



# Take control of your dental health.

We're here to help you.



**A guide to your DC Government  
benefit plan options.**

PLAN YEAR: 01/01/2025 - 12/31/2025



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In Utah, plans are offered by Cigna Health and Life Insurance Company.

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# A guide to your DC Government benefit plan options

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# Words to know



**This guide was created to help you make important decisions about your dental care. Before you begin, we think understanding certain words will help you better understand the choices you need to make. Here are some definitions of words and phrases you'll see in this guide.**

**Deductible:** The annual amount you pay for dental care before your dental plan begins to pay.<sup>1</sup>

**Copay:** The annual amount you pay for dental care before your dental plan begins to pay.<sup>2</sup>

**Coinsurance:** Your share of the cost of covered dental care services, usually after you meet your deductible. The plan pays the rest.

**Out-of-pocket maximum:** The most your plan will pay toward covered services during the plan year. Once you reach your plan's dollar maximum, you're responsible for 100% of the costs until the new plan year begins.<sup>1</sup>

**In-network:** Dentists and facilities that have contracts with Cigna Healthcare to deliver services at a discounted rate.

**Out-of-network:** A dentist or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network dental care professional or facility will usually cost you more.<sup>3</sup>

1. Deductible and annual dollar maximum not applicable to DHMO plans.
2. Copay not applicable to DHMO coinsurance plans.
3. Out-of-network not available in DHMO plans except for emergency care.

# Benefit highlights

Cigna Healthcare<sup>SM</sup> wants to help you choose a dental plan that fits your needs and help keep you healthy.

This year, DC Government offers you the following dental plans:

- **Cigna Dental Care (DHMO)**
- **Dental Preferred Provider Organization (DPPO)**

Your employer works with Cigna Healthcare to offer you dental plans that provide the coverage, tools and resources you need to help you better manage your dental health – and your spending.

- Choose a dental plan that promotes good oral health as a way to help improve your overall health.
- Benefit from a dental plan that reimburses costs for specific dental services used to treat or help prevent gum disease and tooth decay.
- Cost savings when using in-network dentists.
- Ways to compare costs, look at claims, search for dentists and more using the **myCigna® website** or **app**.<sup>1</sup>
- 24/7/365 live customer service support.

At Cigna Healthcare, we want to partner with you and support you on your health journey. We'll be there for you, every step of the way, so you don't have to go it alone.

## Enrollment checklist

Choosing your dental benefits is an important decision. These steps will help you choose wisely.

- Review your plan details, including coverage options.
- Think about your dental history and dental care needs. How much do you spend, on average, for dental care? How might that change in the upcoming year?
- Check "Find a Doctor" on **Cigna.com**<sup>®</sup> to see if your dentist participates in your plan's network.
- Enroll in your dental plan choice by .

**Please read all of the information in this guide. Dental plans may work differently, so it's important to use this along with your other enrollment materials as a guide to how your dental plans work.**

**Call the preenrollment hotline at 800.Cigna24 (800.244.6224) if you have questions.**

1. App/online store terms and mobile phone carrier/data charges apply.

# Cigna Dental Care (DHMO)

The Cigna Dental Care® (DHMO) plan provides coverage for dental care, including visits to your dentist for regular oral exams, cleanings, fluoride treatments, X-rays and other covered services.<sup>2</sup> Most preventive services are covered at little or no extra cost to you.

When you visit your in-network dentist you do not need an ID card to receive care. You will pay the charge listed on your Patient Charge Schedule (PCS), which you'll receive in the mail after you enroll. You can access a copy of your PCS or print your ID card on [myCigna.com](https://mycigna.com)® or the [myCigna](#)® app.

In addition to listing the covered services and the amount you'll pay for those services when you use an in-network dentist, the PCS also outlines any frequency limitations. Procedures not listed on your PCS are not covered. To avoid cost surprises, it's a good idea to keep your PCS handy when you visit your dentist.

With the Cigna Dental Care plan, you don't have to pay an annual amount (deductible) before your dental plan begins paying for covered dental care costs. In addition, there are no annual or lifetime dollar maximums.

The Cigna Dental Care plan also covers services such as teeth whitening and athletic mouth guards that may not be covered on other plan options.

## Important features.

- You must select a primary care dentist in the **Cigna Dental Care**® Access network who will coordinate all of your dental care needs.<sup>3</sup> You may select a different primary dentist for each member of your family and you may select a pediatric dentist for children under 13 years old.
- You can change your network dentist at any time.
- Your network general dentist will give you a referral if you need care from a network specialist. (Referrals are not required for network pediatric dentists for children under age 13 and network orthodontists.)

