

HIXV9
HOUSTON INDEPENDENT SCHOOL DISTRICT
CIGNA DENTAL CARE PLAN®
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 as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested that you check with your Network Dentist in advance of receiving services.
- ▶ This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made by your Network General Dentist to a Network Specialty Endodontist, Periodontist or Oral Surgeon. A referral is not required for Specialty Care at a Network Specialty Pediatric Dentist or Orthodontist. You may select a Network Pediatric Dentist for your child under the age of 13 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 13th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 13th birthday.
- ▶ Procedures not listed on this Patient Charge Schedule are not covered and are the patient's responsibility at the dentist's usual fees.
- ▶ Infection control and/or sterilization are considered 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.



CIGNA DENTAL CARE PLAN PATIENT CHARGE SCHEDULE (HIXV9)

Important Highlights (Continued)

- 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 correspond to the Patient Charge Schedule in effect on the date the *procedure is initiated*.
- Current Dental Terminology ("CDT") codes are established by the American Dental Association (ADA) Council on Dental Benefit Programs in accordance with authority granted by the federal government under the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) as the national terminology for reporting dental services, and are recognized as the industry standard. The ADA publishes CDT as part of a reference manual and may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures. The language in *italics* is intended to clarify the members' benefit.

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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 (D0150), comprehensive periodontal evaluations (D0180) and oral evaluations for patients under 3 years of age (D0145).		
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
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00
D0170	Re-evaluation – Limited, problem focused (established patient, not postoperative visit)	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$0.00
D0210	X-rays intraoral – Comprehensive series of radiographic images <i>(limited to 1 D0210 or D0709 every 3 years)</i>	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00
D0240	X-rays intraoral – Occlusal radiographic image	\$0.00
D0250	X-rays extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00
D0270	X-rays (bitewing) – Single radiographic image	\$0.00
D0272	X-rays (bitewings) – 2 radiographic images	\$0.00
D0273	X-rays (bitewings) - 3 radiographic images	\$0.00

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Code	Procedure Description	Patient Charge
D0274	X-rays (bitewings) – 4 radiographic images	\$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	\$0.00
D0330	X-rays (panoramic radiographic image) – <i>(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)</i>	\$0.00
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	\$200.00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	\$220.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	\$220.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	\$240.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$240.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0.00
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	\$0.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00

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Code	Procedure Description	Patient Charge
D0416	Viral culture	\$0.00
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts <i>(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	\$0.00
D0701	X-rays (panoramic radiographic image) – Image capture only <i>(limited to 1 D0330 or D0701 every 3 years)(when utilized for orthodontic services, see D8999)</i>	\$0.00
D0706	X-rays intraoral – Occlusal radiographic image – Image capture only	\$0.00
D0707	X-rays intraoral – Periapical radiographic image – Image capture only	\$0.00
D0708	X-rays intraoral – Bitewing radiographic image – Image capture only	\$0.00
D0709	X-rays (intraoral – Comprehensive series of radiographic images) – Image capture only <i>(limit 1 D0210 or D0709 every 3 years)</i>	\$0.00
D1110	Prophylaxis (cleaning) – Adult <i>(limit 2 per calendar year)</i>	\$0.00
D1120	Prophylaxis (cleaning) – Child <i>(limit 2 per calendar year) (children up to age 14)</i>	\$0.00
D1206	Topical application of fluoride varnish – <i>(limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	\$0.00
D1208	Topical application of fluoride - excluding varnish <i>(limit 2 per calendar year) There is a combined limit of a total of 2 D1208s and/ or D1206s per calendar year.</i>	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00

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Code	Procedure Description	Patient Charge
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - Per tooth (<i>children up to age 14</i>)	\$5.00
D1510	Space maintainer – Fixed - Unilateral - Per quadrant	\$45.00
D1516	Space maintainer – Fixed – Bilateral, Upper	\$45.00
D1517	Space maintainer – Fixed – Bilateral, Lower	\$45.00
D1520	Space maintainer – Removable - Unilateral - Per quadrant	\$45.00
D1526	Space maintainer – Removable – Bilateral, Upper	\$45.00
D1527	Space maintainer – Removable – Bilateral, Lower	\$45.00
D1551	Re-cement or re-bond bilateral space maintainer – Upper	\$11.00
D1552	Re-cement or re-bond bilateral space maintainer – Lower	\$11.00
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	\$11.00
D1556	Removal of fixed unilateral space maintainer – Per quadrant	\$11.00
D1557	Removal of fixed bilateral space maintainer – Upper	\$11.00
D1558	Removal of fixed bilateral space maintainer – Lower	\$11.00
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	\$50.00
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$10.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$12.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$15.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$15.00
D2330	Resin-based composite – 1 surface, anterior (<i>primary or permanent</i>)	\$10.00
D2331	Resin-based composite – 2 surfaces, anterior (<i>primary or permanent</i>)	\$12.00

