

RSXV9  
ALDINE INDEPENDENT SCHOOL DISTRICT - BASIC  
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.
- ▶ Customers should seek services from his selected General Dentist. Should a customer require dental services that his selected General Dentist is unable to provide, he may obtain those services from a Specialty Dentist. No Referral is needed from the selected General Dentist in order for Customer to obtain services from Specialty Dentist. However, Customer will be responsible for paying Specialty Dentist's entire charge at the time services are received since there is no applicable co-payment schedule for Specialty Dentist 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 I.V. 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.



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**Important Highlights (continued)**

- ▶ 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.
- ▶ 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
<b>Office visit fee (per patient, per office visit in addition to any other applicable patient charges)</b>		
	Office visit fee	\$5.00
<p><b>Diagnostic/preventive</b> – 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	\$20.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00

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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
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
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
D0330	X-rays (panoramic radiographic image) – <i>(limit 1 every 3 years) ☉</i>	\$5.00
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
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0460	Pulp vitality tests	\$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

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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
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
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth <i>(children up to age 14)</i>	\$7.00
D1510	Space maintainer – Fixed – Unilateral	\$60.00
D1515	Space maintainer – Fixed – Bilateral	\$60.00
D1520	Space maintainer – Removable – Unilateral	\$65.00
D1525	Space maintainer – Removable – Bilateral	\$70.00
D1550	Re-cement or rebond space maintainer	\$15.00
D1555	Removal of fixed space maintainer	\$15.00
D1575	Distal shoe space maintainer – Fixed – Unilateral	\$66.00
<b>Restorative (fillings, including polishing)</b>		
D2140	Amalgam – 1 surface, primary or permanent	\$9.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$12.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$14.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$18.00
D2330	Resin-based composite – 1 surface, anterior <i>(primary or permanent)</i>	\$15.00
D2331	Resin-based composite – 2 surfaces, anterior <i>(primary or permanent)</i>	\$20.00
D2332	Resin-based composite – 3 surfaces, anterior <i>(primary or permanent)</i>	\$25.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior <i>(primary or permanent)</i>	\$40.00
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

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Code	Procedure Description	Copayment
<p><b>Crown and bridge</b> – 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"> <li>• No more than \$80.00 per tooth for any noble metal alloys or inlay/only metallic alloys</li> <li>• No more than \$130.00 per tooth for any high noble metal alloys, titanium or titanium alloys</li> </ul>		
D2510	Inlay – Metallic – One surface *	\$80.00
D2520	Inlay – Metallic – Two surfaces *	\$90.00
D2530	Inlay – Metallic – Three or more surfaces *	\$115.00
D2543	Onlay – Metallic – Three surfaces *	\$185.00
D2544	Onlay – Metallic – Four or more surfaces *	\$185.00
D2610	Inlay – Porcelain/ceramic – One surface	\$190.00
D2620	Inlay – Porcelain/ceramic – Two surfaces	\$195.00
D2630	Inlay – Porcelain/ceramic – Three or more surfaces	\$195.00
D2740	Crown – Porcelain/ceramic substrate	\$235.00
D2750	Crown – Porcelain fused to high noble metal*	\$235.00
D2751	Crown – Porcelain fused to predominantly base metal	\$235.00
D2752	Crown – Porcelain fused to noble metal*	\$235.00
D2790	Crown – Full cast high noble metal *	\$235.00
D2791	Crown – Full cast predominantly base metal	\$235.00
D2792	Crown – Full cast noble metal*	\$235.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15.00
D2920	Re-cement or re-bond crown	\$15.00
D2930	Prefabricated stainless steel crown – Primary tooth ( <i>children up to age 14</i> )	\$60.00
D2940	Protective restoration	\$7.00
D2950	Core build-up, including any pins	\$50.00

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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
D2951	Pin retention – Per tooth, in addition to restoration	\$15.00
D2952	Cast post and core In addition to crown – Indirectly fabricated	\$80.00
D2954	Prefabricated post and core in addition to crown	\$75.00
D2960	Labial veneer (resin laminate) – Chairside	\$200.00
D2962	Labial veneer (porcelain laminate) – Laboratory	\$315.00
D2980	Crown repair (by report)	\$25.00
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$150.00
D6210	Pontic – Cast high noble metal*	\$235.00
D6211	Pontic – Cast predominantly base metal	\$235.00
D6212	Pontic – Cast noble metal *	\$235.00
D6240	Pontic – Porcelain fused to high noble metal*	\$235.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$235.00
D6242	Pontic – Porcelain fused to noble Metal*	\$235.00
D6251	Pontic – Resin with Predominantly Base Metal	\$235.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	\$110.00
D6721	Retainer crown – Resin with predominantly base metal	\$235.00
D6750	Retainer crown – Porcelain fused to high noble metal*	\$235.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	\$235.00
D6752	Retainer crown – Porcelain fused to noble metal*	\$235.00
D6780	Retainer crown – 3/4 cast high noble metal*	\$235.00
D6790	Retainer crown – Full cast high noble metal*	\$235.00
D6791	Retainer crown – Full cast predominantly base metal	\$235.00
D6792	Retainer crown – Full cast noble metal*	\$235.00
D6930	Re-cement fixed partial denture	\$15.00
D6940	Stress breaker	\$150.00

