

CIGNA Medicare Select Plus Rx® (HMO)

A Medicare Advantage HMO Medical Plan with Part D Prescription Drug Coverage

CIGNA Dental Care® (DHMO) Patient Charge Schedule

January 1, 2012 – December 31, 2012



This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges for January 1, 2012 through December 31, 2012.

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. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- > This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist, Orthodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by CIGNA Dental. Prior authorization is not required for specialty referrals for Endodontic services.
- > 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 IV 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.
- > CIGNA Dental considers infection control and/or sterilization 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 the accompanying document.
- > All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- > The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Office Visit Fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office Visit Fee	\$5
<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) and Comprehensive Periodontal Evaluations (D0180). 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. The relevant covered services are identified with a *.</p>		
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician)	\$0
D9430	Office Visit for Observation – No Other Services Performed	\$0
D9450	Case Presentation – Detailed and Extensive Treatment Planning	\$0
D0120	Periodic Oral Evaluation – Established Patient*	\$0
D0140	Limited Oral Evaluation – Problem Focused	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient*	\$0
D0170	Re-evaluation – Problem Focused (Not Postoperative Visit)	\$0
D0210	X-Rays Intraoral – Complete Series (Including Bitewings) (<i>Limit 1 Every 3 Years</i>)*	\$0
D0220	X-Rays Intraoral – Periapical – First Film	\$0
D0230	X-Rays Intraoral – Periapical – Each Additional Film	\$0
D0240	X-Rays Intraoral – Occlusal Film	\$0
D0270	X-Rays (Bitewing) – Single Film	\$0
D0272	X-Rays (Bitewings) – 2 Films	\$0
D0273	X-Rays (Bitewings) – 3 Films	\$0
D0274	X-Rays (Bitewings) – 4 Films	\$0
D0277	X-Rays (Bitewings, Vertical) – 7 to 8 Films	\$0
D0330	X-Rays (Panoramic Film) – (<i>Limit 1 Every 3 Years</i>)*	\$0
D0431	Oral Cancer Screening Using a Special Light Source	\$50
D0460	Pulp Vitality Tests	\$13
D0470	Diagnostic Casts	\$0
D0472	Pathology Report – Gross Examination of Lesion (Only When Tooth Related)	\$0

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Diagnostic/Preventive (continued)		
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
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	\$45
D1204	Topical Application of Fluoride - Adult (Limited to 2 per Calendar Year). There is a Combined Limit of a Total of Two D1204s and/or D1206s per Calendar Year.*	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant – Per Tooth	\$11
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$11
D1510	Space Maintainer – Fixed – Unilateral	\$105
D1515	Space Maintainer – Fixed – Bilateral	\$165
D1555	Removal of Fixed Space Maintainer	\$0
Restorative (Fillings)		
D2140	Amalgam – 1 Surface, Primary or Permanent	\$0
D2150	Amalgam – 2 Surfaces, Primary or Permanent	\$0
D2160	Amalgam – 3 Surfaces, Primary or Permanent	\$0
D2161	Amalgam – 4 or More Surfaces, Primary or Permanent	\$0
D2330	Resin-Based Composite – 1 Surface, Anterior	\$0
D2331	Resin-Based Composite – 2 Surfaces, Anterior	\$0
D2332	Resin-Based Composite – 3 Surfaces, Anterior	\$0
D2335	Resin-Based Composite – 4 or More Surfaces or Involving Incisal Angle, Anterior	\$85
D2390	Resin-Based Composite Crown, Anterior	\$85
D2391	Resin-Based Composite – 1 Surface, Posterior	\$45
D2392	Resin-Based Composite – 2 Surfaces, Posterior	\$57

