

HIXV9
HOUSTON INDEPENDENT SCHOOL DISTRICT
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. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- ▶ This Patient Charge Schedule applies to Specialty Care. You should verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for Pediatric, Orthodontic 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.



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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 must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- ▶ Procedure codes listed are from the American Dental Association’s CDT 2017 Dental Procedure Codes ©. The American Dental Association may periodically change the Code on Dental Procedures and Nomenclature (CDT Code). Different codes may be used to describe these covered procedures. The language in *italics* is intended to clarify the members’ benefit.

| Code | Procedure Description | Copayment |
|--|--|-----------|
| Office visit fee (per patient, per office visit in addition to any other applicable patient charges) | | |
| | Office visit fee | \$5.00 |
| <p>Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145). The frequency of certain Covered Services, like cleanings, is limited. If your Network General Dentist certifies to Cigna Dental that, due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the applicable limitation. The relevant Covered Services are identified with a ☉.</p> | | |
| 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 – Complete series of radiographic images (<i>limit 1 every 3 years</i>) ☉ | \$0.00 |

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| Code | Procedure Description | Copayment |
|-------------|--|------------------|
| 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 | 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 |
| 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>(limit 1 every 3 years)</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 |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | \$0.00 |

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| Code | Procedure Description | Copayment |
|--|--|------------------|
| D0415 | Collection of microorganisms for culture and sensitivity | \$0.00 |
| 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 | \$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</i>) (<i>children up to age 14</i>) ◉ | \$0.00 |
| D1206 | Topical application of fluoride varnish – (<i>limit 2 per calendar year</i>). <i>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</i>). <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i> ◉ | \$0.00 |
| D1351 | Sealant – Per tooth (<i>children up to age 14</i>) | \$5.00 |
| D1510 | Space maintainer – Fixed – Unilateral | \$45.00 |
| D1515 | Space maintainer – Fixed – Bilateral | \$45.00 |
| D1520 | Space maintainer – Removable – Unilateral | \$45.00 |
| D1525 | Space maintainer – Removable – Bilateral | \$45.00 |
| D1550 | Re-cement or rebond space maintainer | \$11.00 |
| D1555 | Removal of fixed space maintainer | \$11.00 |
| D1575 | Distal shoe space maintainer – Fixed – Unilateral | \$50.00 |
| Restorative (fillings, 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 |

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| Code | Procedure Description | Copayment |
|---|---|------------------|
| 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 |
| 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 |
| <p>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. You may be charged up to these additional amounts, based on the type of material the dentist uses for your restoration. The relevant procedure codes are identified with an *.</p> <ul style="list-style-type: none"> • 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 substrate | \$800.00 |
| 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 |
| 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 |
| D2791 | Crown – Full cast predominantly base metal | \$230.00 |
| D2792 | Crown – Full cast noble metal* | \$230.00 |
| D2794 | Crown – Titanium* | \$230.00 |
| D2799 | Provisional crown – Further treatment or completion of diagnosis necessary prior to final impression | \$54.00 |

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| Code | Procedure Description | Copayment |
|-------------|---|------------------|
| 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 |
| 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 |
| 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* | \$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 |
| 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 |

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| Code | Procedure Description | Copayment |
|---|---|------------------|
| 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 |
| 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 |
| D6790 | Retainer crown – Full cast high noble metal * | \$230.00 |
| D6791 | Retainer crown – Full cast predominantly base metal | \$230.00 |
| D6792 | Retainer crown – Full cast noble metal * | \$230.00 |
| D6794 | Retainer crown – Titanium* | \$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 | Root canal therapy – Anterior (excluding final restoration) | \$95.00 |

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| Code | Procedure Description | Copayment |
|---|--|------------------|
| D3320 | Root canal therapy – Bicuspid (excluding final restoration) | \$118.00 |
| D3330 | Root canal therapy – Molar (excluding final restoration) | \$162.00 |
| D3410 | Apicoectomy/periradicular surgery – Anterior | \$80.00 |
| D3421 | Apicoectomy/periradicular surgery – Bicuspid (first root) | \$80.00 |
| D3425 | Apicoectomy/periradicular surgery – Molar (first root) | \$80.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | \$80.00 |
| D3430 | Retrograde filling – Per root | \$20.00 |
| <p>Periodontics (treatment of supporting tissues (gum and bone) of the teeth) If your Network Dentist certifies to Cigna Dental that, due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the applicable limitation. The relevant Covered Services are identified with a ☉.</p> | | |
| 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>(limit 4 quadrants per consecutive 12 months)</i> ☉ | \$35.00 |
| D4342 | Periodontal scaling and root planing – 1 to 3 teeth – Per quadrant <i>(limit 4 quadrants 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 allow evaluation and diagnosis <i>(1 per lifetime)</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 | Copayment |
|---|---|-----------|
| 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 – Maxillary | \$260.00 |
| D5120 | Complete denture – Mandibular | \$260.00 |
| D5130 | Immediate denture – Maxillary | \$300.00 |
| D5140 | Immediate denture – Mandibular | \$300.00 |
| D5211 | Maxillary partial denture – Resin base (including any conventional clasps, rests, and teeth) | \$275.00 |
| D5212 | Mandibular partial denture – Resin base (including any conventional clasps, rests, and teeth) | \$275.00 |
| D5213 | Maxillary partial denture – Cast metal framework with resin base (including any conventional clasps, rests, and teeth) | \$300.00 |
| D5214 | Mandibular partial denture – Cast metal framework with resin base (including any conventional clasps, rests, and teeth) | \$300.00 |
| D5410 | Adjust complete denture – Maxillary | \$10.00 |
| D5411 | Adjust complete denture – Mandibular | \$10.00 |
| D5421 | Adjust partial denture – Maxillary | \$10.00 |
| D5422 | Adjust partial denture – Mandibular | \$10.00 |
| D5510 | Repair broken complete denture base | \$25.00 |
| D5520 | Replace missing or broken teeth – Complete denture (each tooth) | \$19.00 |
| D5610 | Repair resin (partial) denture base | \$25.00 |
| D5620 | Repair cast (partial denture) framework | \$25.00 |
| D5630 | Repair or replace broken clasp – 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 (maxillary) | \$248.00 |

