A HEALTHY SMILE STARTS HERE

A guide to your District of Columbia Govt. dental benefit plan options.

PLAN YEAR: 01/01/2021 - 12/31/2021

Together, all the way.®

Cigna®

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A guide to your District of Columbia Govt. Dental benefit plan options Page

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: An annual amount you'll pay out-of-pocket before your dental plan begins to pay for covered dental care costs.

Copay: A preset amount you pay for your covered dental care services.

Coinsurance: Your share of the cost of your covered dental care services.

Calendar year maximum: The most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year.

In-network: Dentists and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You'll usually pay a lower amount for those services.

Out-of-network: A dentist or facility that doesn't participate in your Cigna 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.

Ways to get better health

Cigna wants to help you choose a dental plan that fits your needs and keeps you healthy.

This year, District of Columbia Govt. offers you the following dental health plans:

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

Your employer works with Cigna 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.
- 24/7/365 live customer service support.

At Cigna, 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, Dentist or Facility" on **Cigna.com** to see if your dentist participates in our network.
- [ ] Enroll in your dental plan choice by 12/14/2020.

Please read all of the information in this brochure. 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 800.564.7062 if you have questions.

Cigna Dental Care® (DHMO) and Dental Preferred Provider Organization (DPPO)

You have two options for your dental care: The Cigna Dental Care® (DHMO)[1] plan and the DPPO plan. Both plans provide coverage for dental care, including visits to your dentist for regular oral exams, cleanings, fluoride treatments, X-rays and other covered services.[2]

With the Cigna Dental Care plan.

- For each covered member, you must select a primary care dentist in the Cigna Dental Care Access network who will coordinate all of your dental care needs.[3]
- 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 26 and network orthodontists.)
- You have no deductible or calendar year/lifetime dollar maximums.
- When you visit an in-network dentist, you pay an office visit fee, and then the charge listed on your Patient Charge Schedule (PCS).
- Your PCS lists the amount you pay for covered services and outlines any frequency limitations. Procedures not listed on your PCS are not covered. To avoid cost surprises, it's a good idea to always have your PCS handy when you visit your dentist.
- There is no waiting period – your benefits start right away.

With the DPPO plan.

- You have the option to see any licensed dentist, but you'll likely save when you visit a dentist in Cigna's DPPO network.
- Most preventive services are covered at little or no extra cost to you when you see a dentist in the Cigna DPPO network.
- 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 your dental plan will cover these services.
- Covered preventive services are usually not subject to any deductible or waiting period.
- Once you meet your deductible and satisfy any waiting periods, you'll pay a portion (coinsurance) for your covered dental care costs and the plan pays the rest, up to your plan's annual benefit maximum.
- Cigna's DPPO network dentists will submit claims for you, and your plan will pay the dentist. You can also pay the full amount to the dentist's office, then submit a claim and ask to be reimbursed.
- Your plan also has an annual benefit maximum. Once you reach that maximum, your plan will no longer pay a portion of your costs during that plan year. However, Cigna DPPO network dentists may still offer you discounts on certain services.[4]

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

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. In general, the following frequency limitations apply to DPPO plans: 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. In general, the following frequency limitations apply to Cigna Dental Care (DHMO) plans: 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. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
4. Discounts on non-covered services may not be available in all states.

DPPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. Cigna Dental Care (DHMO) plans are insured by 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 other states, Cigna Dental Care plans are insured by CHLIC, or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc.

OK: HP-POL99 et al. (CHLIC), OR - HP-POL68 (CHLIC),
OR - HP-POL68 (CHLIC), TN: HP-POL69/HC-CER2V1 et al. (CHLIC)

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

Plan details	DPPO in-network	DPPO out-of-network*
Deductible	none	none
Class I (preventive)	0 to 10%	10%
Class II (basic)	10 to 20%	20%
Class III (major)	30 to 50%	50%
Class IV (orthodontic)	30 to 50%	50%
Class V (implants)	30 to 50%	50%
Annual year maximum	$3,500	$3,500
Orthodontic lifetime maximum	$3,500	$3,500

Please review your Benefit Summary for details, including plan exclusions and limitations.
* Out-of-network charges are subject to the plan's Maximum Reimbursable Charge provisions.