Remember, this is a guide only. The details of your plan may vary. Make sure to read your enrollment materials for your specific dental plan details, including plan exclusions and limitations.

1. The term "DHMO" refers to group dental products that may differ by the state an enrollee lives in. This can include prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care (DHMO) plan is not available in all states.

2. In general, the following frequency limitations apply: Two (2) exams, cleanings and fluoride treatments per calendar year; one (1) full mouth x-ray every three (3) calendar years; one (1) panorex x-ray every three (3) calendar years. Plans may vary, so review your plan documents for a complete list of covered and non-covered services.

3. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. Customers are responsible for any charges not covered by the plan. Other states may have similar mandates. For cost and coverage details, see your plan documents or contact a Cigna Healthcare representative.

# Dental Preferred Provider Organization (DPPO)

The Dental Preferred Provider Organization (DPPO) plan covers important preventive care services such as cleanings, exams and routine X-rays at little to no extra cost when you use a network dentist.<sup>1</sup>

Although this plan will cover care received from any dentist, you can save more money when you see a network dentist.

With the DPPO plan, you'll typically pay an annual amount (deductible) before your plan begins to pay for a portion of covered dental care costs. You may also have a waiting period for some services – which is the amount of time that must pass before these services are covered.

Once you meet your deductible and satisfy any waiting periods, you'll pay a portion of your covered dental care costs (coinsurance). Your plan pays for the rest, up to your plan's annual dollar maximum.

DPPO plans have an annual dollar maximum, which is the most the plan will pay toward covered services during the plan year. Once you reach this maximum, you are responsible for paying all costs until your plan renews.

## Important features.

- No referral is needed to see a dental specialist.
- Certain preventive services may be covered at little or no extra cost to you when you visit a dentist in Cigna Healthcare's DPPO network.
- Cigna Healthcare's DPPO network dentists will submit claims for you, and your plan will pay the dentist.
- DPPO network dentists will not balance bill you, meaning they won't charge you the difference between their usual fees and the fee they have agreed to accept from Cigna Healthcare.
- You do not need an ID card to receive care. But, if you want to, you can access a digital version on **myCigna.com**<sup>®</sup> or the **myCigna**<sup>®</sup> app after you enroll in a DPPO plan.

Remember, this is a guide only. The details of your plan may vary. Make sure to read your enrollment materials for your specific dental plan details.

1. In general, the following frequency limitations apply: Two (2) exams and cleanings per calendar year; two (2) fluoride treatments per calendar year for people under age 16; one (1) bitewing X-ray per calendar year; one (1) full mouth X-ray every five (5) calendar years; one (1) panorex X-ray every five (5) calendar years. Plans may vary, so review your plan documents for a complete list of covered and non-covered services.

### How your Cigna Dental Care and DPPO plans work:

Cigna Dental Care	DPPO
The plan shows you exact dollar amounts you will pay for each procedure.	The plan is based on coinsurance levels that are shared between you and Cigna Healthcare, after you meet your deductible and satisfy any waiting period.
No calendar year maximums, so you don't have to worry about your benefits running out if you reach a certain amount.	Has a calendar year benefit maximum.
No deductibles, so your benefits begin right away.	Has a deductible that you'll have to meet before plan benefits begin.
You must choose a primary dentist in the Cigna Dental Care Access network during enrollment and some specialty care requires referrals. <sup>3</sup>	You can go to any dentist without referrals for specialists. You will likely pay less if you use a Cigna Healthcare network dentist who provides discounts for dental services.

Please review the plan summaries for details, including plan exclusions and limitations.

3. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. Customers are responsible for any charges not covered by the plan. Other states may have similar mandates. For cost and coverage details, see your plan documents or contact a Cigna Healthcare representative.

### How your DPPO plan works: What you'll pay once you meet your deductible

Plan details	DPPO plan in-network	DPPO plan out-of-network <sup>2</sup>
<b>Deductible</b>	\$0	\$0
<b>Class I (preventive)</b>	DPPO Advantage 0% / DPPO 10%	10%
<b>Class II (basic)</b>	DPPO Advantage 10% / DPPO 20%	20%
<b>Class III (major)</b>	DPPO Advantage 30% / DPPO 50%	50%
<b>Class IV (orthodontic)</b>	DPPO Advantage 30% / DPPO 50%	50%
<b>Class V (implants)</b>	DPPO Advantage 30% / DPPO 50%	50%
<b>Calendar year maximum</b>	\$3,500 per member	\$3,500 per member
<b>Calendar year maximum: Implants</b>	n/a	n/a
<b>Lifetime maximum: Orthodontia</b>	\$3,500 per member	\$3,500 per member

In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna Healthcare DPPO network.