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Restorative (Fillings) (continued)		
D2393	Resin-Based Composite – 3 Surfaces, Posterior	\$79
D2394	Resin-Based Composite – 4 or More Surfaces, Posterior	\$110
Crown and Bridge All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit) – Replacement limit 1 every 5 years.		
D2510	Inlay – Metallic – 1 Surface	\$400
D2520	Inlay – Metallic – 2 Surfaces	\$400
D2530	Inlay – Metallic – 3 or More Surfaces	\$400
D2542	Onlay – Metallic – 2 Surfaces	\$460
D2543	Onlay – Metallic – 3 Surfaces	\$460
D2544	Onlay – Metallic – 4 or More Surfaces	\$460
D2740	Crown – Porcelain/Ceramic Substrate	\$490
D2750	Crown – Porcelain Fused to High Noble Metal	\$450
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$400
D2752	Crown – Porcelain Fused to Noble Metal	\$425
D2780	Crown – 3/4 Cast High Noble Metal	\$450
D2781	Crown – 3/4 Cast Predominantly Base Metal	\$400
D2782	Crown – 3/4 Cast Noble Metal	\$425
D2790	Crown – Full Cast High Noble Metal	\$450
D2791	Crown – Full Cast Predominantly Base Metal	\$400
D2792	Crown – Full Cast Noble Metal	\$425
D2794	Crown – Titanium	\$450
D2910	Recement Inlay – Onlay or Partial Coverage Restoration	\$42
D2915	Recement Cast or Prefabricated Post and Core	\$42
D2920	Recement Crown	\$42
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$100
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$100
D2932	Prefabricated Resin Crown	\$130
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$160

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Crown and Bridge (continued)		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth	\$160
D2940	Protective Restoration	\$12
D2950	Core Buildup – Including Any Pins	\$130
D2951	Pin Retention – Per Tooth – In Addition to Restoration	\$12
D2952	Cast Post and Core – In Addition to Crown	\$160
D2954	Prefabricated Post and Core – In Addition to Crown	\$130
D2960	Labial Veneer (Resin Laminate) – Chairside	\$91
D6210	Pontic – Cast High Noble Metal	\$450
D6211	Pontic – Cast Predominantly Base Metal	\$400
D6212	Pontic – Cast Noble Metal	\$425
D6214	Pontic – Titanium	\$450
D6240	Pontic – Porcelain Fused to High Noble Metal	\$450
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$400
D6242	Pontic – Porcelain Fused to Noble Metal	\$425
D6245	Pontic – Porcelain/Ceramic	\$445
D6602	Inlay – Cast High Noble Metal, 2 Surfaces	\$450
D6603	Inlay – Cast High Noble Metal, 3 or More Surfaces	\$450
D6604	Inlay – Cast Predominantly Base Metal, 2 Surfaces	\$390
D6605	Inlay – Cast Predominantly Base Metal, 3 or More Surfaces	\$390
D6606	Inlay – Cast Noble Metal, 2 Surfaces	\$415
D6607	Inlay – Cast Noble Metal, 3 or More Surfaces	\$425
D6610	Onlay – Cast High Noble Metal, 2 Surfaces	\$440
D6611	Onlay – Cast High Noble Metal, 3 or More Surfaces	\$450
D6612	Onlay – Cast Predominantly Base Metal, 2 Surfaces	\$390
D6613	Onlay – Cast Predominantly Base Metal, 3 or More Surfaces	\$390
D6614	Onlay – Cast Noble Metal, 2 Surfaces	\$415
D6615	Onlay – Cast Noble Metal, 3 or More Surfaces	\$425
D6624	Inlay – Titanium	\$450

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Crown and Bridge (continued)		
D6634	Onlay – Titanium	\$450
D6740	Crown – Porcelain/Ceramic	\$490
D6750	Crown – Porcelain Fused to High Noble Metal	\$450
D6751	Crown – Porcelain Fused to Predominantly Base Metal	\$400
D6752	Crown – Porcelain Fused to Noble Metal	\$425
D6780	Crown – 3/4 Cast High Noble Metal	\$450
D6781	Crown – 3/4 Cast Predominantly Base Metal	\$400
D6782	Crown – 3/4 Cast Noble Metal	\$425
D6790	Crown – Full Cast High Noble Metal	\$450
D6791	Crown – Full Cast Predominantly Base Metal	\$400
D6792	Crown – Full Cast Noble Metal	\$425
D6794	Crown – Titanium	\$450
	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>)	\$135
D6930	Recement Fixed Partial Denture	\$59
Implant Supported Prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit) – Replacement limit 1 every 5 years. All charges for an implant supported denture are limited to replacement of 1 every 5 years.		
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	\$925
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	\$1,015
D6058	Abutment Supported Porcelain/Ceramic Crown	\$790
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$750
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$700

