Cigna-HealthSpring Achieve Plus (HMO SNP)
Cigna-HealthSpring Preferred (HMO)
Medicare Advantage HMO Medical Plans
with Part D Prescription Drug Coverage

CIGNA DENTAL CARE PLAN

Information guide.

January 1, 2017–December 31, 2017

Cigna Dental Customer Service
1-800-367-1037 (TTY: 711)
Monday–Friday, 8:00 am–6:00 pm

Together, all the way.*
INTRODUCTION
Thank you for your interest in the Cigna Dental Care plan

The monthly premium for the optional Dental Care Plan® is $20 for Cigna-HealthSpring Preferred and Cigna-HealthSpring Achieve Plus customers.

Using your Cigna Dental Care Plan is easy

Preventive care
Comprehensive 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.

Find a network dentist
You must select a network general dentist office from the Cigna Dental Care network directory which begins on page 21. The listing in this directory is current as of April, 2017. Some network dentists may have been added or removed since this directory was printed. To get the most up-to-date listing of network dentists call 1-800-367-1037, (TTY: 711) Monday–Friday, 8:00 am–6:00 pm, local time. You may also visit us online at Cigna.com. Maps and driving directions are also available upon request.

Specialty care
When a specialist (such as an oral surgeon) is required, your network general dentist will submit a referral. Your costs will still be the same as those listed in the Dental Patient Charge Schedule that begins on page 3, regardless of whether you receive care at your network general dentist’s office or a network specialist's office.

Dental Patient Charge Schedule
The Dental Patient Charge Schedule begins on page 3 and lists the charges you pay under the Cigna Dental Care Plan when your dental treatment is performed by a general dentist or a network specialist. Please refer to the charge schedule for more information about the services covered under the plan, as well as exclusions and limitations that may apply.

The Dental Patient Charge Schedule applies to specialty care when an appropriate referral is made to a network specialty endodontist, 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 Care. Prior authorization is not required for specialty referrals for endodontic services.

Emergency care 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 as defined on page 17 of this document 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 copay 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 at P.O. Box 188045, Chattanooga, TN 37422-8045.
Cigna Dental Care Plan
PATIENT CHARGE SCHEDULE

This Patient Charge Schedule lists the benefits of the Cigna Dental Care Plan including covered procedures and patient charges for January 1, 2017 through December 31, 2017.

Important highlights

› This Patient Charge Schedule applies only when covered dental services are performed by your network dentist, unless otherwise authorized by Cigna Dental Care as described in your plan documents. Not all network dentists perform all services and it is suggested that you 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 Care. 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 a local anesthetic is covered as part of your dental treatment.

› Cigna Dental Care 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.

› Procedures listed on this Patient Charge Schedule are subject to the plan exclusions and limitations as described on page 18.

› 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.

Call. Call the Dental customer service department for more information, 1-800-367-1037 (TTY 711), Monday–Friday from 8:00 am–6:00 pm, local time. For premium billing issues, call 1-800-973-2580, option #5.

Online. Visit us online at Cigna.com.
# Cigna Dental Care Plan

## PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Office visit fee</strong> (per patient, per office visit in addition to any other applicable patient charges)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office visit fee</td>
<td>$5</td>
</tr>
<tr>
<td></td>
<td><strong>Diagnostic/preventive</strong> – 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). 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 ☀.</td>
<td></td>
</tr>
<tr>
<td>D9310</td>
<td>Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)</td>
<td>$0</td>
</tr>
<tr>
<td>D9430</td>
<td>Office visit for observation – No other services performed</td>
<td>$0</td>
</tr>
<tr>
<td>D9450</td>
<td>Case presentation – Detailed and extensive treatment planning</td>
<td>$0</td>
</tr>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation – Established patient ☀</td>
<td>$0</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation – Problem focused</td>
<td>$0</td>
</tr>
<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under 3 years of age and counseling with primary caregiver ☀</td>
<td>$0</td>
</tr>
<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation – New or established patient ☀</td>
<td>$0</td>
</tr>
<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation – Problem focused, by report (limit 2 per calendar year; only covered in conjunction with temporomandibular joint [TMJ] evaluation)</td>
<td>$0</td>
</tr>
<tr>
<td>D0170</td>
<td>Reevaluation – Limited, problem focused (not postoperative visit)</td>
<td>$0</td>
</tr>
<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation – New or established patient</td>
<td>$33</td>
</tr>
<tr>
<td>D0210</td>
<td>X-rays intraoral – Complete series (including bitewings) (limit 1 every 3 years) ☀</td>
<td>$0</td>
</tr>
<tr>
<td>D0220</td>
<td>X-rays intraoral – Periapical – First radiographic image</td>
<td>$0</td>
</tr>
<tr>
<td>D0230</td>
<td>X-rays intraoral – Periapical – Each additional radiographic image</td>
<td>$0</td>
</tr>
<tr>
<td>D0240</td>
<td>X-rays intraoral – Occlusal radiographic image</td>
<td>$0</td>
</tr>
<tr>
<td>D0270</td>
<td>X-rays (bitewing) – Single radiographic image</td>
<td>$0</td>
</tr>
<tr>
<td>D0272</td>
<td>X-rays (bitewings) – 2 radiographic images</td>
<td>$0</td>
</tr>
<tr>
<td>D0273</td>
<td>X-rays (bitewings) – 3 radiographic images</td>
<td>$0</td>
</tr>
</tbody>
</table>
## Cigna Dental Care Plan
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<table>
<thead>
<tr>
<th>Code</th>
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<th>Patient charge</th>
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<tbody>
<tr>
<td></td>
<td><strong>Diagnostic/preventive</strong> (continued)</td>
<td></td>
</tr>
<tr>
<td>D0274</td>
<td>X-rays (bitewings) – 4 radiographic images</td>
<td>$0</td>
</tr>
<tr>
<td>D0277</td>
<td>X-rays (bitewings, vertical) – 7 to 8 radiographic images</td>
<td>$0</td>
</tr>
<tr>
<td>D0330</td>
<td>X-rays (panoramic radiographic image) – <em>(limit 1 every 3 years)</em></td>
<td>$0</td>
</tr>
<tr>
<td>D0368</td>
<td>Cone beam CT capture and interpretation for TMJ series, including 2 or more exposures <em>(limit 1 per calendar year; only covered in conjunction with TMJ evaluation)</em></td>
<td>$240</td>
</tr>
<tr>
<td>D0431</td>
<td>Oral cancer screening using a special light source</td>
<td>$50</td>
</tr>
<tr>
<td>D0460</td>
<td>Pulp vitality tests</td>
<td>$14</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic casts</td>
<td>$0</td>
</tr>
<tr>
<td>D0472</td>
<td>Pathology report – Gross examination of lesion (only when tooth-related)</td>
<td>$0</td>
</tr>
<tr>
<td>D0473</td>
<td>Pathology report – Microscopic examination of lesion (only when tooth-related)</td>
<td>$0</td>
</tr>
<tr>
<td>D0474</td>
<td>Pathology report – Microscopic examination of lesion and area (only when tooth-related)</td>
<td>$0</td>
</tr>
<tr>
<td>D1110</td>
<td>Prophylaxis (cleaning) – Adult <em>(limit 2 per calendar year)</em></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year</td>
<td>$45</td>
</tr>
<tr>
<td>D1120</td>
<td>Prophylaxis (cleaning) – Child <em>(limit 2 per calendar year)</em></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year</td>
<td>$30</td>
</tr>
<tr>
<td>D1206</td>
<td>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.</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Additional topical applications of fluoride varnish – In addition to any combination of 2 D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year.</td>
<td>$15</td>
</tr>
<tr>
<td>D1208</td>
<td>Topical application of fluoride (limit 2 per calendar year). There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Additional topical application of fluoride – In addition to any combination of 2 D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year.</td>
<td>$15</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Diagnostic/preventive</strong> (continued)</td>
<td></td>
</tr>
<tr>
<td>D1330</td>
<td>Oral hygiene instructions</td>
<td>$0</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant – Per tooth</td>
<td>$12</td>
</tr>
<tr>
<td>D1352</td>
<td>Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth</td>
<td>$12</td>
</tr>
<tr>
<td>D1510</td>
<td>Space maintainer – Fixed – Unilateral</td>
<td>$110</td>
</tr>
<tr>
<td>D1515</td>
<td>Space maintainer – Fixed – Bilateral</td>
<td>$170</td>
</tr>
<tr>
<td>D1555</td>
<td>Removal of fixed space maintainer</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td><strong>Restorative</strong> (fillings, including polishing)</td>
<td></td>
</tr>
<tr>
<td>D2140</td>
<td>Amalgam – 1 surface, primary or permanent</td>
<td>$0</td>
</tr>
<tr>
<td>D2150</td>
<td>Amalgam – 2 surfaces, primary or permanent</td>
<td>$0</td>
</tr>
<tr>
<td>D2160</td>
<td>Amalgam – 3 surfaces, primary or permanent</td>
<td>$0</td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam – 4 or more surfaces, primary or permanent</td>
<td>$0</td>
</tr>
<tr>
<td>D2330</td>
<td>Resin-based composite – 1 surface, anterior</td>
<td>$0</td>
</tr>
<tr>
<td>D2331</td>
<td>Resin-based composite – 2 surfaces, anterior</td>
<td>$0</td>
</tr>
<tr>
<td>D2332</td>
<td>Resin-based composite – 3 surfaces, anterior</td>
<td>$0</td>
</tr>
<tr>
<td>D2335</td>
<td>Resin-based composite – 4 or more surfaces or involving incisal angle, anterior</td>
<td>$88</td>
</tr>
<tr>
<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
<td>$88</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin-based composite – 1 surface, posterior</td>
<td>$47</td>
</tr>
<tr>
<td>D2392</td>
<td>Resin-based composite – 2 surfaces, posterior</td>
<td>$59</td>
</tr>
<tr>
<td>D2393</td>
<td>Resin-based composite – 3 surfaces, posterior</td>
<td>$82</td>
</tr>
<tr>
<td>D2394</td>
<td>Resin-based composite – 4 or more surfaces, posterior</td>
<td>$115</td>
</tr>
</tbody>
</table>
Cigna Dental Care Plan