Please review your Benefit Summary for details, including plan exclusions and limitations.

2. Out-of-network charges are subject to the plan's Maximum Allowable/Reimbursable Charge provisions.

# Find the dental plan that's right for you

Selecting between the **Cigna Dental Care**® (DHMO) and the **Cigna Dental PPO** (DPPO) plans is an important decision. To help you choose, use the quick guide below to better understand which dental plan features are most important to you and your family.

Select either “Yes” or “No” for each statement below.

I plan to see an in-network general dentist to coordinate my dental care, including any specialist referrals that I may need.

I don't need out-of-network benefits.

I'd prefer a plan that tells me the **exact dollar amount I pay** for each procedure so I don't have to calculate what I owe based on percentages.

I am looking for a plan with **no annual maximum** so I am not limited to care during any plan year.

I'd prefer a plan with **no deductible** before benefits begin.

I'd prefer a plan with **no waiting** period so my benefits start right away.

**If you answered “yes” to most, then the Cigna Dental Care plan may be right for you because:**

- You're willing to choose a DHMO network general dentist (NGD) to oversee all of your dental health care needs.
- You understand that your network general dentist must refer you to any network specialists. (Referrals are not required for pediatric dentists for children under age 13<sup>2</sup> and orthodontists).
- You'll know the exact dollar amount you'll have to pay.
- You won't have calendar-year maximums, deductibles or waiting periods.

**If you answered “no” to most, then the Cigna Dental DPPO plan may be right for you because:**

- You'll be able to visit any licensed dentist or specialist without needing a referral.
- You'll be able to choose a general dentist or specialist in- or out-of-network.
- You understand that your greatest savings come from seeing providers who are in the Cigna DPPO network.
- You know that your out-of-pocket costs are based on a percentage of charged fees for services covered by the plan.
- You may be balance billed for out-of-network services in excess of the plan usual and customary fee.
- You understand that your plan may have calendar-year maximums, deductibles and waiting periods for some services.

Visit **Cigna.com**® to search for dentists in the DHMO or DPPO networks.

1. 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. The Cigna Dental Care (DHMO) product availability varies by state and is subject to change.

2. Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from an NGD.



## How to find a dentist

Smile! It's easy to find a network dentist or specialist. We have multiple easy and quick ways to find an in-network dentist or specialist. Here's how.

### Cigna.com

Not a current customer, or considering switching plans? Visit **Cigna.com**<sup>®</sup> to see if your dentist is in the network.<sup>1</sup>

- Go to **Cigna.com** and click on "Find a Doctor" at the top of the screen.
- Under "How are you Covered?" select "Employer or School," depending on where you work.
- Enter Search Location – city, state or Zip code.
- Search either by "Doctor by Type," "Doctor by Name" or "Locations."
- Type in the provider name, specialty or type of care you're looking for in the Search box.
- Select your plan.
- From the Search Results page, you can further refine your search results by distance, specialty and additional languages.
- Click on the dentist's name for more details, including multiple location listings with map view.

### Call your current dentist

Call to ask if your dentist participates in the Cigna Healthcare dental network for your plan.

1. Just because a health care provider is listed in the directory doesn't mean that your health plan will cover all services. Look at your official plan documents, or call the number listed on your ID card, for information about the services your plan covers.

## Save money with OHIP

The Cigna Dental Oral Health Integration Program<sup>®</sup> (OHIP) reimburses out-of-pocket costs for services that help treat or prevent gum disease and tooth decay. You may be eligible to participate if you're enrolled in our dental plan and have a qualifying medical condition.<sup>1</sup> You don't have to be enrolled in our medical plan to participate.

### Qualifying conditions include<sup>2</sup>:

- Pregnancy
- Heart Disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis

There's no additional cost for OHIP - if you qualify, you'll get reimbursed.<sup>3</sup> OHIP helps you save money and manage your conditions through better oral care.

### Two ways to enroll in OHIP:

- Go to myCigna, select Coverage > Dental, and fill out the registration form.

- Call the number on your ID card and ask for a mailed registration form.

1. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable annual benefits maximum. See your plan documents or contact Cigna Healthcare for complete program details.

