

Medicare Advantage

2025



Cigna Dental Care Plan

Customer information guide

Comprehensive Base Dental Plan:

Maryland, Ohio, Texas



Introduction

Thank you for choosing Cigna HealthcareSM for your Medicare Advantage plan. Here's how to use your dental benefits.

Network dentist selection

- You must choose a general dentist from the Cigna Dental Care network.
- How to find an in-network dentist near you:
 - Search our online provider directory at CignaMedicare.com/resources; 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, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.
 - Contact Dental Customer Service to let them know which network general dentist you have chosen to be your primary dentist.

Preventive care

Preventive dental care is key to a healthy smile and overall good health. To avoid delays at the beginning of the year, start a preventive care schedule when you first enroll in the plan.

Specialty care

If you need to see a specialist, such as an oral surgeon, endodontist or a periodontist, your general dentist will provide a referral. Keep in mind, your costs are the same if you see a specialist as long as they're in our network. See the Dental Patient Charge Schedule in this guide for costs.

Care for dental emergencies away from home

If you have an emergency while you are out of your service area or you are unable to contact your network general dentist, you may receive emergency covered services from any general dentist. Routine restorative procedures or definitive treatment (e.g., root canal) are not considered emergency care. You should return to your network general dentist for these procedures.

For emergency covered services, you will be responsible for the copays listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference between the dentist's usual fee for emergency covered services and your copay, up to a total of \$50 per incident. To receive reimbursement, send the dentist's itemized statement to:

Cigna Dental
P.O. Box 188045
Chattanooga, TN 37422-8045

Dental Patient Charge Schedule

The Dental Patient Charge Schedule is included in this guide. It lists the services covered under your plan, along with the costs you'll pay for each service. Keep in mind, this list is valid only for our network providers. Some exclusions and limitations may apply, which are included in the back of this guide.

The American Dental Association issues codes that are used for treatment and billing. These codes and definitions may periodically change. Different codes may be used to describe these covered procedures.

Cigna Dental Care Plan

PATIENT CHARGE SCHEDULE

Here's where you can learn about what's covered and your costs for services. This Patient Charge Schedule is valid from January 1, through December 31.

Important highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your assigned network general dentist or network specialist, unless otherwise authorized by Cigna Dental Care as described in your plan documents.
- Your network dentist may not offer every service.
- Before you schedule an appointment, check to see if your network dentist offers the services you need.
- This Patient Charge Schedule applies to network providers only. When you need to see a specialist, you must get a referral from your network general dentist. And the referral must be to a network specialist, such as an oral surgeon, endodontist, or a periodontist.
- In rare circumstances when a network provider refers you to an out of network dentist or a network dentist isn't available, Cigna Dental will likely need more information about the claim. If requested information for any out of network claim isn't received and/or does not meet plan guidelines, you will be responsible for any billed charges.
- Procedures **not** listed on this Patient Charge Schedule are **not** covered. Any services performed that are not covered 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.
- The use of a local anesthetic is considered part of, and included in, your dental treatment.
- Cigna Dental Care considers infection control, such as personal protective equipment and/or sterilization, to be incidental to and part of the charges for services provided, and a separate fee may not be charged.
- This Patient Charge Schedule is subject to annual change.
- Procedures listed on this Patient Charge Schedule are subject to plan exclusions and limitations, which can be found in the back of this guide.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.