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<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Crown and bridge</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>$150</td>
</tr>
<tr>
<td>D2510</td>
<td>Inlay – Metallic – 1 surface</td>
<td>$410</td>
</tr>
<tr>
<td>D2520</td>
<td>Inlay – Metallic – 2 surfaces</td>
<td>$410</td>
</tr>
<tr>
<td>D2530</td>
<td>Inlay – Metallic – 3 or more surfaces</td>
<td>$410</td>
</tr>
<tr>
<td>D2542</td>
<td>Onlay – Metallic – 2 surfaces</td>
<td>$470</td>
</tr>
<tr>
<td>D2543</td>
<td>Onlay – Metallic – 3 surfaces</td>
<td>$470</td>
</tr>
<tr>
<td>D2544</td>
<td>Onlay – Metallic – 4 or more surfaces</td>
<td>$470</td>
</tr>
<tr>
<td>D2710</td>
<td>Crown – Resin-based composite (indirect)</td>
<td>$245</td>
</tr>
<tr>
<td>D2712</td>
<td>Crown – 3/4 resin-based composite (indirect)</td>
<td>$355</td>
</tr>
<tr>
<td>D2720</td>
<td>Crown – Resin with high noble metal</td>
<td>$365</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown – Resin-based with predominantly base metal</td>
<td>$325</td>
</tr>
<tr>
<td>D2722</td>
<td>Crown – Resin with noble metal</td>
<td>$345</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown – Porcelain/ceramic substrate</td>
<td>$490</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown – Porcelain fused to high noble metal</td>
<td>$450</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown – Porcelain fused to predominantly base metal</td>
<td>$400</td>
</tr>
<tr>
<td>D2752</td>
<td>Crown – Porcelain fused to noble metal</td>
<td>$425</td>
</tr>
<tr>
<td>D2780</td>
<td>Crown – 3/4 cast high noble metal</td>
<td>$460</td>
</tr>
<tr>
<td>D2781</td>
<td>Crown – 3/4 cast predominantly base metal</td>
<td>$410</td>
</tr>
<tr>
<td>D2782</td>
<td>Crown – 3/4 cast noble metal</td>
<td>$435</td>
</tr>
<tr>
<td>D2783</td>
<td>Crown – 3/4 porcelain/ceramic</td>
<td>$490</td>
</tr>
<tr>
<td>D2790</td>
<td>Crown – Full cast high noble metal</td>
<td>$460</td>
</tr>
<tr>
<td>D2791</td>
<td>Crown – Full cast predominantly base metal</td>
<td>$410</td>
</tr>
<tr>
<td>D2792</td>
<td>Crown – Full cast noble metal</td>
<td>$435</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure description</td>
<td>Patient charge</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Crown and bridge (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2794</td>
<td>Crown – Titanium</td>
<td>$460</td>
</tr>
<tr>
<td>D2799</td>
<td>Provisional Crown</td>
<td>$130</td>
</tr>
<tr>
<td>D2910</td>
<td>Recement inlay – Onlay or partial coverage restoration</td>
<td>$43</td>
</tr>
<tr>
<td>D2915</td>
<td>Recement cast or prefabricated post and core</td>
<td>$43</td>
</tr>
<tr>
<td>D2920</td>
<td>Recement crown</td>
<td>$43</td>
</tr>
<tr>
<td>D2929</td>
<td>Prefabricated porcelain/ceramic crown – Primary tooth</td>
<td>$165</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown – Primary tooth</td>
<td>$105</td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown – Permanent tooth</td>
<td>$105</td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated resin crown</td>
<td>$135</td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with resin window</td>
<td>$165</td>
</tr>
<tr>
<td>D2934</td>
<td>Prefabricated esthetic coated stainless steel crown – Primary tooth</td>
<td>$165</td>
</tr>
<tr>
<td>D2940</td>
<td>Protective restoration</td>
<td>$13</td>
</tr>
<tr>
<td>D2950</td>
<td>Core buildup – Including any pins</td>
<td>$135</td>
</tr>
<tr>
<td>D2951</td>
<td>Pin retention – Per tooth – In addition to restoration</td>
<td>$13</td>
</tr>
<tr>
<td>D2952</td>
<td>Post and core – In addition to crown, indirectly fabricated</td>
<td>$165</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core – In addition to crown</td>
<td>$135</td>
</tr>
<tr>
<td>D2960</td>
<td>Labial veneer (resin laminate) – Chairside</td>
<td>$94</td>
</tr>
<tr>
<td>D6210</td>
<td>Pontic – Cast high noble metal</td>
<td>$450</td>
</tr>
<tr>
<td>D6211</td>
<td>Pontic – Cast predominantly base metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6212</td>
<td>Pontic – Cast noble metal</td>
<td>$435</td>
</tr>
<tr>
<td>D6214</td>
<td>Pontic – Titanium</td>
<td>$460</td>
</tr>
<tr>
<td>D6240</td>
<td>Pontic – Porcelain fused to high noble metal</td>
<td>$450</td>
</tr>
<tr>
<td>D6241</td>
<td>Pontic – Porcelain fused to predominantly base metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6242</td>
<td>Pontic – Porcelain fused to noble metal</td>
<td>$435</td>
</tr>
<tr>
<td>D6245</td>
<td>Pontic – Porcelain/ceramic</td>
<td>$455</td>
</tr>
<tr>
<td>D6602</td>
<td>Inlay – Cast high noble metal, 2 surfaces</td>
<td>$450</td>
</tr>
<tr>
<td>D6603</td>
<td>Inlay – Cast high noble metal, 3 or more surfaces</td>
<td>$460</td>
</tr>
</tbody>
</table>
Cigna Dental Care Plan
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<tr>
<th>Code</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td><strong>Crown and bridge (continued)</strong></td>
<td></td>
</tr>
<tr>
<td>D6604</td>
<td>Inlay – Cast predominantly base metal, 2 surfaces</td>
<td>$390</td>
</tr>
<tr>
<td>D6605</td>
<td>Inlay – Cast predominantly base metal, 3 or more surfaces</td>
<td>$400</td>
</tr>
<tr>
<td>D6606</td>
<td>Inlay – Cast noble metal, 2 surfaces</td>
<td>$415</td>
</tr>
<tr>
<td>D6607</td>
<td>Inlay – Cast noble metal, 3 or more surfaces</td>
<td>$425</td>
</tr>
<tr>
<td>D6610</td>
<td>Onlay – Cast high noble metal, 2 surfaces</td>
<td>$440</td>
</tr>
<tr>
<td>D6611</td>
<td>Onlay – Cast high noble metal, 3 or more surfaces</td>
<td>$460</td>
</tr>
<tr>
<td>D6612</td>
<td>Onlay – Cast predominantly base metal, 2 surfaces</td>
<td>$390</td>
</tr>
<tr>
<td>D6613</td>
<td>Onlay – Cast predominantly base metal, 3 or more surfaces</td>
<td>$400</td>
</tr>
<tr>
<td>D6614</td>
<td>Onlay – Cast noble metal, 2 surfaces</td>
<td>$415</td>
</tr>
<tr>
<td>D6615</td>
<td>Onlay – Cast noble metal, 3 or more surfaces</td>
<td>$435</td>
</tr>
<tr>
<td>D6624</td>
<td>Inlay – Titanium</td>
<td>$450</td>
</tr>
<tr>
<td>D6634</td>
<td>Onlay – Titanium</td>
<td>$450</td>
</tr>
<tr>
<td>D6740</td>
<td>Crown – Porcelain/ceramic</td>
<td>$500</td>
</tr>
<tr>
<td>D6750</td>
<td>Crown – Porcelain fused to high noble metal</td>
<td>$460</td>
</tr>
<tr>
<td>D6751</td>
<td>Crown – Porcelain fused to predominantly base metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6752</td>
<td>Crown – Porcelain fused to noble metal</td>
<td>$435</td>
</tr>
<tr>
<td>D6780</td>
<td>Crown – 3/4 cast high noble metal</td>
<td>$460</td>
</tr>
<tr>
<td>D6781</td>
<td>Crown – 3/4 cast predominantly base metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6782</td>
<td>Crown – 3/4 cast noble metal</td>
<td>$435</td>
</tr>
<tr>
<td>D6790</td>
<td>Crown – Full cast high noble metal</td>
<td>$460</td>
</tr>
<tr>
<td>D6791</td>
<td>Crown – Full cast predominantly base metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6792</td>
<td>Crown – Full cast noble metal</td>
<td>$435</td>
</tr>
<tr>
<td>D6794</td>
<td>Crown – Titanium</td>
<td>$460</td>
</tr>
<tr>
<td></td>
<td><strong>Complex rehabilitation</strong> – 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)**</td>
<td>$135</td>
</tr>
<tr>
<td>D6930</td>
<td>Recement fixed partial denture</td>
<td>$61</td>
</tr>
</tbody>
</table>
## Cigna Dental Care Plan

### PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
</table>

**Endodontics** *(root canal treatment, excluding final restorations)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3110</td>
<td>Pulp cap – Direct (excluding final restoration)</td>
<td>$14</td>
</tr>
<tr>
<td>D3120</td>
<td>Pulp cap – Indirect (excluding final restoration)</td>
<td>$14</td>
</tr>
<tr>
<td>D3220</td>
<td>Pulpotomy – Removal of pulp, not part of a root canal</td>
<td>$72</td>
</tr>
<tr>
<td>D3221</td>
<td>Pulpal debridement (not to be used when root canal is done on the same day)</td>
<td>$72</td>
</tr>
<tr>
<td>D3222</td>
<td>Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development</td>
<td>$72</td>
</tr>
<tr>
<td>D3310</td>
<td>Anterior root canal – Permanent tooth (excluding final restoration)</td>
<td>$210</td>
</tr>
<tr>
<td>D3320</td>
<td>Bicuspid root canal – Permanent tooth (excluding final restoration)</td>
<td>$245</td>
</tr>
<tr>
<td>D3330</td>
<td>Molar root canal – Permanent tooth (excluding final restoration)</td>
<td>$335</td>
</tr>
<tr>
<td>D3331</td>
<td>Treatment of root canal obstruction – Nonsurgical access</td>
<td>$97</td>
</tr>
<tr>
<td>D3332</td>
<td>Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth</td>
<td>$97</td>
</tr>
<tr>
<td>D3333</td>
<td>Internal root repair of perforation defects</td>
<td>$97</td>
</tr>
<tr>
<td>D3346</td>
<td>Retreatment of previous root canal therapy – Anterior</td>
<td>$300</td>
</tr>
<tr>
<td>D3347</td>
<td>Retreatment of previous root canal therapy – Bicuspid</td>
<td>$345</td>
</tr>
<tr>
<td>D3348</td>
<td>Retreatment of previous root canal therapy – Molar</td>
<td>$430</td>
</tr>
<tr>
<td>D3410</td>
<td>Apicoectomy/periradicular surgery – Anterior</td>
<td>$275</td>
</tr>
<tr>
<td>D3421</td>
<td>Apicoectomy/periradicular surgery – Bicuspid (first root)</td>
<td>$305</td>
</tr>
<tr>
<td>D3425</td>
<td>Apicoectomy/periradicular surgery – Molar (first root)</td>
<td>$340</td>
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<tr>
<td>D3426</td>
<td>Apicoectomy/periradicular surgery (each additional root)</td>
<td>$110</td>
</tr>
<tr>
<td>D3430</td>
<td>Retrograde filling per root</td>
<td>$72</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4210</td>
<td>Gingivectomy or gingivoplasty – 4 or more teeth per quadrant</td>
<td>$180</td>
</tr>
</tbody>
</table>
### Cigna Dental Care Plan

**PATIENT CHARGE SCHEDULE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4211</td>
<td>Gingivectomy or gingivoplasty - 1 to 3 teeth per quadrant</td>
<td>$91</td>
</tr>
<tr>
<td>D4212</td>
<td>Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth</td>
<td>$91</td>
</tr>
<tr>
<td>D4240</td>
<td>Gingival flap (including root planing) - 4 or more teeth per quadrant</td>
<td>$235</td>
</tr>
<tr>
<td>D4241</td>
<td>Gingival flap (including root planing) - 1 to 3 teeth per quadrant</td>
<td>$125</td>
</tr>
<tr>
<td>D4245</td>
<td>Apically positioned flap</td>
<td>$235</td>
</tr>
<tr>
<td>D4249</td>
<td>Clinical crown lengthening - Hard tissue</td>
<td>$255</td>
</tr>
<tr>
<td>D4260</td>
<td>Osseous surgery - 4 or more teeth per quadrant</td>
<td>$400</td>
</tr>
<tr>
<td>D4261</td>
<td>Osseous surgery - 1 to 3 teeth per quadrant</td>
<td>$240</td>
</tr>
<tr>
<td>D4263</td>
<td>Bone replacement graft - First site in quadrant</td>
<td>$290</td>
</tr>
<tr>
<td>D4264</td>
<td>Bone replacement graft - Each additional site in quadrant</td>
<td>$225</td>
</tr>
<tr>
<td>D4266</td>
<td>Guided tissue regeneration - Resorbable barrier per site</td>
<td>$380</td>
</tr>
<tr>
<td>D4267</td>
<td>Guided tissue regeneration - Nonresorbable barrier per site (includes membrane removal)</td>
<td>$430</td>
</tr>
<tr>
<td>D4270</td>
<td>Pedicle soft tissue graft procedure</td>
<td>$300</td>
</tr>
<tr>
<td>D4275</td>
<td>Soft tissue allograft</td>
<td>$310</td>
</tr>
<tr>
<td>D4277</td>
<td>Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous (missing) tooth position in graft</td>
<td>$310</td>
</tr>
<tr>
<td>D4278</td>
<td>Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous (missing) tooth position in same graft site</td>
<td>$155</td>
</tr>
<tr>
<td>D4341</td>
<td>Periodontal scaling and root planing - 4 or more teeth per quadrant (limit 4 quadrants per consecutive 12 months)</td>
<td>$83</td>
</tr>
<tr>
<td>D4342</td>
<td>Periodontal scaling and root planing - 1 to 3 teeth per quadrant (limit 4 quadrants per consecutive 12 months)</td>
<td>$42</td>
</tr>
<tr>
<td>D4355</td>
<td>Full mouth debridement to allow evaluation and diagnosis (1 per lifetime)</td>
<td>$65</td>
</tr>
<tr>
<td>D4381</td>
<td>Localized delivery of antimicrobial agents per tooth</td>
<td>$45</td>
</tr>
<tr>
<td>D4910</td>
<td>Periodontal maintenance (limit 4 per calendar year) (only covered after active periodontal therapy)</td>
<td>$53</td>
</tr>
</tbody>
</table>
Cigna Dental Care Plan

PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5110</td>
<td>Full upper denture</td>
<td>$625</td>
</tr>
<tr>
<td>D5120</td>
<td>Full lower denture</td>
<td>$625</td>
</tr>
<tr>
<td>D5130</td>
<td>Immediate full upper denture</td>
<td>$680</td>
</tr>
<tr>
<td>D5140</td>
<td>Immediate full lower denture</td>
<td>$680</td>
</tr>
<tr>
<td>D5211</td>
<td>Upper partial denture – Resin base (including clasps, rests and teeth)</td>
<td>$525</td>
</tr>
<tr>
<td>D5212</td>
<td>Lower partial denture – Resin base (including clasps, rests and teeth)</td>
<td>$525</td>
</tr>
<tr>
<td>D5213</td>
<td>Upper partial denture – Cast metal framework (including clasps, rests and teeth)</td>
<td>$715</td>
</tr>
<tr>
<td>D5214</td>
<td>Lower partial denture – Cast metal framework (including clasps, rests and teeth)</td>
<td>$715</td>
</tr>
<tr>
<td>D5225</td>
<td>Upper partial denture – Flexible base (including clasps, rests and teeth)</td>
<td>$605</td>
</tr>
<tr>
<td>D5226</td>
<td>Lower partial denture – Flexible base (including clasps, rests and teeth)</td>
<td>$605</td>
</tr>
<tr>
<td>D5410</td>
<td>Adjust complete denture – Upper</td>
<td>$43</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture – Lower</td>
<td>$43</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture – Upper</td>
<td>$46</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust partial denture – Lower</td>
<td>$46</td>
</tr>
<tr>
<td>D5510</td>
<td>Repair broken complete denture base</td>
<td>$88</td>
</tr>
<tr>
<td>D5520</td>
<td>Replace missing or broken teeth – Complete denture (each tooth)</td>
<td>$76</td>
</tr>
<tr>
<td>D5610</td>
<td>Repair resin denture base</td>
<td>$88</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair or replace broken clasp</td>
<td>$110</td>
</tr>
<tr>
<td>D5640</td>
<td>Replace broken teeth – Per tooth</td>
<td>$81</td>
</tr>
<tr>
<td>D5650</td>
<td>Add tooth to existing partial denture</td>
<td>$88</td>
</tr>
<tr>
<td>D5660</td>
<td>Add clasp to existing partial denture</td>
<td>$110</td>
</tr>
</tbody>
</table>