2. Not a full list of conditions.

3. You do not have to meet your DPPPO or indemnity deductible to receive reimbursement for these services. However, reimbursement will apply to and is subject to your annual benefits maximum for traditional indemnity and DPPPO plans as well as plan rules for visits to network dentists and out-of-network dentists.

## Choose-a-dentist tools

After you enroll in a dental plan, you get access to intuitive tools that make it easier to choose a dentist who is right for you.

Visit **myCigna.com**<sup>®</sup> or the **myCigna**<sup>®</sup> app<sup>1</sup> anytime, just about anywhere to discover:<sup>2</sup>

- **The Brighter Score**<sup>®</sup> feature.<sup>3</sup> Use this score to compare dentists, based on affordability (DPPPO only), patient experience and professional history.
- **Office reviews and comparisons.** Read verified patient reviews and view dentist profiles, including pictures and videos.
- **Enhanced search and transparent pricing.** Search by dentist or procedures to estimate out-of-pocket costs, including coinsurance and deductibles, for your specific plan.

Need help finding an in-network dentist or specialist?

You can visit **Cigna.com** > Find a Doctor to search for dentists before you enroll. Or call us 24/7 at **800.Cigna24 (800.244.6224)**.

1. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

2. Actual features may vary by dentist and plan type. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.

3. Brighter features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.

# Discrimination is against the law

## Dental Coverage

Cigna Healthcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna Healthcare  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

## Proficiency of Language Assistance Services

**English – ATTENTION:** Language assistance services, free of charge, are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish – ATENCIÓN:** Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna Healthcare, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese – 注意：**我們可為您免費提供語言協助服務。對於 Cigna Healthcare 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese – XIN LƯU Ý:** Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna Healthcare, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean – 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna Healthcare 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고, 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711) 번으로 전화해주시고.

**Tagalog – PAUNAWA:** Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna Healthcare, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian – ВНИМАНИЕ:** вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna Healthcare, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic –** برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعلاء Cigna Healthcare. الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole – ATANSYON:** Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna Healthcare yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French – ATTENTION:** Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna Healthcare, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese – ATENÇÃO:** Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna Healthcare atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish – UWAGA:** w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna Healthcare mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese – 注意事項：**日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCigna Healthcare のお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711) まで、お電話にてご連絡ください。

**Italian – ATTENZIONE:** Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna Healthcare attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German – ACHTUNG:** Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna Healthcare-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi) – توجه:** خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna Healthcare، لطفاً با شمار های که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره گیری کنید).



**Make sure to read all your enrollment information thoroughly as plan details may vary. If there are any differences between the information in this guide and the official plan documents, the terms of the plan documents will prevail.**

**Dentists that participate in the Cigna Healthcare network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna Healthcare.**

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusion and limitations. For costs and complete details of coverage, contact your Cigna Healthcare representative and see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc., including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), Cigna HealthCare of Texas, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: Medical: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN); Dental: OK – HP-POL99/HP-POL-388, POL115; OR – HP-POL68/HP-POL352, HP-POL121 04-10; TN – HP-POL69/HC-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

# We're here for you 24/7/365.

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We know your dental issues don't always happen between 9 and 5, so we keep our call centers open for business around the clock.