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Code	Procedure Description	Patient Charge
D2332	Resin-based composite – 3 surfaces, anterior (<i>primary or permanent</i>)	\$15.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior (<i>primary or permanent</i>)	\$60.00
D2390	Resin-based composite crown, anterior	\$25.00
D2391	Resin-based composite – 1 surface, posterior	\$40.00
D2392	Resin-based composite – 2 surfaces, posterior	\$60.00
D2393	Resin-based composite – 3 surfaces, posterior	\$80.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$80.00
Crown and bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years. For single crowns, retainer (“abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amount, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *. You may be charged: • No more than \$80.00 per tooth for any noble metal alloys • No more than \$130.00 per tooth for any high noble metal alloys, titanium or titanium alloys		
D2740	Crown – Porcelain/ceramic	\$625.00
D2750	Crown – Porcelain fused to high noble metal*	\$230.00
D2751	Crown – Porcelain fused to predominantly base metal	\$230.00
D2752	Crown – Porcelain fused to noble metal*	\$230.00
D2753	Crown - Porcelain fused to titanium and titanium alloys*	\$230.00
D2780	Crown – 3/4 cast high noble metal*	\$230.00
D2781	Crown – 3/4 cast predominantly base metal	\$230.00
D2782	Crown – 3/4 cast noble metal*	\$230.00
D2790	Crown – Full cast high noble metal*	\$230.00

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Code	Procedure Description	Patient Charge
D2791	Crown – Full cast predominantly base metal	\$230.00
D2792	Crown – Full cast noble metal*	\$230.00
D2794	Crown – Titanium and titanium alloys *	\$230.00
D2799	Interim crown <i>(not to be used as a temporary crown for a routine prosthetic restoration)</i>	\$54.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$12.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$12.00
D2920	Re-cement or re-bond crown	\$12.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth <i>(children up to age 14)</i>	\$48.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth <i>(children up to age 14)</i>	\$48.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth <i>(children up to age 14)</i>	\$48.00
D2940	Protective restoration	\$5.00
D2941	Interim therapeutic restoration - Primary dentition	\$5.00
D2950	Core buildup – Including any pins	\$30.00
D2951	Pin retention - Per tooth, in addition to restoration	\$30.00
D2952	Cast post and core In addition to crown - Indirectly fabricated	\$50.00
D2953	Each additional indirectly fabricated post - Same tooth	\$15.00
D2954	Prefabricated post and core in addition to crown	\$50.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$15.00
D2957	Each additional prefabricated post - Same tooth	\$12.00
D2976	Band stabilization – Per tooth	\$5.00

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Code	Procedure Description	Patient Charge
D6210	Pontic - Cast high noble metal*	\$230.00
D6211	Pontic - Cast predominantly base metal	\$230.00
D6212	Pontic - Cast noble metal *	\$230.00
D6214	Pontic – Titanium and titanium alloys*	\$230.00
D6240	Pontic - Porcelain fused to high noble metal *	\$230.00
D6241	Pontic - Porcelain fused to predominantly base metal	\$230.00
D6242	Pontic - Porcelain fused to noble metal *	\$230.00
D6243	Pontic – Porcelain fused to titanium and titanium alloys*	\$230.00
D6250	Pontic - Resin with high noble metal *	\$230.00
D6251	Pontic - Resin with predominantly base metal	\$230.00
D6252	Pontic - Resin with noble metal *	\$230.00
D6720	Retainer crown - Resin with high noble metal *	\$230.00
D6721	Retainer crown - Resin with predominantly base metal	\$230.00
D6722	Retainer crown - Resin with noble metal *	\$230.00
D6750	Retainer crown - Porcelain fused to high noble metal *	\$230.00
D6751	Retainer crown - Porcelain fused to predominantly base metal	\$230.00
D6752	Retainer crown - Porcelain fused to noble metal *	\$230.00
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys*	\$230.00
D6780	Retainer crown - 3/4 cast high noble metal *	\$230.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$230.00
D6782	Retainer crown - 3/4 cast noble metal *	\$230.00
D6784	Retainer crown - 3/4 Titanium and titanium alloys*	\$230.00
D6790	Retainer crown – Full cast high noble metal *	\$230.00
D6791	Retainer crown - Full cast predominantly base metal	\$230.00