**Prosthetics** (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.

**Repairs to prosthetics**
## Cigna Dental Care Plan

### PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Denture relining</strong> (limit 1 every 36 months)</td>
<td></td>
</tr>
<tr>
<td>D5710</td>
<td>Rebase complete upper denture</td>
<td>$250</td>
</tr>
<tr>
<td>D5711</td>
<td>Rebase complete lower denture</td>
<td>$250</td>
</tr>
<tr>
<td>D5720</td>
<td>Rebase upper partial denture</td>
<td>$250</td>
</tr>
<tr>
<td>D5721</td>
<td>Rebase lower partial denture</td>
<td>$250</td>
</tr>
<tr>
<td>D5730</td>
<td>Reline complete upper denture – Chairside</td>
<td>$145</td>
</tr>
<tr>
<td>D5731</td>
<td>Reline complete lower denture – Chairside</td>
<td>$145</td>
</tr>
<tr>
<td>D5740</td>
<td>Reline upper partial denture – Chairside</td>
<td>$145</td>
</tr>
<tr>
<td>D5741</td>
<td>Reline lower partial denture – Chairside</td>
<td>$145</td>
</tr>
<tr>
<td>D5750</td>
<td>Reline complete upper denture – Laboratory</td>
<td>$210</td>
</tr>
<tr>
<td>D5751</td>
<td>Reline complete lower denture – Laboratory</td>
<td>$210</td>
</tr>
<tr>
<td>D5760</td>
<td>Reline upper partial denture – Laboratory</td>
<td>$210</td>
</tr>
<tr>
<td>D5761</td>
<td>Reline lower partial denture – Laboratory</td>
<td>$210</td>
</tr>
<tr>
<td></td>
<td><strong>Interim dentures</strong> (limit 1 every 5 years)</td>
<td></td>
</tr>
<tr>
<td>D5810</td>
<td>Interim complete denture – Upper</td>
<td>$315</td>
</tr>
<tr>
<td>D5811</td>
<td>Interim complete denture – Lower</td>
<td>$315</td>
</tr>
<tr>
<td>D5820</td>
<td>Interim partial denture – Upper</td>
<td>$280</td>
</tr>
<tr>
<td>D5821</td>
<td>Interim partial denture – Lower</td>
<td>$280</td>
</tr>
<tr>
<td></td>
<td><strong>Implant abutment supported prosthetics</strong> – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit) – Coverage for replacement of crowns and bridges and implant-supported dentures is limited to 1 every 5 years. All charges for an implant supported denture are limited to replacement of 1 every 5 years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 machine.</td>
<td>$150</td>
</tr>
<tr>
<td>D6053</td>
<td>Implant/abutment supported removable denture for completely edentulous arch</td>
<td>$925</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure description</td>
<td>Patient charge</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>D6054</td>
<td>Implant/abutment supported removable denture for partially edentulous arch</td>
<td>$1,015</td>
</tr>
<tr>
<td>D6058</td>
<td>Abutment supported porcelain/ceramic crown</td>
<td>$790</td>
</tr>
<tr>
<td>D6059</td>
<td>Abutment supported porcelain fused to metal crown (high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6060</td>
<td>Abutment supported porcelain fused to metal crown (predominantly base metal)</td>
<td>$700</td>
</tr>
<tr>
<td>D6061</td>
<td>Abutment supported porcelain fused to metal crown (noble metal)</td>
<td>$725</td>
</tr>
<tr>
<td>D6062</td>
<td>Abutment supported cast metal crown (high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6063</td>
<td>Abutment supported cast metal crown (predominantly base metal)</td>
<td>$700</td>
</tr>
<tr>
<td>D6064</td>
<td>Abutment supported cast metal crown (noble metal)</td>
<td>$725</td>
</tr>
<tr>
<td>D6065</td>
<td>Implant supported porcelain/ceramic crown</td>
<td>$790</td>
</tr>
<tr>
<td>D6066</td>
<td>Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6067</td>
<td>Implant supported metal crown (titanium, titanium alloy, high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6068</td>
<td>Abutment supported retainer for porcelain/ceramic fixed partial denture</td>
<td>$790</td>
</tr>
<tr>
<td>D6069</td>
<td>Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6070</td>
<td>Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)</td>
<td>$700</td>
</tr>
<tr>
<td>D6071</td>
<td>Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)</td>
<td>$725</td>
</tr>
<tr>
<td>D6072</td>
<td>Abutment supported retainer for cast metal fixed partial denture (high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6073</td>
<td>Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)</td>
<td>$700</td>
</tr>
<tr>
<td>D6074</td>
<td>Abutment supported retainer for cast metal fixed partial denture (noble metal)</td>
<td>$725</td>
</tr>
<tr>
<td>D6075</td>
<td>Implant supported retainer for ceramic fixed partial denture</td>
<td>$790</td>
</tr>
</tbody>
</table>
### Cigna Dental Care Plan
### PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implant abutment supported prosthetics</strong> (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D6076</td>
<td>Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6077</td>
<td>Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)</td>
<td>$750</td>
</tr>
<tr>
<td>D6078</td>
<td>Implant/abutment supported fixed denture for completely edentulous arch</td>
<td>$925</td>
</tr>
<tr>
<td>D6079</td>
<td>Implant/abutment supported fixed denture for partially edentulous arch</td>
<td>$1,015</td>
</tr>
<tr>
<td>D6092</td>
<td>Recement implant/abutment supported crown</td>
<td>$82</td>
</tr>
<tr>
<td>D6093</td>
<td>Recement implant/abutment supported fixed partial denture</td>
<td>$99</td>
</tr>
<tr>
<td>D6094</td>
<td>Abutment supported crown (titanium)</td>
<td>$750</td>
</tr>
<tr>
<td>D6194</td>
<td>Abutment supported retainer crown for fixed partial denture (titanium)</td>
<td>$750</td>
</tr>
<tr>
<td></td>
<td>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)</td>
<td>$135</td>
</tr>
<tr>
<td><strong>Oral surgery</strong> (Includes routine postoperative treatment) surgical removal of impacted tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D7111</td>
<td>Extraction of coronal remnants – Deciduous tooth</td>
<td>$12</td>
</tr>
<tr>
<td>D7140</td>
<td>Extraction, erupted tooth or exposed root – Elevation and/or forceps removal</td>
<td>$12</td>
</tr>
<tr>
<td>D7210</td>
<td>Surgical removal of erupted tooth – Removal of bone and/or section of tooth</td>
<td>$53</td>
</tr>
<tr>
<td>D7220</td>
<td>Removal of impacted tooth – Soft tissue</td>
<td>$46</td>
</tr>
<tr>
<td>D7230</td>
<td>Removal of impacted tooth – Partially bony</td>
<td>$91</td>
</tr>
<tr>
<td>D7240</td>
<td>Removal of impacted tooth – Completely bony</td>
<td>$115</td>
</tr>
<tr>
<td>D7241</td>
<td>Removal of impacted tooth – Completely bony, unusual complications (narrative required)</td>
<td>$125</td>
</tr>
<tr>
<td>D7250</td>
<td>Surgical removal of residual tooth roots – Cutting procedure</td>
<td>$53</td>
</tr>
</tbody>
</table>
Cigna Dental Care Plan

PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Oral surgery</strong> (continued)</td>
<td></td>
</tr>
<tr>
<td>D7251</td>
<td>Coronectomy – Intentional partial tooth removal</td>
<td>$91</td>
</tr>
<tr>
<td>D7260</td>
<td>Oroantral fistula closure</td>
<td>$125</td>
</tr>
<tr>
<td>D7261</td>
<td>Primary closure of a sinus perforation</td>
<td>$125</td>
</tr>
<tr>
<td>D7270</td>
<td>Tooth stabilization of accidentally evulsed or displaced tooth</td>
<td>$14</td>
</tr>
<tr>
<td>D7280</td>
<td>Surgical access of an unerupted tooth (excluding wisdom teeth)</td>
<td>$14</td>
</tr>
<tr>
<td>D7283</td>
<td>Placement of device to facilitate eruption of impacted tooth</td>
<td>$8</td>
</tr>
<tr>
<td>D7285</td>
<td>Biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)</td>
<td>$78</td>
</tr>
<tr>
<td>D7286</td>
<td>Biopsy of oral tissue – Soft (all others) (tooth related – not allowed when in conjunction with another surgical procedure)</td>
<td>$65</td>
</tr>
<tr>
<td>D7287</td>
<td>Exfoliative cytological sample collection</td>
<td>$78</td>
</tr>
<tr>
<td>D7288</td>
<td>Brush biopsy – Transepithelial sample collection</td>
<td>$78</td>
</tr>
<tr>
<td>D7310</td>
<td>Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant</td>
<td>$58</td>
</tr>
<tr>
<td>D7311</td>
<td>Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant</td>
<td>$33</td>
</tr>
<tr>
<td>D7320</td>
<td>Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant</td>
<td>$78</td>
</tr>
<tr>
<td>D7321</td>
<td>Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant</td>
<td>$40</td>
</tr>
<tr>
<td>D7450</td>
<td>Removal of benign odontogenic cyst or tumor – Up to 1.25 cm</td>
<td>$14</td>
</tr>
<tr>
<td>D7451</td>
<td>Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm</td>
<td>$14</td>
</tr>
<tr>
<td>D7471</td>
<td>Removal of lateral exostosis – Maxilla or mandible</td>
<td>$14</td>
</tr>
<tr>
<td>D7472</td>
<td>Removal of torus palatinus</td>
<td>$14</td>
</tr>
<tr>
<td>D7473</td>
<td>Removal of torus mandibularis</td>
<td>$14</td>
</tr>
<tr>
<td>D7485</td>
<td>Surgical reduction of osseous tuberosity</td>
<td>$78</td>
</tr>
<tr>
<td>D7510</td>
<td>Incision and drainage of abscess – Intraoral soft tissue</td>
<td>$14</td>
</tr>
<tr>
<td>D7511</td>
<td>Incision and drainage of abscess – Intraoral soft tissue – Complicated</td>
<td>$20</td>
</tr>
</tbody>
</table>
# Cigna Dental Care Plan

## PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral surgery</strong> (continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D7880</td>
<td>Occlusal orthotic device, by report <em>(limit 1 per 24 months; only covered in conjunction with TMJ treatment)</em></td>
<td>$330</td>
</tr>
<tr>
<td>D7960</td>
<td>Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure</td>
<td>$14</td>
</tr>
<tr>
<td>D7963</td>
<td>Frenuloplasty</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Orthodontics</strong> (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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D8050</td>
<td>Interceptive orthodontic treatment of the primary dentition – Banding</td>
<td>$480</td>
</tr>
<tr>
<td>D8060</td>
<td>Interceptive orthodontic treatment of the transitional dentition – Banding</td>
<td>$480</td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition – Banding</td>
<td>$500</td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition – Banding</td>
<td>$515</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive orthodontic treatment of the adult dentition – Banding</td>
<td>$515</td>
</tr>
<tr>
<td>D8660</td>
<td>Pre-orthodontic treatment visit</td>
<td>$67</td>
</tr>
<tr>
<td>D8670</td>
<td>Periodic orthodontic treatment visit – As part of contract</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children – Up to 19th birthday:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24-month treatment fee</td>
<td>$2,040</td>
</tr>
<tr>
<td></td>
<td>Charge per month for 24 months</td>
<td>$85</td>
</tr>
<tr>
<td></td>
<td>Adults:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24-month treatment fee</td>
<td>$2,376</td>
</tr>
<tr>
<td></td>
<td>Charge per month for 24 months</td>
<td>$99</td>
</tr>
<tr>
<td>D8680</td>
<td>Orthodontic retention – Removal of appliances, construction and placement of retainer(s)</td>
<td>$345</td>
</tr>
<tr>
<td>D8999</td>
<td>Unspecified orthodontic procedure – By report <em>(orthodontic treatment plan and records)</em></td>
<td>$195</td>
</tr>
</tbody>
</table>
Cigna Dental Care Plan

PATIENT CHARGE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure description</th>
<th>Patient charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>General anesthesia/IV sedation</strong> – General anesthesia is covered when performed by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>an oral surgeon when medically necessary for covered procedures listed on the Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charge Schedule. IV sedation is covered when performed by a periodontist or oral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>surgeon when medically necessary for covered procedures listed on the Patient Charge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>coverage for general anesthesia or IV sedation when used for the purpose of anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>control or patient management.</td>
<td></td>
</tr>
<tr>
<td>D9220</td>
<td>General anesthesia – First 30 minutes</td>
<td>$190</td>
</tr>
<tr>
<td>D9221</td>
<td>General anesthesia – Each additional 15 minutes</td>
<td>$84</td>
</tr>
<tr>
<td>D9241</td>
<td>IV conscious sedation – First 30 minutes</td>
<td>$190</td>
</tr>
<tr>
<td>D9242</td>
<td>IV conscious sedation – Each additional 15 minutes</td>
<td>$73</td>
</tr>
<tr>
<td></td>
<td><strong>Emergency services</strong></td>
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<tr>
<td>D9110</td>
<td>Palliative (emergency) treatment of dental pain – Minor procedure</td>
<td>$0</td>
</tr>
<tr>
<td>D9440</td>
<td>Office visit – After regularly scheduled hours</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td><strong>Miscellaneous services</strong></td>
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<tr>
<td>D9940</td>
<td>Occlusal guard – By report <em>(limit 1 per 24 months)</em></td>
<td>$205</td>
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<tr>
<td>D9941</td>
<td>Fabrication of athletic mouthguard <em>(limit 1 per 12 months)</em></td>
<td>$110</td>
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<tr>
<td>D9951</td>
<td>Occlusal adjustment – Limited</td>
<td>$40</td>
</tr>
<tr>
<td>D9952</td>
<td>Occlusal adjustment – Complete</td>
<td>$210</td>
</tr>
<tr>
<td>D9975</td>
<td>External bleaching for home application, per arch; includes materials and fabrication</td>
<td>$165</td>
</tr>
<tr>
<td></td>
<td>of custom trays (all other methods of bleaching are not covered)</td>
<td></td>
</tr>
</tbody>
</table>

This may contain CDT codes and/or portions of, or excerpts from the nomenclature contained within the *Current Dental Terminology*, 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.
Listed below are limitations on services covered by your Dental Plan.

1. **Frequency** – The frequency of certain covered services, like cleanings, is limited. Your Patient Charge Schedule (PCS) lists any limitations on frequency.

2. **Oral surgery** – The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.

3. **Periodontal** (gum tissue and supporting bone) **services** – Periodontal regenerative procedures 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 is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.

4. **Clinical oral evaluations** – Periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age are limited to a total of 4 evaluations during a 12-consecutive-month period.

No payment will be made for expense incurred or services received:

› 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 the 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.

**Services not covered under your Dental Care Plan**

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:

1. Services not listed on the Patient Charge Schedule.

2. Services provided by a nonnetwork dentist without Cigna Dental’s prior approval (except emergencies, as described in Section IV.F).

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, 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.
Covered services
EXCLUSIONS AND LIMITATIONS

6. Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your PCS, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.

7. General anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with covered services performed by an oral surgeon or periodontist. (Maryland residents: General anesthesia is covered when medically necessary and authorized by your physician.) There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.

8. Prescription drugs.

9. Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. diagnose or treat conditions of the TMJ, unless TMJ therapy is specifically listed on your Patient Charge Schedule; or, if your Patient Charge Schedule ends in ‘-04” or higher; c. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.

10. 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.

11. Surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant.

12. Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards.

13. Procedures or appliances for minor tooth guidance or to control harmful habits.

14. 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.)

15. 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 and Pennsylvania 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. Kentucky and North Carolina residents: Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. Maryland residents: Services compensated under group medical plans are not excluded.)
Covered services

EXCLUSIONS AND LIMITATIONS

16. The completion of crowns, bridges, dentures, root canal treatment, or implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage. (California and Texas residents: Preexisting conditions, including the completion of crowns, bridges, dentures, root canal treatment or implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your coverage, are not excluded, if otherwise covered under your Patient Charge Schedule.)

17. Consultations and/or evaluations associated with services that are not covered.

18. Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.

19. Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction; or when performed in conjunction with an apicoectomy or periradicular surgery.

20. Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.

21. Services performed by a prosthodontist.

22. Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.

23. Any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.

24. Infection control and/or sterilization. Cigna Dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.

25. The recementation 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 recementation within this time frame to be incidental to and part of the charges for the initial restoration.