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DC-07

## CIGNA DENTAL CARE® (\*DHMO) PATIENT CHARGE SCHEDULE

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

### Important Highlights

- ▶ This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents.
- ▶ This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network 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 Pediatric and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- ▶ 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 your plan book/certificate of coverage and/or group contract.
- ▶ 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®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
<b>Office visit fee (per patient, per office visit in addition to any other applicable patient charges)</b>		
	Office visit fee	\$5.00
<b>Diagnostic/preventive – oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: periodic oral evaluations (d0120), comprehensive oral evaluations (d0150), comprehensive periodontal evaluations (d0180), and oral evaluations for patients under 3 years of age (d0145).</b>		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0.00
D9430	Office visit for observation – no other services performed	\$0.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00
D0120	Periodic oral evaluation – established patient	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – new or established patient	\$0.00
D0170	Re-evaluation – problem focused (not post-operative visit)	\$0.00
D0210	X-rays – complete series (including bitewings) <i>(limit 1 every 3 years)</i>	\$0.00
D0220	X-rays intraoral periapical, first film	\$0.00
D0230	X-rays intraoral periapical, each additional film	\$0.00
D0240	X-rays intraoral – occlusal film	\$0.00
D0270	X-rays (bitewing) – single film	\$0.00
D0272	X-rays (bitewings) – 2 films	\$0.00
D0273	X-rays (bitewings) – 3 films	\$0.00
D0274	X-rays (bitewings) – 4 films	\$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 films	\$0.00
D0330	X-rays (panoramic film) – <i>(limit 1 every 3 years)</i>	\$0.00
D0431	Oral cancer screening using a special light source	\$50.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D0472	Pathology report – gross examination of lesion (only when tooth related)	\$0.00
D0473	Pathology report – microscopic examination of lesion (only when tooth related)	\$0.00
D0474	Pathology report – microscopic examination of lesion and area (only when tooth related)	\$0.00
D1110	Cleaning (prophylaxis) – adult ( <i>limit 2 per calendar year</i> )	\$0.00
	Additional cleaning (prophylaxis), in addition to the 2 cleanings (prophylaxes) allowed per calendar year	\$0.00
D1120	Cleaning (prophylaxis) – child ( <i>limit 2 per calendar year</i> )	\$0.00
	Additional cleaning (prophylaxis), in addition to the 2 cleanings (prophylaxes) allowed per calendar year	\$0.00
D1203	Topical fluoride application – child (up to 19th birthday) (limited to 2 per calendar year). There is a combined limit of a total of 2 d1203s and/or d1206s per calendar year.	\$0.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients. Child (up to 19th birthday)(limited to 2 per calendar year). There is a combined limit of a total of 2 d1203s and/or d1206s per calendar year.	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – per tooth	\$0.00
D1510	Space maintainer – fixed unilateral	\$40.00
D1515	Space maintainer – fixed bilateral	\$40.00
<b>Restorative (fillings)</b>		
D2140	Amalgam – 1 surface, primary or permanent	\$13.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$16.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$16.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$31.00
D2330	Resin-based composite – 1 surface, anterior	\$16.00
D2331	Resin-based composite – 2 surfaces, anterior	\$16.00
D2332	Resin-based composite – 3 surfaces, anterior	\$16.00



