

CTXV9
CHICAGO TRANSIT AUTHORITY
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 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 when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. 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 specialty referrals for Pediatric, Orthodontic and Endodontic services. 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.
- ▶ 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.



CIGNA DENTAL CARE PATIENT CHARGE SCHEDULE (CTXV9)

Important Highlights (Continued)

- 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.

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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).		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$25.00
D9430	Office visit for observation – No other services performed	\$20.00
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
D0160	Detailed and extensive oral evaluation - Problem focused, by report <i>(limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative 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	X-rays extraoral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00

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Code	Procedure Description	Patient Charge
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
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	\$0.00
D0415	Collection of microorganisms for culture and sensitivity	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$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
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0.00
D1110	Prophylaxis (cleaning) – Adult <i>(limit 2 per calendar year)</i>	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$45.00
D1120	Prophylaxis (cleaning) – Child <i>(limit 2 per calendar year)</i>	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$35.00
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

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Code	Procedure Description	Patient Charge
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	\$15.00
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
	Additional topical application of fluoride - Excluding varnish - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	\$15.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$0.00
D1510	Space maintainer – Fixed – Unilateral	\$35.00
D1515	Space maintainer – Fixed – Bilateral	\$35.00
D1520	Space maintainer – Removable – Unilateral	\$45.00
D1525	Space maintainer – Removable – Bilateral	\$45.00
D1550	Re-cement or re-bond space maintainer	\$5.00
Restorative (fillings, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$5.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$10.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$15.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$20.00
D2330	Resin-based composite – 1 surface, anterior	\$15.00

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Code	Procedure Description	Patient Charge
D2331	Resin-based composite – 2 surfaces, anterior	\$20.00
D2332	Resin-based composite – 3 surfaces, anterior	\$25.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$30.00
D2390	Resin-based composite crown, anterior	\$20.00
D2391	Resin-based composite – 1 surface, posterior	\$10.00
D2392	Resin-based composite – 2 surfaces, posterior	\$15.00
D2393	Resin-based composite – 3 surfaces, posterior	\$15.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$30.00
Crown and bridge – All charges for crowns and bridges (fixed partial dentures) 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 up to these additional amounts, based on the type of material the dentist uses for your restoration: • No more than \$150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys • No more than \$75.00 per tooth for any porcelain fused to metal (only on molar teeth) • Porcelain/ceramic substrate crowns on molar teeth are not covered. In addition, you may be charged up to these additional amounts: • No more than \$100.00 per tooth if an indirectly fabricated (“cast”) post and core is made of high noble metal alloy • No more than \$150.00 per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. Complex rehabilitation – An additional \$25 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)		
D2510	Inlay – Metallic – 1 surface	\$175.00
D2520	Inlay – Metallic – 2 surfaces	\$200.00

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Code	Procedure Description	Patient Charge
D2530	Inlay – Metallic – 3 or more surfaces	\$200.00
D2543	Onlay – Metallic – 3 surfaces	\$200.00
D2544	Onlay – Metallic – 4 or more surfaces	\$200.00
D2610	Inlay – Porcelain/ceramic, 1 surface	\$175.00
D2620	Inlay – Porcelain/ceramic, 2 surfaces	\$200.00
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	\$200.00
D2740	Crown – Porcelain/ceramic substrate	\$225.00
D2750	Crown – Porcelain fused to high noble metal	\$225.00
D2751	Crown – Porcelain fused to predominantly base metal	\$225.00
D2752	Crown – Porcelain fused to noble metal	\$225.00
D2780	Crown – 3/4 cast high noble metal	\$225.00
D2781	Crown – 3/4 cast predominantly base metal	\$225.00
D2782	Crown – 3/4 cast noble metal	\$225.00
D2790	Crown – Full cast high noble metal	\$225.00
D2791	Crown – Full cast predominantly base metal	\$225.00
D2792	Crown – Full cast noble metal	\$225.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
D2920	Re-cement or re-bond crown	\$10.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$50.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$50.00
D2932	Prefabricated resin crown	\$50.00
D2940	Protective restoration	\$15.00
D2950	Core buildup – Including any pins	\$50.00

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Code	Procedure Description	Patient Charge
D2951	Pin retention – Per tooth – In addition to restoration	\$15.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$75.00
D2954	Prefabricated post and core – In addition to crown	\$50.00
D2960	Labial veneer (resin laminate) – Chairside	\$250.00
D2961	Labial veneer (resin laminate) - laboratory	\$300.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$325.00
D2980	Crown repair, necessitated by restorative material failure	\$15.00
D6210	Pontic – Cast high noble metal	\$200.00
D6211	Pontic – Cast predominantly base metal	\$200.00
D6212	Pontic – Cast noble metal	\$200.00
D6240	Pontic – Porcelain fused to high noble metal	\$200.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$200.00
D6242	Pontic – Porcelain fused to noble metal	\$200.00
D6251	Pontic – Resin with predominantly base metal	\$200.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	\$150.00
D6720	Retainer crown – Resin with high noble metal	\$225.00
D6721	Retainer crown – Resin with predominantly base metal	\$200.00
D6750	Retainer crown – Porcelain fused to high noble metal	\$225.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	\$225.00
D6752	Retainer crown – Porcelain fused to noble metal	\$225.00
D6780	Retainer crown – 3/4 cast high noble metal	\$225.00
D6790	Retainer crown – Full cast high noble metal	\$225.00
D6791	Retainer crown – Full cast predominantly base metal	\$225.00
D6792	Retainer crown – Full cast noble metal	\$200.00