26. Services to correct congenital malformations, including the replacement of congenitally missing teeth.

27. The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period.

28. Crowns, bridges and/or implant supported prosthesis used solely for splinting.

29. Resin bonded retainers and associated pontics.

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.

Online.
Visit us online at Cigna.com.
Apache Junction – Chandler

Cigna Dental Care Plan
DENTAL OFFICE DIRECTORY

You must select a network general dentist’s office from the Cigna Dental Care Network listed on the following pages. For help in selecting a dentist, you may call Cigna Dental Customer Service at 1-800-367-1037 (TTY: 711), Monday–Friday, 8:00 am–6:00 pm, local time.

This directory is current as of April, 2017. For the most up-to-date listing of network dentists, call the number above or log on to Cigna.com. Not all offices are accepting new patients at this time. To find out if the office you selected is accepting new patients, call the office.

Apache Junction

Apache Family Dentistry
100 W. US Highway 60, #1
Apache Junction, AZ  85120
480-671-0070

Sunwest Dental Center
1601 W. Apache Trail, #2
Apache Junction, AZ  85120
480-982-4200

Avondale

Gentle Dental – Avondale
10210 W. McDowell Rd., #140
Avondale, AZ  85392
623-873-0880

Protection Plus Dental
1430 N. Central Ave., #A
Avondale, AZ  85323
623-932-0539

Buckeye

Sundance Dental Group
946 S. Watson Rd., #101
Buckeye, AZ  85326
623-386-7319

Sunwest Dental Center – Buckeye
407 N. 4th St.
Buckeye, AZ  85326
623-327-3206

Chandler

Aspen Dental
3100 W. Chandler Blvd., #C
Chandler, AZ  85226
480-500-9991

Associated Dental Care
1860 N. Alma School Rd., #5
Chandler, AZ  85286
480-732-9883

Bright Now Dental – Chandler
1445 S. Arizona Ave., #1
Chandler, AZ  85286
480-857-8270

Chandler Bright Family Dentistry
1960 W. Ray Rd., #2
Chandler, AZ  85224
480-855-6300

Crossroads Dental Group
2880 E. Germann Rd., #13
Chandler, AZ  85286
480-821-5444

Danny Salem, DDS
1655 W. Chandler Blvd., #100
Chandler, AZ  85224
480-899-1288

David S. Daley, DMD, PC
1600 W. Chandler Blvd., #210
Chandler, AZ  85224
480-963-0338

Gentle Dental – Chandler
485 S. Dobson Rd., #204
Chandler, AZ  85224
480-821-9022

Kyrene Family Dentistry
5965 W. Ray Rd., #27
Chandler, AZ  85226
480-705-9005

Liat Furyan-Banach, DDS
595 N. Dobson Dr., #B-24
Chandler, AZ  85224
480-899-0448

Michael S. Catlett, DMD
1300 N. McClintock Dr., #D-11
Chandler, AZ  85226
480-897-7717

Natural Smiles Dentistry
10450 E. Riggs Rd., #118
Chandler, AZ  85248
480-840-1101

♦ Not accepting new patients at this time
## Chandler – Glendale

**Cigna Dental Care Plan**

**DENTAL OFFICE DIRECTORY**

<table>
<thead>
<tr>
<th>Office Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Posh Dental</strong></td>
<td>290 S. Alma School Rd., #9</td>
<td>480-857-4900</td>
</tr>
<tr>
<td></td>
<td>Chandler, AZ 85224</td>
<td></td>
</tr>
<tr>
<td><strong>Stone Creek Dental Care</strong></td>
<td>5055 W. Ray Rd., #17</td>
<td>480-893-2695</td>
</tr>
<tr>
<td></td>
<td>Chandler, AZ 85226</td>
<td></td>
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<tr>
<td><strong>Sunwest Dental Centers</strong></td>
<td>2175 N. Alma School Rd., #C108</td>
<td>480-782-6200</td>
</tr>
<tr>
<td></td>
<td>Chandler, AZ 85224</td>
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<tr>
<td><strong>Unlimited Smiles</strong></td>
<td>2040 S. Alma School Rd., #21</td>
<td>480-895-3111</td>
</tr>
<tr>
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<td>Chandler, AZ 85286</td>
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<tr>
<td><strong>Western Dental</strong></td>
<td>3170 N. Arizona Ave., #1</td>
<td>480-539-4730</td>
</tr>
<tr>
<td></td>
<td>Chandler, AZ 85225</td>
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<tr>
<td><strong>Fountain Hills</strong></td>
<td><strong>Smile 1st</strong></td>
<td>480-725-9444</td>
</tr>
<tr>
<td></td>
<td>17007 E. Colony Dr., #101</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fountain Hills, AZ 85268</td>
<td></td>
</tr>
<tr>
<td><strong>Gilbert</strong></td>
<td><strong>ABC Dental of Gilbert</strong></td>
<td>480-857-9000</td>
</tr>
<tr>
<td></td>
<td>825 S. Cooper Rd., #B9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85233</td>
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</tr>
<tr>
<td></td>
<td>480-857-9000</td>
<td></td>
</tr>
<tr>
<td><strong>Associated Dental Care</strong></td>
<td>3160 E. Queen Creek Rd., #102</td>
<td>480-212-0220</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85297</td>
<td></td>
</tr>
<tr>
<td><strong>Cooper Family Dentistry</strong></td>
<td>78 N. Cooper Rd., #107</td>
<td>480-964-1000</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85233</td>
<td></td>
</tr>
<tr>
<td></td>
<td>480-964-1000</td>
<td></td>
</tr>
<tr>
<td><strong>Dental Specialty Associates</strong></td>
<td>2730 S. Val Vista, #164</td>
<td>480-633-9977</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85295</td>
<td></td>
</tr>
<tr>
<td><strong>Gentle Dental – Desert Winds</strong></td>
<td>81 W. Guadalupe Rd., #101</td>
<td>480-304-8400</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85233</td>
<td></td>
</tr>
<tr>
<td><strong>Gentle Dental – Gilbert</strong></td>
<td>1851 E. Baseline Rd., #103</td>
<td>480-558-9000</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85233</td>
<td></td>
</tr>
<tr>
<td><strong>Gentle Dental – Seville</strong></td>
<td>3336 E. Chandler Heights Rd., #1-107</td>
<td>480-840-6556</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85298</td>
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<tr>
<td><strong>Gilbert Dental Care</strong></td>
<td>1515 N. Gilbert Rd., #104</td>
<td>480-539-8810</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85234</td>
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<tr>
<td><strong>Gilbert Dental Care</strong></td>
<td>1515 N. Gilbert Rd., #104</td>
<td>480-539-8810</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85234</td>
<td></td>
</tr>
<tr>
<td><strong>Val Vista Dental Group</strong></td>
<td>1395 E. Warner Rd., #105C</td>
<td>480-558-0212</td>
</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85296</td>
<td></td>
</tr>
<tr>
<td><strong>Glendale</strong></td>
<td><strong>Aspen Dental</strong></td>
<td>480-212-0220</td>
</tr>
<tr>
<td></td>
<td>7708 W. Bell Rd., #103</td>
<td>623-734-1500</td>
</tr>
<tr>
<td></td>
<td>Glendale, AZ 85308</td>
<td></td>
</tr>
<tr>
<td><strong>Associated Dental Care</strong></td>
<td>2175 N. Aspera Blvd., #C108</td>
<td>480-782-6200</td>
</tr>
<tr>
<td></td>
<td>Glendale, AZ 85308</td>
<td></td>
</tr>
<tr>
<td><strong>Glendale – Gilbert</strong></td>
<td><strong>Associated Dental Care</strong></td>
<td>480-857-9000</td>
</tr>
<tr>
<td></td>
<td>3160 E. Queen Creek Rd., #102</td>
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</tr>
<tr>
<td></td>
<td>Gilbert, AZ 85297</td>
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</tr>
<tr>
<td><strong>Aspen Dental</strong></td>
<td>7708 W. Bell Rd., #103</td>
<td>623-734-1500</td>
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<tr>
<td></td>
<td>Glendale, AZ 85308</td>
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</tr>
<tr>
<td><strong>Associated Dental Care</strong></td>
<td>2175 N. Aspera Blvd., #C108</td>
<td>480-782-6200</td>
</tr>
<tr>
<td></td>
<td>Glendale, AZ 85308</td>
<td></td>
</tr>
<tr>
<td><strong>Protection Plus Dental</strong></td>
<td>7025 N. 75th Ave., #101</td>
<td>623-322-6522</td>
</tr>
<tr>
<td></td>
<td>Glendale, AZ 85203</td>
<td></td>
</tr>
<tr>
<td><strong>Reel Dental</strong></td>
<td>5700 W. Olive Ave., #104</td>
<td>623-347-9606</td>
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<td>1229 E. McKellips Rd., #106</td>
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<td>2025 N. Power Rd., #101</td>
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<td>407 N. Lindsay Rd., #101</td>
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<td>1130 S. Country Club Dr., #101</td>
<td>480-461-9866</td>
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<td>Mesa, AZ 85210</td>
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**Goodyear**