**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle (anterior)	\$31.00
D2390	Resin-based composite crown, anterior	\$54.00
D2391	Resin-based composite – 1 surface, posterior	\$32.00
D2392	Resin-based composite – 2 surfaces, posterior	\$43.00
D2393	Resin-based composite – 3 surfaces, posterior	\$43.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$54.00
<b>Crown and bridge all charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) – replacement limit 1 every 5 years.</b>		
D2510	Inlay – metallic – 1 surface	\$235.00
D2520	Inlay – metallic – 2 surfaces	\$235.00
D2530	Inlay – metallic – 3 or more surfaces	\$235.00
D2542	Onlay – metallic – 2 surfaces	\$240.00
D2543	Onlay – metallic – 3 surfaces	\$240.00
D2544	Onlay – metallic – 4 or more surfaces	\$240.00
D2740	Crown – porcelain/ceramic substrate	\$420.00
D2750	Crown – porcelain fused to high noble metal	\$285.00
D2751	Crown – porcelain fused to predominantly base metal	\$250.00
D2752	Crown – porcelain fused to noble metal	\$275.00
D2780	Crown – 3/4 cast high noble metal	\$285.00
D2781	Crown – 3/4 cast predominantly base metal	\$250.00
D2782	Crown – 3/4 cast noble metal	\$275.00
D2790	Crown – full cast high noble metal	\$285.00
D2791	Crown – full cast predominantly base metal	\$250.00
D2792	Crown – full cast noble metal	\$275.00
D2910	Recement inlay, onlay or veneer	\$21.00
D2920	Recement crown	\$21.00
D2930	Prefabricated stainless steel crown – primary tooth	\$53.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$53.00
D2932	Prefabricated resin crown	\$74.00
D2933	Prefabricated stainless steel crown with resin window	\$95.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D2940	Sedative filling	\$16.00
D2950	Core buildup, including any pins	\$115.00
D2951	Pin retention – per tooth, in addition to restoration	\$27.00
D2952	Cast post and core, in addition to crown	\$115.00
D2954	Prefabricated post and core in addition to crown	\$115.00
D2960	Labial veneer (resin laminate) – chairside	\$81.00
D6210	Pontic – cast high noble metal	\$210.00
D6211	Pontic – cast predominantly base metal	\$210.00
D6212	Pontic – cast noble metal	\$210.00
D6240	Pontic – porcelain fused to high noble metal	\$210.00
D6241	Pontic – porcelain fused to predominantly base metal	\$210.00
D6242	Pontic – porcelain fused to noble metal	\$210.00
D6245	Pontic – porcelain/ceramic	\$420.00
D6602	Inlay – cast high noble metal, 2 surfaces	\$235.00
D6603	Inlay – cast high noble metal, 3 or more surfaces	\$235.00
D6604	Inlay – cast predominantly base metal, 2 surfaces	\$235.00
D6605	Inlay – cast predominantly base metal, 3 or more surfaces	\$235.00
D6606	Inlay – cast noble metal, 2 surfaces	\$235.00
D6607	Inlay – cast noble metal, 3 or more surfaces	\$235.00
D6610	Onlay – cast high noble metal, 2 surfaces	\$240.00
D6611	Onlay – cast high noble metal, 3 or more surfaces	\$240.00
D6612	Onlay – cast predominantly base metal, 2 surfaces	\$240.00
D6613	Onlay – cast predominantly base metal, 3 or more surfaces	\$240.00
D6614	Onlay – cast noble metal, 2 surfaces	\$240.00
D6615	Onlay – cast noble metal, 3 or more surfaces	\$240.00
D6740	Crown – porcelain/ceramic	\$420.00
D6750	Crown – porcelain fused to high noble metal	\$235.00
D6751	Crown – porcelain fused to predominantly base metal	\$220.00
D6752	Crown – porcelain fused to noble metal	\$235.00
D6780	Crown – 3/4 cast high noble metal	\$235.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D6781	Crown – 3/4 cast predominantly base metal	\$220.00
D6782	Crown – 3/4 cast noble metal	\$235.00
D6790	Crown – full cast high noble metal	\$235.00
D6791	Crown – full cast predominantly base metal	\$220.00
D6792	Crown – full cast noble metal	\$235.00
	Complex rehabilitation – 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)	\$130.00
D6930	Recement fixed partial denture	\$0.00
<b>Endodontics (root canal treatment, excluding final restorations)</b>		
D3110	Pulp cap – direct (excluding final restoration)	\$29.00
D3120	Pulp cap – indirect (excluding final restoration)	\$29.00
D3220	Pulpotomy – removal of pulp, not part of a root canal	\$57.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	\$57.00
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development	\$93.00
D3310	Anterior root canal (permanent tooth) (excluding final restoration)	\$195.00
D3320	Bicuspid root canal (permanent tooth) (excluding final restoration)	\$230.00
D3330	Molar root canal (permanent tooth) (excluding final restoration)	\$86.00
D3331	Treatment of root canal obstruction; non-surgical access	\$86.00
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	\$86.00
D3333	Internal root repair of perforation defects	\$86.00
D3346	Retreatment of previous root canal therapy anterior	\$230.00
D3347	Retreatment of previous root canal therapy bicuspid	\$285.00
D3348	Retreatment of previous root canal therapy molar	\$400.00
D3410	Apicoectomy/periradicular surgery anterior	\$170.00
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$170.00
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$170.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

