

Medicare Advantage

2025



Cigna Dental Allowance

Customer information guide



Introduction

Thank you for choosing Cigna HealthcareSM for your Medicare Advantage plan. The Cigna Dental Allowance benefit covers routine preventive and comprehensive dental services, which are not covered by Medicare. Your Dental Allowance benefit provides an annual allowance amount. After you have used your full annual allowance amount, you are responsible for all costs.

CUSTOMER INFORMATION

Understanding your dental plan

- The Dental Allowance benefit applies to covered dental services performed by a U.S. licensed dentist who is accepted by Medicare.
- Services received from an out-of-network provider may require additional information to process your claim. If requested information regarding your out-of-network claim is not received and/or does not meet plan guidelines, you may be responsible for any billed charges.
 - If you have the Full Dental Allowance, covered services performed by a Cigna Dental Allowance (DPPO) dentist will provide additional savings that will stretch the annual allowance amount further.
 - If you have the Dental Allowance with 50% out-of-network, covered services performed by a non-Cigna Dental Allowance (DPPO) network dentist will be covered at 50% of the dentist's usual fees up to the annual allowance benefit.
 - If you have the Dental Allowance with in-network-only benefits, covered services must be performed by an in-network Cigna Dental Allowance (DPPO) provider in the U.S. There is no coverage for non-emergency services provided by an out-of-network dentist.
- Search our online provider directory at **CignaMedicare.com** and select "Find a Doctor" or call Cigna Dental Customer Service at **1-866-213-7295 (TTY 711)**, October 1 – March 31, 8 a.m. – 8 p.m. local time, seven days a week, and April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. A messaging service is used on weekends, after hours and on federal holidays.
Note: Look for Network or Network Affiliation as Dental Allowance.
- If you have a dental emergency, you may receive emergency treatment for pain relief from any U.S. licensed dentist. Services billed as an emergency will be included as part of your annual allowance benefit. Dental emergency treatment provided by a dentist not licensed in the U.S., or performed outside the U.S., is not covered.
- Routine restorative procedures or definitive treatment (e.g., root canal) are not considered emergency care.
- For plans with out-of-network benefits, the covered services with a network dentist and non-Cigna Dental Allowance network apply towards the annual allowance amount.
- This Dental Allowance benefit is subject to plan exclusions and limitations, which can be found in the next section.

EXCLUSIONS AND LIMITATIONS

Any services performed that are not covered are the patient's responsibility at the dentist's usual fees. There is no coverage for:

1. Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
2. Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
3. Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance).
4. Prescription drugs.
5. Services considered to be unnecessary or experimental in nature or that do not meet commonly accepted dental standards.
6. Hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for network dentist charges for covered services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)
7. Services to the extent you are compensated under any group medical plan, no-fault auto insurance policy or uninsured motorist policy. (Arizona residents: Coverage for covered services to the extent compensated under group medical plans, no-fault auto insurance policies or uninsured motorist policies is not excluded.)
8. Infection control, such as personal protective equipment and/or sterilization.
9. Charges which would not have been made if the person had no insurance.
10. The table below outlines services or expenses which are not covered under your Dental Allowance benefit. Payment for these is your responsibility at the dentist's usual fees.

Dental reimbursement claim form

Services provided by a dentist not in the Dental Allowance (DPPO) network may or may not be covered depending on your dental benefit.

- If you have the Full Allowance or the 50% out-of-network dental benefit, and see an out-of-network dentist, you may be required to submit payment at the time of service. You can receive reimbursement for covered services up to your remaining allowance amount by submitting a dental reimbursement claim form at www.cigna.com/medicare/member-resources/customer-forms. Your proof of payment must be submitted with your claim form.
- If you have the In-network only dental benefit, there is no coverage for non-emergency services provided by an out-of-network dentist.



Cigna Dental Allowance (DPPO) providers will bill Cigna Healthcare directly on your behalf. If you choose to see a provider not in the Cigna Dental Allowance (DPPO) network, and have the Full Allowance or the 50% out-of-network dental benefit, you must ask your out-of-network provider to help you fill out a Dental Reimbursement Claim Form at the time of your appointment. Your dentist must complete and sign the form. For more information, see the Dental Reimbursement section in this book.