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Implant Supported Prosthetics (continued)		
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$725
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$750
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$700
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$725
D6065	Implant Supported Porcelain/Ceramic Crown	\$790
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$750
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$750
D6068	Abutment Supported Retainer for Porcelain/Ceramic Fixed Partial Denture	\$790
D6069	Abutment Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture (High Noble Metal)	\$750
D6070	Abutment Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture (Predominantly Base Metal)	\$700
D6071	Abutment Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture (Noble Metal)	\$725
D6072	Abutment Supported Retainer for Cast Metal Fixed Partial Denture (High Noble Metal)	\$750
D6073	Abutment Supported Retainer for Cast Metal Fixed Partial Denture (Predominantly Base Metal)	\$700
D6074	Abutment Supported Retainer for Cast Metal Fixed Partial Denture (Noble Metal)	\$725
D6075	Implant Supported Retainer for Ceramic Fixed Partial Denture	\$790
D6076	Implant Supported Retainer for Porcelain Fused to Metal Fixed Partial Denture (Titanium, Titanium Alloy, High Noble Metal)	\$750
D6077	Implant Supported Retainer for Cast Metal Fixed Partial Denture (Titanium, Titanium Alloy, High Noble Metal)	\$750
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	\$925

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Implant Supported Prosthetics (continued)		
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch	\$1,015
D6092	Recement Implant/Abutment Supported Crown	\$82
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	\$99
D6094	Abutment Supported Crown (Titanium)	\$750
D6194	Abutment Supported Retainer Crown for Fixed Partial Denture (Titanium)	\$750
TBD	Complex Rehabilitation on Implant Supported Prosthetic Procedures – 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)	\$135
Endodontics (Root Canal Treatment, Excluding Final Restorations)		
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$13
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$13
D3220	Pulpotomy – Removal of Pulp, Not Part of a Root Canal	\$68
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$68
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$68
D3310	Anterior Root Canal – Permanent Tooth (Excluding Final Restoration)	\$210
D3320	Bicuspid Root Canal – Permanent Tooth (Excluding Final Restoration)	\$245
D3330	Molar Root Canal – Permanent Tooth (Excluding Final Restoration)	\$335
D3331	Treatment of Root Canal Obstruction – Nonsurgical Access	\$92
D3332	Incomplete Endodontic Therapy – Inoperable, Unrestorable or Fractured Tooth	\$92
D3333	Internal Root Repair of Perforation Defects	\$92
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$285
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$325
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$410
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$260

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Endodontics (continued)		
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$290
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$320
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$105
D3430	Retrograde Filling per Root	\$68
<p>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 on the Patient Charge Schedule.</p>		
D0180	Comprehensive Periodontal Evaluation – New or Established Patient*	\$32
D4210	Gingivectomy or Gingivoplasty – 4 or More Teeth per Quadrant	\$170
D4211	Gingivectomy or Gingivoplasty – 1 to 3 Teeth per Quadrant	\$86
D4240	Gingival Flap (Including Root Planing) – 4 or More Teeth per Quadrant	\$220
D4241	Gingival Flap (Including Root Planing) – 1 to 3 Teeth per Quadrant	\$115
D4245	Apically Positioned Flap	\$220
D4249	Clinical Crown Lengthening – Hard Tissue	\$240
D4260	Osseous Surgery – 4 or More Teeth per Quadrant	\$400
D4261	Osseous Surgery – 1 to 3 Teeth per Quadrant	\$225
D4263	Bone Replacement Graft – First Site in Quadrant	\$290
D4264	Bone Replacement Graft – Each Additional Site in Quadrant	\$225
D4266	Guided Tissue Regeneration – Resorbable Barrier per Site	\$380
D4267	Guided Tissue Regeneration – Nonresorbable Barrier per Site (Includes Membrane Removal)	\$430
D4270	Pedicle Soft Tissue Graft Procedure	\$285
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$295
D4275	Soft Tissue Allograft	\$295
D4341	Periodontal Scaling and Root Planing – 4 or More Teeth per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	\$83
D4342	Periodontal Scaling and Root Planing – 1 to 3 Teeth per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	\$42

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Periodontics (continued)		
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis (1 per Lifetime)	\$62
D4381	Localized Delivery of Chemotherapeutic Agents per Tooth – By Report	\$45
D4910	Periodontal Maintenance (Limited to 2 per Calendar Year) (Only Covered after Active Therapy)	\$50
D9940	Occlusal Guard – By Report (Limit 1 per 24 Months)	\$195
D9951	Occlusal Adjustment Limited	\$38
D9952	Occlusal Adjustment Complete	\$200
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	\$625
D5120	Full Lower Denture	\$625
D5130	Immediate Full Upper Denture	\$645
D5140	Immediate Full Lower Denture	\$645
D5211	Upper Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$525
D5212	Lower Partial Denture – Resin Base (Including Clasps, Rests and Teeth)	\$525
D5213	Upper Partial Denture – Cast Metal Framework (Including Clasps, Rests and Teeth)	\$715
D5214	Lower Partial Denture – Cast Metal Framework (Including Clasps, Rests and Teeth)	\$715
D5225	Upper Partial Denture – Flexible Base (Including Clasps, Rests and Teeth)	\$575
D5226	Lower Partial Denture – Flexible Base (Including Clasps, Rests and Teeth)	\$575
D5410	Adjust Complete Denture – Upper	\$43
D5411	Adjust Complete Denture – Lower	\$43
D5421	Adjust Partial Denture – Upper	\$43
D5422	Adjust Partial Denture – Lower	\$43
Repairs to Prosthetics		
D5510	Repair Broken Complete Denture Base	\$84
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$72
D5610	Repair Resin Denture Base	\$84