How your Cigna Dental Care plan works:

Cigna Dental Care
The plan shows you exact dollar amounts you will pay for each procedure.
No calendar year maximums, so you don't have to worry about your benefits running out if you reach a certain amount.
No deductibles, so your benefits begin right away.
You must choose a primary dentist in the Cigna Dental CareAccess network during enrollment and some specialty care requires referrals.*

* 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. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.

Dental plans and dental insurance policies contain exclusions and limitations. For details of coverage, see the enclosed plan materials.

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** to see if your dentist is in the network.

- Go to **Cigna.com** and click on "Find a Doctor, Dentist or Facility" 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, and either select one of the suggestions or hit the magnifying glass icon to search.
- Select your plan.
- From the Search Results page, you can further refine your search results by distance, specialty, years in practice and additional languages.
- Click on the dentist's name for more details, including multiple location listings with map view.

myCigna.com

Once enrolled in a dental plan, visit **myCigna.com** to find dentists that are in-network.

- After logging in to **myCigna.com**, click on "Find Care & Costs" at the top of the page
- Click on "Doctor by Type" or "Doctor by Name."
- Choose "Dentist" from drop down-menu or type in doctor's name if you chose to search by name.

Call your current dentist

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

How to save money with the Cigna Dental Oral Health Integration Program

The Cigna Dental Oral Health Integration Program® reimburses certain out-of-pocket dental costs. It covers some services that help treat or prevent gum disease and tooth decay for customers with eligible medical conditions.[1]

To sign up

1. You must fill out the online registration form found on **myCigna.com**. You can also call the number on the back of your ID card to have an enrollment form sent to you. You only need to complete the form one time per qualifying condition.
2. Once you're logged in to **myCigna.com**, click "Review my Coverage" then select "Dental" from the drop-down menu. Scroll down to the bottom of the page to learn more and register for the Oral Health Integration Program.
3. Visit your dentist and pay your usual out-of-pocket cost for the covered service. We'll send your reimbursement.

1. Enrollment in the program is required to receive reimbursement for covered expenses. Plan deductible does not apply, but reimbursements are applied to and subject to your plan's calendar year maximum (if applicable to your plan). For a complete list of eligible medical conditions and covered dental care services under this program, contact Cigna.

Choose-a-dentist tools.

After you enroll in a dental plan, you get access to intuitive tools that help make choosing a dentist as easy as picking the perfect pair of shoes – with no surprises along the way.

Visit **myCigna** – online or through the App[1] – anytime, just about anywhere to discover:[1]

- The **Brighter Score® feature.** Use this score to compare dentists, based on affordability (DPPO only), patient experience and professional history.
- **Office reviews and comparisons.** Read verified patient reviews and view dentist profiles, including pictures and videos.
- **Online appointment scheduling.** You can book appointments online (with DPPO network dentists or Cigna Dental Care network specialists who offer this service) and then receive reminders.
- **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 a Cigna network dentist or specialist? Call us 24/7 at **800.564.7062**.

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. 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.

Discrimination is against the law

Dental coverage

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

Cigna:

- 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 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 or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to 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
http://www.hhs.gov/ocr/office/file/index.html

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna 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, 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 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, 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 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, 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, 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. لعملاء Cigna 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 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, 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 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 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 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-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 می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).

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

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

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, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

SR#: 58906732-130212259

We've got your back, 24/7/365

By phone.

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.

- Call anytime, day or night, weekends or holidays, and you'll get live customer service.
- Ask for a Spanish-speaking representative or to speak with us in your preferred language – interpreter service is available in more than 170 languages.

myCigna website and mobile app.

- **Find a dentist.** Personalized search results make it easy to find the right dentist for you. You can search by name, specialty and more.
- **Manage and track claims.** Quickly search and sort through your claims.
- **Track account balances and deductibles.** Take control of your spending by managing your account online.
- **Get organized.** You can store, organize and manage your dental information in one private location.

We want to help make your life easier and healthier. And that means being ready to help whenever you want us, wherever you want us.