SERVICES NOT COVERED UNDER YOUR DENTAL ALLOWANCE BENEFIT

American Dental Association (ADA) Procedure Code	Procedure code description
D0250	Extraoral - 2D Projection
D0310	Sialography X-Ray
D0320	TMJ Arthrogram, w/ injection
D0321	TMJ X-Ray - other
D0322	Tomographic Survey
D0368	Cone Beam - TMJ Series, 2 + exposures
D0369	Maxillofacial MRI
D0370	Maxillofacial Ultrasound
D0371	Sialoendoscopy
D0384	Cone Beam - TMJ Series, 2 + exposures
D0385	Maxillofacial MRI image capture
D0386	Maxillofacial ultrasound
D0411	HbA1C In-Office Service Test
D0412	Blood Glucose Level Test
D0414	Bacteria Studies - Laboratory
D0415	Bacteria Studies for pathologic agents
D0416	Viral Culture
D0417	Collection of Saliva for testing
D0418	Analysis of Saliva sample
D0419	Assessment of Salivary Flow
D0422	Genetic Sample Preparation
D0423	Genetic Test - susceptibility to disease
D0431	Misc Diagnostic Test - mucosal abnormal
D0475	Decalcification Procedure
D0476	Stain Test microorganisms
D0477	Stain Test non-microorganisms
D0478	Stain Test - Immunohistochemical
D0479	Misc Diagnostic Procedure
D0480	Laboratory Test Cytologic smears
D0481	Electron Microscopy
D0482	Direct immunofluorescence
D0483	Indirect immunofluorescence
D0484	Slide Consultation

American Dental Association (ADA) Procedure Code	Procedure code description
D0485	Slide Consultation including slide prep
D1703	Moderna Vaccine Admin, 1st Dose
D1704	Moderna Vaccine Admin, 2nd Dose
D1705	AstraZeneca Vaccine Admin, 1st dose
D1706	AstraZeneca Vaccine Admin, 2nd dose
D1707	Janssen Vaccine, Admin
D1708	Pfizer vaccine admin, 3rd dose
D1709	Pfizer vaccine admin, booster
D1710	Moderna vaccine admin, 3rd dose
D1711	Moderna vaccine admin, booster
D1712	Janssen vaccine admin, booster
D1713	Pfizer vaccine, child 1st dose
D1714	Pfizer vaccine, child 2nd dose
D1781	HPV vaccine admin, Dose 1
D1782	HPV vaccine admin, Dose 2
D1783	HPV vaccine admin, Dose 3
D1999	Unspecified preventive procedure
D2390	Composite Crown
D3470	Intentional Reimplantation
D4230	Anatomical crown exposure full quad
D4231	Anatomical crown exposure limited quad
D5911	Prosthesis
D5912	Prosthesis
D5913	Prosthesis
D5914	Prosthesis
D5915	Prosthesis
D5916	Prosthesis
D5919	Prosthesis
D5922	Nasal Septal Prosthesis
D5923	Ocular Prosthesis
D5924	Cranial Prosthesis
D5925	Facial Augmentation
D5926	Nasal Prosthesis - Replace
D5927	Auricular Prosthesis - Replace

SERVICES NOT COVERED UNDER YOUR DENTAL ALLOWANCE BENEFIT

American Dental Association (ADA) Procedure Code	Procedure code description
D5928	Orbital Prosthesis - Replace
D5932	Prosthesis
D5933	Prosthesis
D5934	Prosthesis
D5935	Prosthesis
D5936	Obturator Prosthesis - Interim
D5937	Trismus Appliance
D5951	Prosthesis
D5952	Prosthesis
D5953	Prosthesis
D5954	Prosthesis
D5955	Prosthesis
D5958	Palatal Lift Prosthesis - Inter
D5959	Palatal Lift Prosthesis - Modify
D5960	Speech Aid Prosthesis - Modify
D5982	Surgical Stent
D5983	Prosthesis
D5984	Prosthesis
D5985	Prosthesis
D5986	Fluoride Carrier
D5987	Prosthesis
D5988	Surgical Splint
D5991	Custom Tray
D5992	Prosthesis Adjustment
D5993	Prosthesis Maint And Cleaning
D6985	Pediatric Bridge
D7260	Oroantral fistula closure
D7270	Tooth Reimplantation - accident
D7284	Biopsy minor salivary glands
D7287	Cytology Sample Collection
D7413	Remove Lesion malignant < 1.25 cm
D7414	Remove Lesion malignant > 1.25 cm
D7415	Remove Lesion malignant complicated
D7440	Remove Tumor malignant < 1.25 cm
D7441	Remove Tumor malignant > 1.25 cm
D7460	Remove benign nonodonto cyst < 1.25 cm