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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
D6950	Precision attachment	\$150.00
D6980	Fixed partial denture repair, by report	\$45.00
<b>Endodontics (root canal treatment, excluding final restorations)</b>		
D3110	Pulp cap – Direct (excluding final restoration)	\$5.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$5.00
D3220	Therapeutic pulpotomy (excluding final restoration) – Removal of pulp coronal to the dentinocemental junction and application of medicament	\$25.00
D3310	Root canal therapy – Anterior (excluding final restoration)	\$95.00
D3320	Root canal therapy – Bicuspid (excluding final restoration)	\$165.00
D3330	Root canal therapy – Molar (excluding final restoration)	\$175.00
D3346	Retreatment of previous root canal therapy – Anterior	\$320.00
D3347	Retreatment of previous root canal therapy – Bicuspid	\$380.00
D3348	Retreatment of previous root canal therapy – Molar	\$455.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$100.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	\$110.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$115.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$85.00
D3430	Retrograde filling – Per root	\$35.00
D3450	Root amputation – Per root	\$65.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$60.00
<b>Periodontics (treatment of supporting tissues (gum and bone) of the teeth)</b> <b>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 ☉.</b>		
D4210	Gingivectomy or gingivoplasty – Four or more contiguous teeth or bounded teeth spaces, per quadrant	\$90.00
D4211	Gingivectomy or gingivoplasty – One to three contiguous teeth or bounded teeth spaces, per quadrant	\$60.00

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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
D4260	Osseous surgery (including flap entry and closure) – Four or more contiguous teeth or bounded teeth spaces, per quadrant	\$200.00
D4261	Osseous surgery (including flap entry and closure) – One to three contiguous teeth or bounded teeth spaces, per quadrant	\$135.00
D4320	Provisional splinting (intracoronal)	\$65.00
D4321	Provisional splinting (extracoronal)	\$55.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limit 4 quadrants per consecutive 12 months) ☉	\$35.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth – Per quadrant (limit 4 quadrants per consecutive 12 months) ☉	\$24.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 1 per calendar year) ☉	\$0.00
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime)	\$25.00
D4910	Periodontal maintenance (limit 4 per calendar year) (only covered after active periodontal therapy) ☉	\$30.00
<p><b>Prosthetics (removable tooth replacement – Dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. Characterization is considered an upgrade with maximum additional charge to the member of \$225.00 per denture. The relevant procedure codes are identified with an *.</b></p>		
D5110	Complete denture – Maxillary*	\$295.00
D5120	Complete denture – Mandibular*	\$295.00
D5130	Immediate denture – Maxillary *	\$355.00
D5140	Immediate denture – Mandibular*	\$355.00
D5211	Maxillary partial denture – Resin base (including any conventional clasps, rests, and teeth) *	\$295.00
D5212	Mandibular partial denture – Resin base (including any conventional clasps, rests, and teeth) *	\$295.00
D5213	Maxillary partial denture – Cast metal framework with resin base (including any conventional clasps, rests, and teeth) *	\$350.00
D5214	Mandibular partial denture – Cast metal framework with resin base (including any conventional clasps, rests, and teeth) *	\$350.00
D5410	Adjust complete denture – Maxillary	\$10.00



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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
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
D5610	Repair resin (partial) denture base*	\$35.00
D5620	Repair cast (partial denture) framework*	\$35.00
D5630	Repair or replace broken clasp – Per tooth	\$35.00
D5640	Replace broken teeth (partial denture) – Per tooth	\$35.00
D5650	Add tooth to existing partial denture	\$35.00
<p><b>Denture relining</b> (<i>limit 1 every 36 months</i>)            Characterization is considered an upgrade with maximum additional charge to the member of \$225.00 per denture. The relevant procedure codes are identified with an *.</p>		
D5730	Reline complete maxillary denture (chairside)	\$60.00
D5731	Reline complete mandibular denture (chairside)	\$60.00
D5740	Reline maxillary partial denture (chairside)	\$60.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory) *	\$95.00
D5751	Reline complete mandibular denture (laboratory) *	\$95.00
D5760	Reline maxillary partial denture (laboratory) *	\$95.00
D5761	Reline mandibular partial denture (laboratory) *	\$95.00
D5850	Tissue conditioning, (maxillary)	\$25.00
D5851	Tissue conditioning, (mandibular)	\$25.00
D5862	Precision attachment, by report *	\$100.00
<p><b>Oral surgery</b> (includes routine postoperative treatment) Surgical removal of impacted tooth –            Not covered for ages below 15 unless pathology (disease) exists.</p>		
D7111	Extraction, coronal remnants – Deciduous tooth	\$9.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$9.00

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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$30.00
D7220	Removal of impacted tooth – Soft tissue	\$40.00
D7230	Removal of impacted tooth – Partially bony	\$60.00
D7240	Removal of impacted tooth – Completely bony	\$70.00
D7241	Removal of impacted tooth – Completely bony, with unusual surgical complications	\$80.00
D7250	Removal of residual tooth roots (cutting procedure)	\$30.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$65.00
D7310	Alveoplasty in conjunction with extractions – Four or more teeth or tooth spaces, per quadrant	\$35.00
D7320	Alveoplasty not in conjunction with extractions – Four or more teeth or tooth spaces, per quadrant	\$50.00
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$25.00
D7880	Occlusal orthotic device, by report – <i>(limit 1 per 24 months; only covered in conjunction with temporomandibular joint (TMJ) treatment)</i>	\$330.00
D7910	Suture of recent small wounds up to 5cm	\$5.00
D7960	Frenulectomy (also known as frenectomy or frenotomy) – Separate procedure not incidental to another procedure	\$40.00
<b>Adjunctive</b>		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	\$0.00
D9120	Fixed partial denture sectioning	\$45.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$8.00
D9243	Intravenous moderate (conscious) sedation/analgesia – Each 15 minute increment	\$90.00
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$30.00
D9440	Office visit after regularly scheduled hours	\$40.00

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<b>Code</b>	<b>Procedure Description</b>	<b>Copayment</b>
D9940	Occlusal guard, By Report	\$85.00
D9951	Occlusal adjustment – Limited	\$20.00
D9952	Occlusal adjustment – Complete	\$110.00
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

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.”

## 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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