Code	Procedure Description	Patient Charge
D3426	Apicoectomy/periradicular surgery (each additional root)	\$57.00
D3430	Retrograde filling – per root	\$57.00
<p><b>Periodontics (treatment of supporting tissues [gum and bone] of the teeth)</b>  <b>periodontal regenerative procedures are limited to one 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</b></p>		
D0180	Comprehensive periodontal evaluation – new or established patient	\$50.00
D4210	Gingivectomy or gingivoplasty – 4 or more teeth, per quadrant	\$285.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth, per quadrant	\$120.00
D4240	Gingival flap, including root planing – 4 or more teeth, per quadrant	\$210.00
D4241	Gingival flap, including root planing – 1 to 3 teeth, per quadrant	\$105.00
D4245	Apically positioned flap	\$210.00
D4249	Clinical crown lengthening – hard tissue	\$170.00
D4260	Osseous surgery – 4 or more teeth, per quadrant	\$300.00
D4261	Osseous surgery – 1 to 3 teeth, per quadrant	\$180.00
D4263	Bone replacement graft – first site in quadrant	\$255.00
D4264	Bone replacement graft – each additional site in quadrant	\$200.00
D4266	Guided tissue regeneration – resorbable barrier, per site	\$335.00
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$170.00
D4270	Pedicle soft tissue graft procedure	\$170.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$170.00
D4275	Soft tissue allograft	\$170.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limit 4 quadrants per consecutive 12 months)	\$57.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth, per quadrant (limit 4 quadrants per consecutive 12 months)	\$46.00
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime)	\$57.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D4381	Localized delivery of chemotherapeutic agents, per tooth, by report	\$68.00
D4910	Periodontal maintenance (limited to 2 per calendar year) only covered after active therapy.	\$57.00
D9940	Occlusal guard – by report (limit 1 per 24 months)	\$125.00
D9951	Occlusal adjustment limited	\$23.00
D9952	Occlusal adjustment complete	\$80.00
<b>Prosthetics (removable tooth replacement – dentures) (includes up to 4 adjustments within first 6 months after insertion – replacement limit 1 every 5 years)</b>		
D5110	Full upper denture	\$500.00
D5120	Full lower denture	\$500.00
D5130	Immediate full upper denture	\$500.00
D5140	Immediate full lower denture	\$500.00
D5211	Upper partial denture – resin base (including clasps, rests and teeth)	\$340.00
D5212	Lower partial denture – resin base (including clasps, rests and teeth)	\$340.00
D5213	Upper partial denture – metal (including clasps, rests and teeth)	\$355.00
D5214	Lower partial denture – metal (including clasps, rests and teeth)	\$355.00
D5410	Adjust complete denture upper	\$17.00
D5411	Adjust complete denture lower	\$17.00
D5421	Adjust partial denture upper	\$17.00
D5422	Adjust partial denture lower	\$17.00
<b>Repairs to prosthetics</b>		
D5510	Repair broken complete denture base	\$80.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$80.00
D5610	Repair resin denture base	\$80.00
D5630	Repair or replace broken clasp	\$86.00
D5640	Replace broken teeth – per tooth	\$80.00
D5650	Add tooth to existing partial denture	\$80.00
D5660	Add clasp to existing partial denture	\$86.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
<b>Denture relining (limit 1 every 36 months)</b>		
D5710	Rebase complete upper denture	\$175.00
D5711	Rebase complete lower denture	\$175.00
D5720	Rebase upper partial denture	\$175.00
D5721	Rebase lower partial denture	\$175.00
D5730	Reline complete upper denture (chairside)	\$120.00
D5731	Reline complete lower denture (chairside)	\$120.00
D5740	Reline upper partial denture (chairside)	\$120.00
D5741	Reline lower partial denture (chairside)	\$120.00
D5750	Reline complete upper denture (laboratory)	\$175.00
D5751	Reline complete lower denture (laboratory)	\$175.00
D5760	Reline upper partial denture (laboratory)	\$175.00
D5761	Reline lower partial denture (laboratory)	\$175.00
<b>Interim dentures (limit 1 every 5 years)</b>		
D5810	Interim complete denture (upper)	\$245.00
D5811	Interim complete denture (lower)	\$245.00
D5820	Interim partial denture (upper)	\$195.00
D5821	Interim partial denture (lower)	\$195.00
<b>Oral surgery (includes routine post-operative treatment) surgical removal of impacted tooth – not covered for ages below 15 unless pathology (disease) exists.</b>		
D7111	Extraction of coronal remnants – deciduous tooth	\$17.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$17.00
D7210	Surgical removal of erupted tooth – removal of bone and/or section of tooth	\$51.00
D7220	Removal of impacted tooth – soft tissue	\$125.00
D7230	Removal of impacted tooth – partially bony	\$175.00
D7240	Removal of impacted tooth – completely bony	\$255.00
D7241	Removal of impacted tooth – completely bony, unusual complications	\$255.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$120.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D7260	Oroantral fistula closure	\$115.00
D7261	Primary closure of a sinus perforation	\$115.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$145.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$165.00
D7285	Biopsy of oral tissue – hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)	\$145.00
D7286	Biopsy of oral tissue – soft (all others) (tooth related – not allowed when in conjunction with another surgical procedure)	\$115.00
D7287	Exfoliative cytological sample collection	\$67.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces – per quadrant	\$115.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces – per quadrant	\$130.00
D7450	Removal of benign odontogenic cyst or tumor – up to 1.25Cm	\$180.00
D7451	Removal of benign odontogenic cyst or tumor – greater than 1.25Cm	\$180.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$155.00
D7472	Removal of torus palatinus	\$155.00
D7473	Removal of torus mandibularis	\$155.00
D7485	Surgical reduction of osseous tuberosity	\$130.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$63.00
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$175.00
<b>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.)</b>		
D8050	Interceptive orthodontic treatment of the primary dentition ( <i>banding</i> )	\$315.00
D8060	Interceptive orthodontic treatment of the transitional dentition ( <i>banding</i> )	\$315.00
D8070	Comprehensive orthodontic treatment of the transitional dentition ( <i>banding</i> )	\$340.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition ( <i>banding</i> )	\$340.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D8090	Comprehensive orthodontic treatment of the adult dentition ( <i>banding</i> )	\$340.00
D8660	Pre-orthodontic treatment visit	\$46.00
D8670	Periodic orthodontic treatment visit (as part of contract)	
	Children (up to 19th birthday):	
	24 Month treatment fee	\$1,595.00
	Charge per month for 24 months	\$66.46
	Adults:	
	24 Month treatment fee	\$1,710.00
	Charge per month for 24 months	\$71.25
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$170.00
D8999	Unspecified orthodontic procedure, by report (orthodontic treatment plan and records)	\$170.00
<p><b>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 one hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.</b></p>		
D9220	General anesthesia – first 30 minutes	\$130.00
D9221	General anesthesia – additional 15 minutes	\$68.00
D9241	IV Conscious sedation – first 30 minutes	\$130.00
D9242	IV Conscious sedation – additional 15 minutes	\$68.00
<p><b>Emergency services</b></p>		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$15.00
D9440	Office visit – after regularly scheduled hours	\$65.00
<p><b>Miscellaneous services external bleaching (d9972) is limited to the use of take-home bleaching trays. All other bleaching methods are not covered.</b></p>		
D9972	External bleaching – per arch	\$175.00