American Dental Association (ADA) Procedure Code	Procedure code description
D7461	Remove benign nonodonto cyst > 1.25 cm
D7465	Destruction of Lesion
D7490	Resection maxilla or mandible
D7509	Marsupialization of tooth cyst
D7520	Drain Abscess, extraoral soft tissue
D7521	Drain Abscess, extraoral complicated
D7530	Remove Foreign Body - mucosa, alveolar
D7540	Remove Foreign Body - musculoskeletal
D7550	Removal of Non-Vital bone
D7560	Sinus Surgery
D7610	Maxilla - Open Reduction
D7620	Maxilla - Closed Reduction
D7630	Mandible - Open Reduction
D7640	Mandible - Closed Reduction
D7650	Malar/Zygomatic, Open Reduction
D7660	Malar/Zygomatic, Closed Reduction
D7670	Alveolus, Closed Reduction
D7671	Alveolus, Open Reduction
D7680	Complicated Reduction
D7710	Maxilla, Open Reduction
D7720	Maxilla, Closed Reduction
D7730	Mandible, Open Reduction
D7740	Mandible, Closed Reduction
D7750	Malar/Zygomatic Open Reduction
D7760	Malar/Zygomatic Closed Reduction
D7770	Alveolus, Open Reduction
D7771	Alveolus, Closed Reduction
D7780	Complicated Reduction
D7810	Surgery, Open reduction of dislocation
D7820	Dislocation, Closed reduction
D7830	Jaw Manipulation
D7840	Condylectomy
D7850	Joint Surgery
D7852	Disc Repair

SERVICES NOT COVERED UNDER YOUR DENTAL ALLOWANCE BENEFIT

American Dental Association (ADA) Procedure Code	Procedure code description	American Dental Association (ADA) Procedure Code	Procedure code description
D7854	Synovectomy	D7980	Sialolithotomy
D7856	Myotomy	D7981	Excision of salivary gland
D7858	Joint Reconstruction	D7982	Sialodochoplasty
D7860	Arthrotomy	D7983	Closure of salivary fistula
D7865	Arthroplasty	D7990	Tracheotomy
D7870	Arthrocentesis	D7991	TMJ Surgery
D7871	Non-Arthroscopic Lysis/Lavage	D7993	Extra-oral implant placement
D7872	Arthroscopy - Diagnosis	D7995	Synthetic Graft
D7873	Arthroscopy - Surgical	D7996	Implant - Mandible Augmentation
D7874	Arthroscopy - Surgical disc	D7997	Appliance Removal
D7875	Arthroscopy - Synivectomy	D7998	Fixation Appliance
D7876	Arthroscopy - Discectomy	D9130	TMJ Dysfunction Physical Therapy
D7877	Arthroscopy - Surgical debridement	D9420	Hospital or Surg center call
D7880	Occlusal Orthotic Device	D9901	New York Surcharge Class 1
D7881	Occlusal Orthotic Device Adj	D9902	New York Surcharge Class 2
D7899	Unspecified TMJ Therapy	D9903	New York Surcharge Class 3
D7910	Suture Wound - small up to 5cm	D9905	New York Surcharge Class 5
D7911	Suture Wound - complicated to 5cm	D9906	New York Surcharge Class 6
D7912	Suture Wound - complicated > 5cm	D9913	Administration of neuromodulators
D7920	Skin Grafts	D9914	Administration of dermal fillers
D7921	Blood Concentrate	D9947	Sleep Apnea Appliance
D7940	Facial Bone Surgery - deformities	D9948	Adjust Sleep Apnea Appliance
D7941	Osteotomy - mandibular rami	D9949	Repair Sleep Apnea Appliance
D7943	Osteotomy - mandibular rami w/graft	D9953	Reline Sleep Apnea Appliance
D7944	Osteotomy - segmented or subapical	D9954	Morning repositioning device
D7945	Osteotomy	D9955	Appliance titration visit
D7946	Bone Surgery - upper jaw	D9956	Home sleep apnea test
D7947	Bone Surgery - upper jaw	D9957	Screening, breathing disorders
D7948	Lefort II or Lefort III no bone graft	D9959	Unspecified sleep apnea services procedure, by report
D7949	Lefort II or Lefort III with bone graft	D9970	Enamel Microabrasion
D7950	Graft of upper/lower jaw	D9971	Odontoplasty I-2 Teeth
D7951	Lateral Sinus Augmentation	D9972	External Bleaching, per Arch
D7952	Vertical Sinus Augmentation	D9973	External Bleaching, per Tooth
D7962	Frenum removal, tongue	D9974	Internal Bleaching, per Tooth
D7979	Saliva Gland Procedure - Nonsurg	D9975	Home Bleaching Tray, Per Arch



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