Download on the App Store | GET IT ON Google play | Available on amazon apps kindle fire

Together, all the way.®

Cigna®

Cigna Dental Benefit Summary
Government of the District of Columbia
Plan Renewal Date: 01/01/2021

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.

Benefit Plan Features	***Total Cigna DPPO Network***		***Non-Network***
Network Options	Cigna DPPO Advantage	Cigna DPPO	See Non-Network Reimbursement
Reimbursement Levels	Fee Schedule	Discount on Fees	Maximum Reimbursable Charge
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	$3,500	$3,500	$3,500
Calendar Year Deductible Individual Family	None	None	None
Benefit Highlights	***Plan Pays***	***Plan Pays***	***Plan Pays***
Class I: Diagnostic & Preventive 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	100% No Deductible	90% No Deductible	90% No Deductible
Class II: Basic Restorative Restorative: fillings 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
Class III: Major Restorative 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
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: $3,500	70% No Deductible	50% No Deductible	50% No Deductible

Benefit Plan Provisions:	
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
Non-Network Reimbursement	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.
Cross Accumulation	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.
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Late Entrant Limitation Provision	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.
Pretreatment Review	Pretreatment review is available on a voluntary basis when extensive dental work in $200 is proposed.

Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare 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.
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program. Those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations: *Benefit frequency limitations are based on date of service.*	
Oral Evaluations	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
Inlays, Crowns, Bridges, Dentures and Partials	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.
Restorative: fillings	Includes composite fillings on molars
Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
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; Periodontics: bite registrations; splinting;	
Prosthodontics: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

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.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

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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

Code	Procedure Description	Patient Charge
Office visit fee (per patient, per office visit in addition to any other applicable patient charges)		
Office visit fee		$5.00
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 (do150), comprehensive periodontal evaluations (d0180), and oral evaluations for patients under 3 years of age (d0145).		
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) *(limit 1 every 3 years)*	$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) – *(limit 1 every 3 years)*	$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

Code	Procedure Description	Patient Charge
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 *(limit 2 per calendar year)*	$0.00
	Additional cleaning (prophylaxis), in addition to the 2 cleanings (prophylaxes) allowed per calendar year	$0.00
D1120	Cleaning (prophylaxis) – child *(limit 2 per calendar year)*	$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
Restorative (fillings)		
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

Code	Procedure Description	Patient Charge
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
Crown and bridge all charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) – replacement limit 1 every 5 years.		
D2510	Inlay – metallic – 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

Code	Procedure Description	Patient Charge
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

Code	Procedure Description	Patient Charge
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
Endodontics (root canal treatment, excluding final restorations)		
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
Periodontics (treatment of supporting tissues [gum and bone] of the teeth) 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		
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

Code	Procedure Description	Patient Charge
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
Prosthetics (removable tooth replacement – dentures) (includes up to 4 adjustments within first 6 months after insertion – replacement limit 1 every 5 years)		
D5110	Full upper denture	$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
Repairs to prosthetics		
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

Code	Procedure Description	Patient Charge
Denture relining (limit 1 every 36 months)		
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
Interim dentures (limit 1 every 5 years)		
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
Oral surgery (includes routine post-operative treatment) surgical removal of impacted tooth – not covered for ages below 15 unless pathology (disease) exists.		
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

Code	Procedure Description	Patient Charge
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
Orthodontics (tooth movement) Orthodontic treatment (maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)		
D8050	Interceptive orthodontic treatment of the primary dentition *(banding)*	$315.00
D8060	Interceptive orthodontic treatment of the transitional dentition *(banding)*	$315.00
D8070	Comprehensive orthodontic treatment of the transitional dentition *(banding)*	$340.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition *(banding)*	$340.00

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE

Code	Procedure Description	Patient Charge
D8090	Comprehensive orthodontic treatment of the adult dentition *(banding)*	$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
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.		
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
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	$15.00
D9440	Office visit – after regularly scheduled hours	$65.00
Miscellaneous services external bleaching (d9972) is limited to the use of take-home bleaching trays. All other bleaching methods are not covered.		
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
- On-line Provider Directory on 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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