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Repairs to Prosthetics (continued)		
D5630	Repair or Replace Broken Clasp	\$105
D5640	Replace Broken Teeth – Per Tooth	\$77
D5650	Add Tooth to Existing Partial Denture	\$84
D5660	Add Clasp to Existing Partial Denture	\$105
Denture Relining (Limit 1 Every 36 Months)		
D5710	Rebase Complete Upper Denture	\$235
D5711	Rebase Complete Lower Denture	\$235
D5720	Rebase Upper Partial Denture	\$235
D5721	Rebase Lower Partial Denture	\$235
D5730	Reline Complete Upper Denture – Chairside	\$135
D5731	Reline Complete Lower Denture – Chairside	\$135
D5740	Reline Upper Partial Denture – Chairside	\$135
D5741	Reline Lower Partial Denture – Chairside	\$135
D5750	Reline Complete Upper Denture – Laboratory	\$200
D5751	Reline Complete Lower Denture – Laboratory	\$200
D5760	Reline Upper Partial Denture – Laboratory	\$200
D5761	Reline Lower Partial Denture – Laboratory	\$200
Interim Dentures (Limit 1 Every 5 Years)		
D5810	Interim Complete Denture – Upper	\$300
D5811	Interim Complete Denture – Lower	\$300
D5820	Interim Partial Denture – Upper	\$265
D5821	Interim Partial Denture – Lower	\$265
Oral Surgery (Includes Routine Postoperative Treatment) Surgical Removal of Impacted Tooth – Not covered for ages below 15 unless pathology (disease) exists.		
D7111	Extraction of Coronal Remnants – Deciduous Tooth	\$12
D7140	Extraction, Erupted Tooth or Exposed Root – Elevation and/or Forceps Removal	\$12

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Oral Surgery (continued)		
D7210	Surgical Removal of Erupted Tooth – Removal of Bone and/or Section of Tooth	\$50
D7220	Removal of Impacted Tooth – Soft Tissue	\$43
D7230	Removal of Impacted Tooth – Partially Bony	\$86
D7240	Removal of Impacted Tooth – Completely Bony	\$115
D7241	Removal of Impacted Tooth – Completely Bony, Unusual Complications (Narrative Required)	\$115
D7250	Surgical Removal of Residual Tooth Roots – Cutting Procedure	\$50
D7251	Coronectomy - Intentional Partial Tooth Removal	\$86
D7260	Oroantral Fistula Closure	\$115
D7261	Primary Closure of a Sinus Perforation	\$115
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$13
D7280	Surgical Access of an Unerupted Tooth (<i>Excluding Wisdom Teeth</i>)	\$13
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$7
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth) (<i>Tooth Related – Not allowed when in conjunction with another surgical procedure</i>)	\$74
D7286	Biopsy of Oral Tissue – Soft (All Others) (<i>Tooth Related – Not allowed when in conjunction with another surgical procedure</i>)	\$62
D7287	Exfoliative Cytological Sample Collection	\$74
D7288	Brush Biopsy – Transepithelial Sample Collection	\$74
D7310	Alveoloplasty in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant	\$55
D7311	Alveoloplasty in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant	\$31
D7320	Alveoloplasty Not in Conjunction with Extractions – 4 or More Teeth or Tooth Spaces per Quadrant	\$74
D7321	Alveoloplasty Not in Conjunction with Extractions – 1 to 3 Teeth or Tooth Spaces per Quadrant	\$38
D7450	Removal of Benign Odontogenic Cyst or Tumor – Up to 1.25 cm	\$13
D7451	Removal of Benign Odontogenic Cyst or Tumor – Greater than 1.25 cm	\$13