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Code	Procedure Description	Patient Charge
D6930	Re-cement or re-bond fixed partial denture	\$30.00
D6940	Stress Breaker	\$75.00
D6950	Precision attachment	\$150.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$30.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	\$5.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$5.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$15.00
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	\$15.00
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	\$15.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$75.00
D3320	Bicuspid root canal – Permanent tooth (excluding final restoration)	\$100.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$125.00
D3351	Apexification/recalcification – Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – Apical closure/calcific repair of perforations, root resorption, etc.)	\$75.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$75.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	\$100.00

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Code	Procedure Description	Patient Charge
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$125.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$50.00
D3430	Retrograde filling per root	\$25.00
D3450	Root amputation – Per root	\$50.00
Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 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.		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$75.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$15.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	\$75.00
D4249	Clinical crown lengthening – Hard tissue	\$100.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$150.00
D4270	Pedicle soft tissue graft procedure	\$100.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$125.00
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$40.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (<i>missing</i>) tooth position in graft	\$100.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous (<i>missing</i>) tooth position in same graft site	\$100.00
D4320	Provisional splinting- intracoronal	\$50.00

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Code	Procedure Description	Patient Charge
D4321	Provisional splinting- extracoronal	\$40.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant <i>(limit 4 quadrants per consecutive 12 months)</i>	\$25.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant <i>(limit 4 quadrants per consecutive 12 months)</i>	\$25.00
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
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation <i>(limit 2 per calendar year)</i>	\$45.00
D4355	Full mouth debridement to allow evaluation and diagnosis <i>(1 per lifetime)</i>	\$10.00
D4381	Localized delivery of antimicrobial agents per tooth	\$20.00
D4910	Periodontal maintenance <i>(limit 4 per calendar year) (only covered after active therapy)</i>	\$20.00
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	\$50.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00
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 \$200.00 per denture.		
D5110	Full upper denture	\$275.00
D5120	Full lower denture	\$275.00
D5130	Immediate full upper denture	\$300.00
D5140	Immediate full lower denture	\$300.00

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Code	Procedure Description	Patient Charge
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	\$275.00
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	\$275.00
D5213	Upper partial denture – Cast metal framework (including clasps, rests and teeth)	\$325.00
D5214	Lower partial denture – Cast metal framework (including clasps, rests and teeth)	\$325.00
D5281	Removable unilateral partial denture – One piece cast metal including clasps and teeth)	\$175.00
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
D5850	Tissue conditioning – Upper	\$25.00
D5851	Tissue conditioning – Lower	\$25.00
D5862	Precision attachment – By report	\$300.00
D5863	Overdenture – complete maxillary	\$300.00
D5864	Overdenture – partial maxillary	\$300.00
D5865	Overdenture – complete mandibular	\$300.00
D5866	Overdenture – partial mandibular	\$300.00
Repairs to prosthetics		
D5510	Repair broken complete denture base	\$30.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$30.00
D5610	Repair resin denture base	\$30.00

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Code	Procedure Description	Patient Charge
D5620	Repair cast framework	\$30.00
D5630	Repair or replace broken clasp - Per tooth	\$30.00
D5640	Replace broken teeth – Per tooth	\$30.00
D5650	Add tooth to existing partial denture	\$30.00
Denture relining (limit 1 every 24 months)		
D5730	Reline complete upper denture – Chairside	\$50.00
D5731	Reline complete lower denture – Chairside	\$50.00
D5740	Reline upper partial denture – Chairside	\$50.00
D5741	Reline lower partial denture – Chairside	\$50.00
D5750	Reline complete upper denture – Laboratory	\$100.00
D5751	Reline complete lower denture – Laboratory	\$100.00
D5760	Reline upper partial denture – Laboratory	\$100.00
D5761	Reline lower partial denture – Laboratory	\$100.00
Oral surgery (includes routine postoperative treatment) - Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.		
D7111	Extraction of 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	\$50.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	\$50.00

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Code	Procedure Description	Patient Charge
D7250	Removal of residual tooth roots – Cutting procedure	\$25.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$40.00
D7280	Exposure of an unerupted tooth (<i>excluding wisdom teeth</i>)	\$75.00
D7286	Incisional biopsy of oral tissue – Soft (all others) (<i>tooth related – not allowed when in conjunction with another surgical procedure</i>)	\$75.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$50.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$50.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$25.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	\$50.00
D7970	Excision of hyperplastic tissue- per arch	\$100.00
D7971	Excision of pericoronal gingival	\$50.00
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.)		
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	\$432.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$432.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	\$544.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$35.00
D8670	Periodic orthodontic treatment visit Children – Up to 19th birthday: 24-month treatment fee	 \$1,368.00

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Code	Procedure Description	Patient Charge
	Charge per month for 24 months	\$57.00
	Adults:	
	24-month treatment fee	\$1,656.00
	Charge per month for 24 months	\$69.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	\$260.00
D8999	Unspecified orthodontic procedure – By report (<i>orthodontic treatment plan and records</i>)	\$250.00
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 1 hour per appointment. There is no coverage for general anesthesia or IV sedation when used for the purpose of anxiety control or patient management.		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9215	Local anesthesia	\$0.00
D9223	Deep sedation/general anesthesia – Each 15 minute increment	\$50.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$10.00
D9243	Intravenous moderate (conscious) sedation/analgesia – Each 15 minute increment	\$50.00
D9910	Application of desensitizing medicament	\$10.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	\$0.00
D9440	Office visit – After regularly scheduled hours	\$35.00

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Code	Procedure Description	Patient Charge
Miscellaneous services		
D9940	Occlusal guard – By report <i>(limit 1 per 24 months)</i>	\$100.00
D9951	Occlusal adjustment – Limited	\$50.00
D9952	Occlusal adjustment – Complete	\$100.00
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>	\$100.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i>	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i>	\$10.00
This may contain CDT Dental Procedure 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 Network General Dentist:

- Online provider directory at **Cigna.com**
- Online 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.



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