## CIGNA DENTAL CARE® PATIENT CHARGE SCHEDULE

### After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll-free number listed on your ID card or plan materials. Multiple ways to locate a DHMO network general dentist:

- On-line Provider Directory at [www.cigna.com](http://www.cigna.com)
- On-line Provider Directory on [myCigna.com](http://myCigna.com)
- Call the number located on your ID card to:
  - Use the Dental Office Locator via Speech Recognition
  - Speak to a Customer Service Representative

**EMERGENCY:** If you have a dental emergency as defined in your group's plan documents, contact your network general dentist as soon as possible. If you are out of your service area or unable to contact your network office, emergency care can be rendered by any licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your network general dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of exclusions and limitations.

All CDT codes listed above are from 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.



\*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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**Cigna Dental Benefit Summary**  
**Government of the District of Columbia**  
**Plan Renewal Date: 01/01/2025**



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Benefit Plan Features</b>	<b>Total Cigna</b>		<b>Non-Network</b>
<b>Network Options</b>	Advantage Network	Cigna DPPO	See Non-Network Reimbursement
<b>Reimbursement Levels</b>	Fee Schedule	Discount on Fees	Maximum Reimbursable Charge
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II & III expenses	\$3,500	\$3,500	\$3,500
<b>Calendar Year Deductible</b>			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)	100% No Deductible	90% No Deductible	90% No Deductible
<b>Class II: Basic Restorative</b> Restorative: fillings (Includes composite (white/tooth-colored) fillings on molars.) Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	90% No Deductible	80% No Deductible	80% No Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Dental Surgical Implants	70% No Deductible	50% No Deductible	50% No Deductible
<b>Class IV: Orthodontia</b> Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$3,500	70% No Deductible	50% No Deductible	50% No Deductible
<b>Benefit Plan Provisions:</b>			
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.		
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.		
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.		
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.		

<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b>Late Entrant Limitation Provision</b>	Payment will be reduced by 50% for Class III and IV services for 24 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Alternate benefit provision does not apply to Composite Fillings. This provision does not apply to composite (white/tooth-colored) fillings on molars.
<b>Oral Health Integration Program<sup>®</sup></b>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> <li>• Procedures and services not included in the list of covered dental expenses;</li> <li>• Diagnostic: cone beam imaging;</li> <li>• Preventive Services: instruction for plaque control, oral hygiene and diet;</li> <li>• Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;</li> <li>• Periodontics: bite registrations; splinting;</li> <li>• Prosthodontic: precision or semi-precision attachments;</li> <li>• Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;</li> <li>• Athletic mouth guards;</li> <li>• Services performed primarily for cosmetic reasons;</li> <li>• Personalization or decoration of any dental device or dental work;</li> <li>• Replacement of an appliance per benefit guidelines;</li> <li>• Services that are deemed to be medical in nature;</li> <li>• Services and supplies received from a hospital;</li> <li>• Drugs: prescription drugs;</li> <li>• Charges in excess of the Maximum Reimbursable Charge.</li> </ul>	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna under Dental Forms](#).

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