- Aspen Dental Goodyear
  - 15530 W. Roosevelt St., #E106
  - Goodyear, AZ 85338
  - 623-386-8333
- Katsur Dental of Arizona
  - 105 N. Litchfield Rd.
  - Goodyear, AZ 85338
  - 623-932-3200
- McDowell Dentistry of Goodyear
  - 14150 W. McDowell Rd.
  - Goodyear, AZ 85395
  - 623-536-2040
- Suncoast Dental
  - 2025 N. Pebble Creek Pkwy., #A-11
  - Goodyear, AZ 85395
  - 623-214-9979

**West Valley**

- Shannon M. Coen
  - 16080 N. 59th Ave., #A
  - Glendale, AZ 85306
  - 602-978-1100
- West Valley Family Dental
  - 20359 N. 59th Ave., #101
  - Glendale, AZ 85308
  - 623-376-9400
- Western Dental
  - 5929 W. Peoria Ave., #101
  - Glendale, AZ 85302
  - 623-878-5339
- Winning Smiles
  - 20165 N. 67th Ave., #103
  - Glendale, AZ 85308
  - 623-931-5467

**Goodyear**

- Gateway Smiles
  - 1901 S. Signal Butte Rd., #107
  - Goodyear, AZ 85309
  - 480-305-0877
- Katsur Dental of Arizona
  - 105 N. Litchfield Rd.
  - Goodyear, AZ 85338
  - 623-932-3200
- McDowell Dentistry of Goodyear
  - 14150 W. McDowell Rd.
  - Goodyear, AZ 85395
  - 623-536-2040
- Suncoast Dental
  - 2025 N. Pebble Creek Pkwy., #A-11
  - Goodyear, AZ 85395
  - 623-214-9979

**Not accepting new patients at this time**
Perfect Teeth - Power & McDowell  
2733 N. Power Rd., #101  
Mesa, AZ 85215  
480-924-7800

Risas Dental & Braces  
1928 E. Main St.  
Mesa, AZ 85203  
480-729-6090

Smile Dental Care  
10238 E. Hampton Ave., #105  
Mesa, AZ 85209  
480-986-2600

Sunshine Dental Care  
6328 E. Brown Rd., #101  
Mesa, AZ 85205  
480-325-5700

Sunwest Dental Center  
600 E. University Dr.  
Mesa, AZ 85203  
480-610-5100

Towne Center Dental Group  
4996 S. Power Rd.  
Mesa, AZ 85212  
480-840-3600

Western Dental  
1143 E. Main St.  
Mesa, AZ 85203  
480-962-0662

Oro Valley

Catalina Smiles  
7645 N. Oracle Rd, #120  
Oro Valley, AZ 85704  
520-797-9061

Peoria

Cactus Dental Care  
7440 W. Cactus Rd., #A18  
Peoria, AZ 85381  
623-979-4400

Copper Star Dentistry  
11001 N. 99th Ave., #113  
Peoria, AZ 85345  
623-583-7075

Dental Express LLC  
7545 W. Bell Rd., #105  
Peoria, AZ 85382  
623-487-1122

Gentle Dental - Peoria  
15182 N. 75th Ave., #120  
Peoria, AZ 85381  
623-878-2400

Gentle Dental - Rio Vista  
14155 N. 83rd Ave., Bldg. 3 #113  
Peoria, AZ 85381  
623-486-5222

Katsur Dental of Arizona  
9059 W. Lake Pleasant Pkwy., #A100  
Peoria, AZ 85382  
623-572-0102

Legacy Smiles  
28451 N. Vistancia Blvd, #101  
Peoria, AZ 85383  
623-218-6638

Pavilion Dental Group  
9947 W. Happy Valley Rd., #101  
Peoria, AZ 85383  
623-572-0893

Premier Dentistry  
9179 W. Thunderbird Rd., #B107  
Peoria, AZ 85381  
623-933-6010

Sun City Modern Dentistry  
13660 N. 94th Dr., #B1  
Peoria, AZ 85381  
623-977-2551

Western Dental  
8392 W. Thunderbird Rd.  
Peoria, AZ 85381  
623-334-8778

Phoenix

Alba Family Dentistry  
6605 N. 19th Ave., #C  
Phoenix, AZ 85015  
602-242-9077

Albright Dental Care  
7617 S. Central Ave.  
Phoenix, AZ 85042  
602-268-7076

API Dental  
6619 N. 19th Ave., #F  
Phoenix, AZ 85015  
602-995-6041

Arcadia Smiles Dentistry  
4203 E. Indian School Rd., #220  
Phoenix, AZ 85018  
602-955-1780

Aspen Dental  
475 E. Bell Rd. #150  
Phoenix, AZ 85022  
602-253-5200

Aspen Dental Arcadia  
2641 N. 44th St. #101  
Phoenix, AZ 85008  
602-718-1600

Aspen Dental Phoenix Metro  
2827 W. Peoria Ave., #101  
Phoenix, AZ 85029  
602-749-1000

\* Not accepting new patients at this time
Baseline Dental Care
2434 E. Baseline Rd., #104
Phoenix, AZ 85042
602-268-1655

Bi-Low Dentistry
1902 N. 16th St.
Phoenix, AZ 85006
602-253-3459

Camelback Smiles Dentistry
742 E. Glendale Ave., #118
Phoenix, AZ 85020
602-491-0887

Canyon Dental
2837 W. Northern Ave.
Phoenix, AZ 85051
602-995-2419

Crescent View Family Dental
4015 N. 15th Ave.
Phoenix, AZ 85015
602-248-0434

Deer Valley Dental Group
2805 W. Agua Fria Fwy., #8A
Phoenix, AZ 85027
623-255-3390

Dental Group of Ahwatukee
10827 S. 51st St., #201
Phoenix, AZ 85044
480-893-0888

Dental Specialty Associates
3923 E. Camelback Rd.
Phoenix, AZ 85018
602-795-5995

Dr. Grieb & Dr. Bipar
4611 E. Shea Blvd., #2-150
Phoenix, AZ 85028
602-494-1448

Foothills Smiles & Orthodontics
4803 E. Ray Rd., #P002
Phoenix, AZ 85044
480-755-4455

Gentle Dental 45th St.
4550 E. Bell Rd., Bldg. 8 #178
Phoenix, AZ 85032
602-494-3000

Gentle Dental – Ahwatukee
4910 E. Chandler Blvd., #120
Phoenix, AZ 85048
480-785-7600

Gentle Dental – East Bell
702 E. Bell Rd., #120
Phoenix, AZ 85022
602-867-7700

Imagine Dental
4802 E. Ray Rd., #19
Phoenix, AZ 85044
480-893-7733

Katsur Dental of Arizona
4159 W. Thunderbird Rd.
Phoenix, AZ 85053
602-843-8866

Kavita Kulkarni, DDS
3227 E. Bell Rd., #120
Phoenix, AZ 85032
602-923-2400

Kavita Kulkarni, DDS
and
3227 E. Bell Rd., #120
Phoenix, AZ 85032
602-923-2400

Kavita Kulkarni, DDS
1717 W. Northern Ave., #109
Phoenix, AZ 85021
602-861-3700

LB Dental
4045 E. Bell Rd., #115
Phoenix, AZ 85032
602-482-5100

Lucian Morse, DMD
3439 W. Northern Ave., #2
Phoenix, AZ 85051
602-973-7050

M & C Community Dental Care
521 W. Thomas Rd., 1st floor
Phoenix, AZ 85013
602-307-5775

Marketplace Smiles
21001 N. Tatum Blvd., #1690
Phoenix, AZ 85050
480-419-9200

Metro Dental Partners
10621 N. 35th Ave.
Phoenix, AZ 85029
602-978-9040

Michael Quinn, DDS
1512 W. Bell Rd., #C-6
Phoenix, AZ 85023
602-866-8183

Michael J. Wong, DDS
5400 S. Central Ave., #2
Phoenix, AZ 85040
602-276-2713

Modern Smiles Family Dentistry
4022 E. Greenway Rd., #12
Phoenix, AZ 85032
602-955-1780

Norterra Dental Group & Orthodontics
2217 W. Happy Valley Rd., #100
Phoenix, AZ 85085
623-581-7031

Orangewood Family Dental
2629 W. Orangewood Ave.
Phoenix, AZ 85051
602-864-7400

Phoenix Dental Center
1950 W. Indian School Rd., #6
Phoenix, AZ 85015
602-650-1700