CIGNA Dental Care® (DHMO*), Patient Charge Schedule

Code	Procedure Description	Patient Charge
Oral Surgery (continued)		
D7471	Removal of Lateral Exostosis – Maxilla or Mandible	\$13
D7472	Removal of Torus Palatinus	\$13
D7473	Removal of Torus Mandibularis	\$13
D7485	Surgical Reduction of Osseous Tuberosity	\$74
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$13
D7511	Incision and Drainage of Abscess – Intraoral Soft Tissue Complicated	\$19
D7960	Frenulectomy (Frenectomy or Frenotomy) – Separate Procedure Not Incidental to Another	\$13
D7963	Frenuloplasty	\$19
Orthodontics (Tooth Movement) Orthodontic Treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)		
D8050	Interceptive Orthodontic Treatment of the Primary Dentition – Banding	\$480
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition – Banding	\$480
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition – Banding	\$500
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition – Banding	\$515
D8660	Pre-Orthodontic Treatment Visit	\$67
D8670	Periodic Orthodontic Treatment Visit – As Part of Contract	
	Adults:	
	24-Month Treatment Fee	\$2,385
	Charge per Month for 24 Months	\$99
D8680	Orthodontic Retention – Removal of Appliances, Construction and Placement of Retainer(s)	\$345
D8999	Unspecified Orthodontic Procedure – By Report (<i>Orthodontic Treatment Plan and Records</i>)	\$195

CIGNA Dental Care® (DHMO*), **Patient Charge Schedule**

Code	Procedure Description	Patient Charge
<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 intravenous sedation when used for the purpose of anxiety control or patient management.</p>		
D9220	General Anesthesia – First 30 Minutes	\$180
D9221	General Anesthesia – Additional 15 Minutes	\$80
D9241	IV Conscious Sedation – First 30 Minutes	\$180
D9242	IV Conscious Sedation – Additional 15 Minutes	\$73
<p>Emergency Services</p>		
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	\$0
D9440	Office Visit – After Regularly Scheduled Hours	\$53
<p>Miscellaneous Services – External Bleaching (D9972) is limited to the use of take-home bleaching trays. All other bleaching methods are not covered.</p>		
D9972	External Bleaching per Arch	\$175
<p>This may contain CDT codes and/or portions of, or excerpts from the Nomenclature contained within the <i>Current Dental Terminology</i>, 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.</p>		

After your enrollment is effective:

Call the dental office you selected on your enrollment form. If you wish to change dental offices, a transfer can be arranged at no charge by calling CIGNA Dental at the toll-free number below. There are multiple ways to locate a DHMO Network General Dentist:

- Online provider directory at www.cigna.com
- Call the Dental Customer Service Department at 1-800-CIGNA24 (1-800-244-6224)
Monday – Friday, 8 am – 6 pm

EMERGENCY: If an emergency that causes acute pain or a condition requiring immediate treatment arises, while you are outside of the service area or unable to contact your Network Office, CIGNA Dental Health will reimburse the cost of emergency care for pain relief (palliative treatment) in accordance with your benefit plan. Definitive treatment (e.g. root canal) is not considered palliative and should be performed or referred by your Network Primary Care Dentist. Please consult the enclosed listing for a complete description of exclusions and limitations.

CIGNA Identity Theft Program

Available with your CIGNA Dental Care® DMHO Plan.

Identity theft is America's fastest-growing crime, victimizing 9.9 million people a year.* It's a serious crime that occurs when an unauthorized person fraudulently uses your personal information – your name, Social Security number, bank/credit account number(s), or driver's license number. It's a silent crime often taking victims a year or more to discover and possibly even longer to restore their credit records and good name. CIGNA's Identity Theft Program provides you with **valuable resolution services** to help you work through critical ID theft issues you may encounter.

Our personal case managers are available with valuable help, including:

- > Review of your credit information to determine if an ID theft has occurred
- > An ID theft resolution kit
- > An ID theft affidavit for use with credit bureaus and creditors
- > Assistance with canceling of lost or stolen cards
- > Access to free credit reports
- > Education on how to identify and avoid ID theft

You have unlimited access to our personal case managers until your case is resolved. Personal case managers are available 24 hours a day, 365 days a year.

CIGNA Identity Theft Program

From the U.S and Canada: 1-888-226-4567

From other locations, call collect 1-202-331-7635

Fax: 1-202-331-1528

Email: cigna@europassistance.com

Mention Group 57 when requesting assistance.

*Javelin Strategy and Research, February, 2009

Benefits, premium and copays may change January 1, 2013.

*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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