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| Code | Procedure Description | Copayment |
|--|---|------------------|
| D5671 | Replace all teeth and acrylic on cast metal (partial) framework (mandibular) | \$248.00 |
| D5710 | Rebase complete maxillary denture | \$65.00 |
| D5711 | Rebase complete mandibular denture | \$65.00 |
| D5720 | Rebase maxillary partial denture | \$65.00 |
| D5721 | Rebase mandibular partial denture | \$65.00 |
| Denture relining (limit 1 every 36 months) | | |
| D5730 | Reline complete maxillary denture (chairside) | \$25.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$25.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$25.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$25.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$65.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$65.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$65.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$65.00 |
| D5820 | Interim partial denture (maxillary) | \$45.00 |
| D5821 | Interim partial denture (mandibular) | \$45.00 |
| D5850 | Tissue conditioning (maxillary) | \$25.00 |
| D5851 | Tissue conditioning, (mandibular) | \$25.00 |
| 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 |
| 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 |

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| Code | Procedure Description | Copayment |
|-------------|--|------------------|
| D6056 | Prefabricated abutment – Includes modification and placement <i>(limit 1 per calendar year)</i> | \$355.00 |
| D6057 | Custom fabricated abutment – Includes placement <i>(limit 1 per calendar year)</i> | \$455.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$975.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$1,040.00 |
| D6076 | Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal) | \$1,080.00 |
| D6077 | Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal) | \$1,060.00 |
| 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 |
| D6085 | Provisional implant crown | \$54.00 |
| D6090 | Repair implant supported prosthesis, by report <i>(limit 1 per calendar year)</i> | \$130.00 |
| D6091 | Replacement 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 | Implant removal, by report <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 peri-implant 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 |
| 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 |

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| Code | Procedure Description | Copayment |
|--|--|------------------|
| D6112 | Implant/abutment supported removable denture for partially edentulous arch – Upper | \$1,550.00 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch – Lower | \$1,550.00 |
| D6190 | Radiographic/surgical implant index, by report (<i>limit 1 per calendar year</i>) | \$165.00 |
| Oral surgery (includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists. | | |
| D7111 | Extraction, coronal remnants – Deciduous 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 |
| 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 |
| 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 |
| D7520 | Incision and drainage of abscess – Extraoral soft tissue | \$26.00 |

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| Code | Procedure Description | Copayment |
|---|---|------------------|
| D7880 | Occlusal orthotic device, by report – <i>(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)</i> | \$330.00 |
| D7910 | Suture of Recent Small Wounds up to 5 cm | \$0.00 |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach <i>(limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)</i> | \$850.00 |
| D7952 | Sinus augmentation via a vertical approach <i>(limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)</i> | \$640.00 |
| D7953 | Bone replacement graft for ridge preservation – Per site <i>(limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)</i> | \$100.00 |
| D7960 | Frenulectomy (also known as Frenectomy or Frenotomy) – Separate Procedure Not Incidental to Another Procedure | \$60.00 |
| <p>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.)</p> | | |
| D8050 | Interceptive orthodontic treatment of the primary dentition (phase 1) | \$300.00 |
| D8060 | Interceptive orthodontic treatment (primary/transitional dentition) (phase 1) | \$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 |

CIGNA DENTAL CARE®
PATIENT CHARGE SCHEDULE (HOUSTON ISD HIXV9)

| Code | Procedure Description | Copayment |
|--|---|------------------|
| D8680 | Orthodontic retention – Per arch (removal of appliances, construction and placement of retainer(s)) | \$95.00 |
| D8999 | Unspecified orthodontic procedure, by report (<i>other than those procedures listed, no other unspecified procedures are covered</i>) | |
| | Diagnostic workup | \$200.00 |
| | Premium transparent brackets (per arch) | \$200.00 |
| Adjunctive | | |
| D9110 | Palliative (emergency) treatment of dental pain – Minor procedure | \$0.00 |
| D9120 | Fixed partial denture sectioning | \$45.00 |
| 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 |
| D9310 | Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) | \$0.00 |
| D9430 | Office visit – Observation (during office hours) | \$0.00 |
| D9440 | Office visit – After regularly scheduled hours | \$35.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$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 |
| <p>This may contain CDT Codes and/or portions of, or excerpts from the Code on Dental Procedures and Nomenclature (CDT Code) contained within the current version of the “Dental Procedure Codes”, a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication.”</p> | | |

After your enrollment is effective:

Call the dental office 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 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.



*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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