Primary Care Dentistry
1423 N. 16th St.
Phoenix, AZ 85006
602-232-1980

Not accepting new patients at this time
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<td>3030 N. 67th Pl.</td>
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<td>Gregory E. Graber, DDS PLLC</td>
<td>10049 E. Dynamite Blvd., #100</td>
<td>480-513-6864</td>
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<td>Lux Dental Group</td>
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<td>Perfect Teeth</td>
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*Not accepting new patients at this time*
## Cigna Dental Care Plan
### DENTAL OFFICE DIRECTORY

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<td><strong>Aspen Dental</strong>&lt;br&gt;17018 W. Bell Rd.&lt;br&gt;Surprise, AZ 85374&lt;br&gt;623-214-1708</td>
<td><strong>Acacia Dental</strong>&lt;br&gt;7517 S. McClintock Dr., #106&lt;br&gt;Tempe, AZ 85283&lt;br&gt;480-831-7775</td>
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<td>Scottsdale, AZ 85255&lt;br&gt;480-544-2383</td>
<td><strong>Canyon Modern Dentistry</strong>&lt;br&gt;17081 W. Greenway Rd., #121&lt;br&gt;Surprise, AZ 85388&lt;br&gt;623-546-8400</td>
<td><strong>Gentle Dental Mill Ave.</strong>&lt;br&gt;55 E. Broadway Rd.&lt;br&gt;Tempe, AZ 85282&lt;br&gt;480-664-2244</td>
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<td><strong>Scottsdale Gentle Tooth Doctor</strong>&lt;br&gt;10335 N. Scottsdale Rd., #E&lt;br&gt;Scottsdale, AZ 85253&lt;br&gt;480-991-3273</td>
<td><strong>Dentistry of Greenway</strong>&lt;br&gt;16630 W. Greenway Rd., #319&lt;br&gt;Surprise, AZ 85374&lt;br&gt;623-582-9622</td>
<td><strong>Gentle Dental – Tempe</strong>&lt;br&gt;6655 S. Rural Rd., #1&lt;br&gt;Tempe, AZ 85283&lt;br&gt;480-831-5200</td>
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<tr>
<td><strong>Signature Dentistry</strong>&lt;br&gt;10855 N. Frank Lloyd Wright Blvd., #105&lt;br&gt;Scottsdale, AZ 85259&lt;br&gt;480-451-1215</td>
<td><strong>Gentle Dental – Grand Ave.</strong>&lt;br&gt;13375 W. Grand Ave., #109&lt;br&gt;Surprise, AZ 85374&lt;br&gt;623-544-2300</td>
<td><strong>Risas Dental &amp; Braces</strong>&lt;br&gt;3401 S. McClintock Dr.&lt;br&gt;Tempe, AZ 85282&lt;br&gt;480-339-3535</td>
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<tr>
<td><strong>Sun City</strong>&lt;br&gt;Associated Dental Care&lt;br&gt;14650 N. Del Webb Blvd., #4&lt;br&gt;Sun City, AZ 85351&lt;br&gt;623-876-8011</td>
<td><strong>Gentle Dental – Surprise</strong>&lt;br&gt;15601 W. Bell Rd., #202&lt;br&gt;Surprise, AZ 85374&lt;br&gt;623-556-2221</td>
<td><strong>Premier Dentistry &amp; Implant Center</strong>&lt;br&gt;15033 W. Bell Rd., #175&lt;br&gt;Tempe, AZ 85284&lt;br&gt;480-961-0600</td>
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<td><strong>Fox Family Dental</strong>&lt;br&gt;10147 Grand Ave., #A3&lt;br&gt;Sun City, AZ 85351&lt;br&gt;623-523-0290</td>
<td><strong>Grand Avenue Family Dental</strong>&lt;br&gt;14557 W. Grand Ave., #B106&lt;br&gt;Surprise, AZ 85374&lt;br&gt;623-374-3102</td>
<td><strong>Warner Village Cosmetic &amp; Family Dentistry</strong>&lt;br&gt;8675 S. Priest Dr., #101&lt;br&gt;Tempe, AZ 85284&lt;br&gt;480-961-0600</td>
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<tr>
<td><strong>Sunwest Dental Center</strong>&lt;br&gt;13000 N. 103rd Ave., #85&lt;br&gt;Sun City, AZ 85351&lt;br&gt;623-583-6666</td>
<td><strong>Premier Dentistry &amp; Implant Center</strong>&lt;br&gt;15033 W. Bell Rd., #175&lt;br&gt;Surprise, AZ 85374&lt;br&gt;623-466-6322</td>
<td><strong>Western Dental – Tempe</strong>&lt;br&gt;1080 W. Elliott Rd.&lt;br&gt;Tempe, AZ 85284&lt;br&gt;480-845-6625</td>
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<td><strong>Sun City West</strong>&lt;br&gt;Katsur Dental of Arizona&lt;br&gt;13925 W. Meeker Blvd., #15&lt;br&gt;Sun City West, AZ 85375&lt;br&gt;623-556-5006</td>
<td><strong>Protection Plus Dental</strong>&lt;br&gt;15288 W. Brookside Ln., #131&lt;br&gt;Surprise, AZ 85374&lt;br&gt;623-251-4346</td>
<td><strong>Yehia Imam, DDS</strong>&lt;br&gt;2034 E. Southern Ave.&lt;br&gt;Tempe, AZ 85282&lt;br&gt;480-775-8056</td>
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<td><strong>Sun City West</strong>&lt;br&gt;Associated Dental Care&lt;br&gt;14650 N. Del Webb Blvd., #4&lt;br&gt;Sun City, AZ 85351&lt;br&gt;623-876-8011</td>
<td><strong>Sunwest Dental Center</strong>&lt;br&gt;13000 N. 103rd Ave., #85&lt;br&gt;Sun City, AZ 85351&lt;br&gt;623-583-6666</td>
<td><strong>Sun City West</strong>&lt;br&gt;Katsur Dental of Arizona&lt;br&gt;13925 W. Meeker Blvd., #15&lt;br&gt;Sun City West, AZ 85375&lt;br&gt;623-556-5006</td>
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Tucson
Cigna Dental Care Plan
DENTAL OFFICE DIRECTORY

Tucson

Aspen Dental
4356 N. Oracle Rd. #140
Tucson, AZ 85705
520-888-1044

Associated Dental Care
698 E. Wetmore Rd., #370
Tucson, AZ 85705
520-293-7433

Associated Dental Care
3773 W. Ina Rd., #180
Tucson, AZ 85741
520-579-8166

Associated Dental Care
4890 S. Mission Rd.
Tucson, AZ 85746
520-908-8797

Associated Dental Care
3250 N. Campbell Ave., #116
Tucson, AZ 85719
520-881-8995

Associated Dental Care Providers
6565 E. Carondelet Dr., #355
Tucson, AZ 85710
520-733-9225

Cody Skinner Dental
4801 N. 1st Ave.
Tucson, AZ 85718
520-292-0606

Gentle Dental – Broadway
5311 E. Broadway Blvd.
Tucson, AZ 85711
520-790-2865

Gentle Dental – Grant
5977 E. Grant Rd., #115
Tucson, AZ 85712
520-733-0040

Gentle Dental – Heritage Plaza
2918 W. Ina Rd., #100
Tucson, AZ 85741
520-742-9500

Gentle Dental – Ina Road
7225 N. Mona Lisa Rd., #203
Tucson, AZ 85741
520-888-0510

Gentle Dental – Marana
5860 W. Arizona Pavilions Dr., #100
Tucson, AZ 85743
520-572-1001

Gentle Dental – Oracle
6849 N. Oracle Rd., #115
Tucson, AZ 85704
520-696-0700

Gentle Dental – Tri-Pointe
6373 E. Tanque Verde Rd., #100
Tucson, AZ 85715
520-298-0427

iSmile
4600 S. Park Rd., #6
Tucson, AZ 85714
520-889-3358

Perfect Teeth/ABC PC
123 S. Stone Ave.
Tucson, AZ 85701
520-798-3384

Perfect Teeth/North Wilmot PC
6126 E. Speedway Blvd.
Tucson, AZ 85712
520-298-2379

Spanish Trail Dental Group ✦
9660 E. 22nd St., #160
Tucson, AZ 85748
520-917-0666

Tortolita Dental Group & Ortho
9725 N. Thornydale Rd., #173
Tucson, AZ 85742
520-200-0177

Tucson Spectrum Dentistry
5369 S. Calle Santa Cruz., #105
Tucson, AZ 85706
520-889-3379

Western Dental – Broadway Plaza
7701 E. Broadway Blvd.
Tucson, AZ 85710
520-722-9525

Western Dental Services Inc.
2901 E. Broadway Blvd.
Tucson, AZ 85716
520-917-7500

Western Dental – Oracle
3922 N. Oracle Rd.
Tucson, AZ 85704
520-293-0590

✦ Not accepting new patients at this time
You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information.

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