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Code	Procedure Description	Patient Charge
D6792	Retainer crown - Full cast noble metal *	\$230.00
D6794	Retainer crown – Titanium and titanium alloys*	\$230.00
D6930	Re-cement fixed partial denture	\$0.00
D6940	Stress breaker	\$35.00
D6980	Fixed partial denture repair, by report	\$45.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap - Direct (excluding final restoration)	\$12.00
D3120	Pulp cap - Indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - Removal of pulp coronal to the dentinocemental junction and application of medicament	\$20.00
D3221	Pulpal debridment, primary and permanent tooth	\$0.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$20.00
D3230	Pulpal therapy (resorbable filling) - Anterior, primary tooth (excluding final restoration)	\$20.00
D3240	Pulpal therapy (resorbable filling) - Posterior, primary tooth (excluding final restoration)	\$20.00
D3310	Anterior root canal - Permanent tooth (excluding final restoration)	\$95.00
D3320	Premolar root canal - Permanent tooth (excluding final restoration)	\$118.00
D3330	Molar root canal - Permanent tooth (excluding final restoration)	\$162.00
D3410	Apicoectomy/periradicular surgery - Anterior	\$80.00
D3421	Apicoectomy/periradicular surgery - Premolar (first root)	\$80.00
D3425	Apicoectomy/periradicular surgery - Molar (first root)	\$80.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$80.00

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Code	Procedure Description	Patient Charge
D3430	Retrograde filling - Per root	\$20.00
D3911	Intraorifice barrier	\$0.00
Periodontics (treatment of supporting tissues (gum and bone) of the teeth) Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months. The use of any tools or equipment, including but not limited to handpieces, lasers, scalers, etc., is considered inclusive to the overall covered procedure listed on the Patient Charge Schedule, and cannot be separately charged.		
D4210	Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces, per quadrant	\$95.00
D4211	Gingivectomy or gingivoplasty - One to three contiguous teeth or bounded teeth spaces, per quadrant	\$64.00
D4240	Gingival flap procedure, including root planing - Four or more contiguous teeth or bounded teeth spaces, per quadrant	\$150.00
D4241	Gingival flap procedure, including root planing - One to three contiguous teeth or bounded teeth spaces, per quadrant	\$100.00
D4260	Osseous surgery (including flap entry and closure) - Four or more contiguous teeth or bounded teeth spaces, per quadrant	\$195.00
D4261	Osseous surgery (including flap entry and closure) - One to three contiguous teeth or bounded teeth spaces, per quadrant	\$130.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant <i>(limited to once per quadrant per consecutive 12 months)</i>	\$35.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant <i>(limited to once per quadrant per consecutive 12 months)</i>	\$24.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 1 per calendar year)</i>	\$0.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit <i>(1 per lifetime, unless medically necessary)</i>	\$30.00
D4910	Periodontal maintenance <i>(limit 4 per calendar year) (only covered after active periodontal therapy)</i>	\$24.00

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Code	Procedure Description	Patient Charge
D4921	Gingival irrigation with a medicinal agent - Per quadrant	\$0.00
Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.		
D5110	Complete denture - Upper	\$260.00
D5120	Complete denture - Lower	\$260.00
D5130	Immediate denture - Upper	\$300.00
D5140	Immediate denture - Lower	\$300.00
D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$275.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$275.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$300.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$300.00
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), upper	\$10.00
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), lower	\$10.00
D5286	Removable unilateral partial denture – One piece resin base (including retentive/clasping materials, rests and teeth) - Per quadrant	\$10.00
D5410	Adjust complete denture - Upper	\$10.00
D5411	Adjust complete denture - Lower	\$10.00
D5421	Adjust partial denture - Upper	\$10.00
D5422	Adjust partial denture - Lower	\$10.00

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Code	Procedure Description	Patient Charge
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	\$25.00
D5512	Repair broken complete denture base - Upper	\$25.00
D5520	Replace missing or broken teeth - Complete denture (each tooth)	\$19.00
D5611	Repair resin partial denture base - Lower	\$25.00
D5612	Repair resin partial denture base - Upper	\$25.00
D5621	Repair cast partial framework - Lower	\$25.00
D5622	Repair cast partial framework - Upper	\$25.00
D5630	Repair or replace broken retentive/clasping materials - Per tooth	\$25.00
D5640	Replace broken teeth (partial denture) - Per tooth	\$19.00
D5650	Add tooth to existing partial denture	\$25.00
D5660	Add clasp to existing partial denture - Per tooth	\$35.00
D5670	Replace all teeth and acrylic on cast metal (partial) framework (upper)	\$248.00
D5671	Replace all teeth and acrylic on cast metal (partial) framework (lower)	\$248.00
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	\$65.00
D5711	Rebase complete lower denture	\$65.00
D5720	Rebase upper partial denture	\$65.00
D5721	Rebase lower partial denture	\$65.00
D5730	Reline complete upper denture – Direct	\$25.00
D5731	Reline complete lower denture – Direct	\$25.00
D5740	Reline upper partial denture – Direct	\$25.00
D5741	Reline lower partial denture – Direct	\$25.00