Call the Cigna Dental Customer Service department for more information: **1-866-213-7295 (TTY 711)**, October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. **Messaging service used weekends, after hours, and on federal holidays.**

Cigna Dental Care Plan
PATIENT CHARGE SCHEDULE

Code	Procedure description	Procedure charge
Office Visit Fee (Per Patient, Per Office Visit, in addition to any applicable patient charges)		
	Office Visit Fee	\$0.00
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), and comprehensive periodontal evaluations (D0180).		
Covered Services		
D0120	Periodic Oral Evaluation - Established Patient	\$0.00
D0140	Limited Oral Evaluation - Problem Focused	\$0.00
D0150	Comprehensive Oral Evaluation - New or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report (limit 2 per calendar year)	\$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	\$0.00
D0171	Re-evaluation – Post-operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$0.00
D0190	Screening of a patient	\$0.00
D0191	Assessment of a patient	\$0.00
D0210	X-rays (intraoral – comprehensive series, including bitewings) - (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$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
D0251	X-rays extra-oral posterior dental radiographic image (limit 1 D0251 or D0705 per calendar year)	\$0.00
D0270	X-rays (extra-oral posterior dental 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) - (limit 1 D0330 or D0701 every 3 years)	\$0.00

Cigna Dental Care Plan
PATIENT CHARGE SCHEDULE

Code	Procedure description	Procedure charge
D0372	X-rays (intraoral tomosynthesis - comprehensive series, including bitewings) - (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$0.00
D0373	X-rays (intraoral tomosynthesis - bitewing radiographic image)	\$0.00
D0374	X-rays (intraoral tomosynthesis - periapical radiographic image)	\$0.00
D0387	X-rays (intraoral tomosynthesis - comprehensive series, including bitewings) - image capture only (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$0.00
D0388	X-rays (intraoral tomosynthesis - bitewing radiographic image) - image capture only	\$0.00
D0389	X-rays (intraoral tomosynthesis - periapical radiographic image) - image capture only	\$0.00
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
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$0.00
D0418	Analysis of saliva sample	\$0.00
D0419	Assessment of salivary flow by measurement	\$0.00
D0425	Caries susceptibility tests	\$0.00
D0431	Oral cancer screening using a special light source	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in the structure of enamel, dentin and cementum	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00

Cigna Dental Care Plan
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Code	Procedure description	Procedure charge
D0701	X-rays (panoramic radiographic image) – image capture only (limit 1 D0330 or D0701 every 3 years)	\$0.00
D0705	X-rays (extra-oral posterior dental radiographic image) – image capture only (limit 1 D0251 or D0705 per calendar year)	\$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 (limit 1 D0210, D0372, D0387, or D0709 every 3 years)	\$0.00
D1110	Prophylaxis (cleaning) – Adult (limit 2 per calendar year)	\$0.00
D1206	Topical application of fluoride varnish (limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.	\$0.00
D1208	Topical application of fluoride - excluding varnish (limit 2 per calendar year) There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$0.00
D1354	Interim caries arresting medicament application	\$0.00
D1355	Caries preventive medicament application – per tooth	\$0.00
Restorative (fillings, including polishing) - Covered when performed by your Network General Dentist.		
D2140	Amalgam – 1 surface, primary or permanent	\$0.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$0.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$0.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – 1 surface, anterior	\$0.00
D2331	Resin-based composite – 2 surfaces, anterior	\$0.00
D2332	Resin-based composite – 3 surfaces, anterior	\$0.00
D2335	Resin-based composite – 4 or more surfaces	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2391	Resin-based composite – 1 surface, posterior	\$0.00

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Code	Procedure description	Procedure charge
D2392	Resin-based composite – 2 surfaces, posterior	\$0.00
D2393	Resin-based composite – 3 surfaces, posterior	\$0.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$0.00
D2976	Band stabilization – per tooth	\$0.00
<p>Crown and bridge (fixed partial dentures), are covered when provided by your Network General Dentist or Network Pediatric Dentist (for children under the age of 13), and all charges 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. 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. Other specific limitations are discussed in the Exclusions and Limitations section of the Information Guide.</p>		
D2510	Inlay – Metallic – 1 surface	\$0.00
D2520	Inlay – Metallic – 2 surfaces	\$0.00
D2530	Inlay – Metallic – 3 or more surfaces	\$0.00
D2542	Onlay – Metallic – 2 surfaces	\$0.00
D2543	Onlay – Metallic – 3 surfaces	\$0.00
D2544	Onlay – