Comprehensive Treatment - Permanent Teeth	
	Children - Up to 19th Birthday	\$1,900.00
	Adults	\$2,500.00

Atypical cases or cases beyond 24 months require an additional payment by the patient.

9999.8750	Retention - Post Treatment Stabilization (Includes Appliance(s) and Treatment)	\$300.00
-----------	---	----------

General Anesthesia/IV Sedation - Covered when performed by a Periodontist or Oral Surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule.

D9220	General Anesthesia - First 30 Minutes	\$115.00
D9221	General Anesthesia - Each Additional 15 Minutes	\$60.00
D9241	Intravenous Sedation/Analgesia - First 30 Minutes	\$115.00
D9242	Intravenous Sedation/Analgesia - Each Additional 15 Minutes	\$60.00

Emergency Services

9999.0140/		
9999.9110	Emergency Exam and Visit - Pain Relief Treatment During Regularly Scheduled Office Hours	\$40.00
D9440	Office Visit - After Regularly Scheduled Hours	\$65.00

Broken Appointment

(Note: This fee will not be charged if patient is unable to provide 24-hours' notice through no fault of his or her own.)

9999.0095	Broken Appointment - Less Than 24-hours' Notice (Per 15-Minute Appointment) Maximum Fee For Broken Appointment:	\$10.00
	Sealant	\$10.00
	Prophylaxis	\$20.00
	Any Other Appointment	\$40.00

‡ Different Codes May Be Used to Describe These Covered Procedures.

After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling CIGNA Dental at 1.800.367.1037. EMERGENCY: If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.

The American Dental Association has granted permission to CIGNA to reprint codes contained in the copyrighted Current Dental Terminology and does not endorse any codes which are not included in its current publication.

Connecticut General Life Insurance Company
CIGNA HealthCare,
CIGNA Dental Health

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 Service Organization licensed under Chapter 636 of the Florida Statutes** • CIGNA Dental Health of Kansas, Inc. (Kansas and Nebraska) • CIGNA Dental Health of Kentucky, Inc. • CIGNA Dental Health of Maryland, Inc. • CIGNA Dental Health of New Jersey, Inc. • CIGNA Dental Health of New Mexico, Inc. (Albuquerque and Santa Fe) • 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. • CIGNA Dental Health of Virginia, Inc.