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Code	Procedure Description	Patient Charge
D5750	Reline complete upper denture – Indirect	\$65.00
D5751	Reline complete lower denture – Indirect	\$65.00
D5760	Reline upper partial denture – Indirect	\$65.00
D5761	Reline lower partial denture – Indirect	\$65.00
Interim dentures (limit 1 every 5 years)		
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	\$45.00
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	\$45.00
D5850	Tissue conditioning (upper)	\$25.00
D5851	Tissue conditioning, (lower)	\$25.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$99.00
Implant services - Surgical placement of implants (D6010, D6012, D6040, and D6050 have a limit of 1 implant per calendar year with a replacement of 1 per 10 years)		
D6010	Surgical placement of implant body: Endosteal implant	\$1,025.00
D6011	Surgical access to an implant body (second stage implant surgery)	\$255.00
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	\$390.00
D6013	Surgical placement of mini implant	\$530.00
D6040	Surgical placement: Eposteal implant	\$940.00
D6050	Surgical placement: Transosteal implant	\$900.00
D6055	Connecting bar - Implant supported or abutment supported (limit 1 per calendar year)	\$1,170.00
D6056	Prefabricated abutment - Includes modification and placement (limit 1 per calendar year)	\$355.00

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Code	Procedure Description	Patient Charge
D6057	Custom fabricated abutment - Includes placement <i>(limit 1 per calendar year)</i>	\$455.00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis <i>(limit 1 per calendar year)</i>	\$110.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure <i>(limit 2 per implant, per calendar year)</i>	\$8.00
D6090	Repair implant supported prosthesis, by report <i>(limit 1 per calendar year)</i>	\$130.00
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment <i>(limit 1 per calendar year)</i>	\$60.00
D6095	Repair implant abutment, by report <i>(limit 1 per calendar year)</i>	\$130.00
D6100	Surgical removal of implant body <i>(limit 1 per calendar year)</i>	\$245.00
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure <i>(limit 1 per calendar year)</i>	\$125.00
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure <i>(limit 1 per calendar year)</i>	\$240.00
D6103	Bone graft for repair of periimplant defect - Does not include flap entry and closure <i>(limit 1 per calendar year)</i>	\$290.00
D6104	Bone graft at time of implant placement <i>(limit 1 per calendar year)</i>	\$290.00
D6105	Removal of implant body not requiring bone removal nor flap elevation	\$123.00
D6190	Radiographic/surgical implant index, by report <i>(limit 1 per calendar year)</i>	\$165.00

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Code	Procedure Description	Patient Charge
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$40.00
D7994	Surgical placement: Zygomatic implant	\$1,230.00
Implant/abutment supported prosthetics – All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years. For single crowns, retainer (“abutment”) crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amount, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *. You may be charged: • No more than \$80.00 per tooth for any noble metal alloys • No more than \$130.00 per tooth for any high noble metal alloys, titanium or titanium alloys		
D6058	Abutment supported porcelain/ceramic crown	\$975.00
D6065	Implant supported porcelain/ceramic crown	\$1,040.00
D6076	Implant supported retainer for fixed partial denture - Porcelain fused to high noble alloys*	\$1,080.00
D6077	Implant supported retainer for metal fixed partial denture - High noble alloys*	\$1,060.00
D6085	Interim implant crown	\$54.00
D6098	Implant supported retainer – Porcelain fused to predominantly base alloys	\$515.00
D6099	Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys *	\$665.00
D6110	Implant/abutment supported removable denture for edentulous arch - Upper	\$1,725.00
D6111	Implant/abutment supported removable denture for edentulous arch - Lower	\$1,725.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - Upper	\$1,550.00

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Code	Procedure Description	Patient Charge
D6113	Implant/abutment supported removable denture for partially edentulous arch - Lower	\$1,550.00
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	\$390.00
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	\$390.00
D6120	Implant supported retainer – Porcelain fused to titanium and titanium alloys *	\$665.00
D6121	Implant supported retainer for metal fixed partial denture – Predominantly base alloys	\$485.00
D6122	Implant supported retainer for metal fixed partial denture – Noble alloys*	\$635.00
D6123	Implant supported retainer for metal fixed partial denture – Titanium and titanium alloys *	\$635.00
D6198	Remove interim implant component	\$0.00
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted teeth are covered for ages below 15 when medically necessary.		
D7111	Extraction of coronal remnants – Primary tooth	\$10.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$10.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$20.00
D7220	Removal of impacted tooth - Soft tissue	\$30.00
D7230	Removal of impacted tooth - Partially bony	\$50.00
D7240	Removal of impacted tooth - Completely bony	\$75.00
D7241	Removal of impacted tooth - Completely bony, with unusual surgical complications	\$75.00
D7250	Removal of residual tooth roots (cutting procedure)	\$30.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (HIXV9)

Code	Procedure Description	Patient Charge
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50.00
D7280	Exposure of an unerupted tooth <i>(excluding wisdom teeth)</i>	\$50.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$0.00
D7310	Alveoloplasty in conjunction with extractions - Four or more teeth or tooth spaces, per quadrant	\$36.00
D7311	Alveoloplasty in conjunction with extractions - One to three teeth or tooth spaces, per quadrant	\$24.00
D7320	Alveoloplasty not in conjunction with extractions - Four or more teeth or tooth spaces, per quadrant	\$36.00
D7321	Alveoloplasty not in conjunction with extractions - One to three teeth or tooth spaces, per quadrant	\$24.00
D7510	Incision and drainage of abscess - Intraoral soft tissue	\$26.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	\$0.00
D7520	Incision and drainage of abscess - Extraoral soft tissue	\$26.00
D7880	Occlusal orthotic device, by report - <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i>	\$330.00
D7881	Occlusal orthotic device adjustment	\$0.00
D7910	Suture of recent small wounds up to 5cm	\$0.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach <i>(limit 1 per calendar year)</i>	\$850.00
D7952	Sinus augmentation via a vertical approach <i>(limit 1 per calendar year)</i>	\$640.00
D7953	Bone replacement graft for ridge preservation - per site <i>(limit 1 per calendar year)</i>	\$100.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (HIXV9)

Code	Procedure Description	Patient Charge
D7910	Suture of Recent Small Wounds up to 5 cm	\$0.00
D7961	Buccal / labial frenectomy (frenulectomy)	\$60.00
Orthodontics (tooth movement) - The Patient Charge for your entire orthodontic case, including retention, will be based upon the applicable charge in effect on the date your orthodontic treatment begins (banding/appliance insertion). Coverage is provided for twenty-four (24) months of active treatment. Cases beyond 24 months require an additional payment by the patient.		
D8010	Limited orthodontic treatment of the primary dentition - Banding]	\$300.00
D8020	Limited orthodontic treatment of the transitional dentition – Banding]	\$300.00
D8070	Comprehensive orthodontic treatment of the transitional dentition (24 month Case)	\$300.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (24 month case)	\$300.00
D8090	Comprehensive orthodontic treatment of the adult dentition (24 month case)	\$400.00
D8210	Removable appliance therapy	\$560.00
D8220	Fixed appliance therapy	\$560.00
D8660	Pre-orthodontic treatment visit (orthodontic consultation)	\$120.00
D8670	Periodic orthodontic treatment visit	
	24-month treatment fee	\$1,800.00
	Charge per month for 24 months	\$75.00
D8680	Orthodontic retention - Per arch (removal of appliances, construction and placement of retainers (s)	\$95.00
D8681	Removable orthodontic retainer adjustment	\$0.00
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$48.00

CIGNA DENTAL CARE PLAN

PATIENT CHARGE SCHEDULE (HIXV9)

Code	Procedure Description	Patient Charge
	Diagnostic workup	\$200.00
	Premium transparent brackets (per arch)	\$200.00
General Anesthesia		
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia	\$0.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$10.00
Emergency services		
D9110	Palliative treatment of dental pain – Per visit	\$0.00
D9440	Office visit – After regularly scheduled hours	\$35.00
Miscellaneous services		
D9120	Fixed partial denture sectioning	\$45.00
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit - Observation (during office hours)	\$0.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	\$0.00
D9912	Pre-visit patient screening	\$0.00
D9961	Duplicate/copy patient's records	\$0.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays (<i>all other methods of bleaching are not covered</i>)	\$165.00
D9990	Certified translation or sign language services, per visit	\$0.00
D9995	Teledentistry – Synchronous; real-time encounter	\$0.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (HIXV9)

Code	Procedure Description	Patient Charge
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00
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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 the toll free number listed on your ID card or plan materials.

Multiple ways to locate a Network General Dentist:

- On-line provider directory at **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 dental office, dental clinic, or other comparable facility. 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.

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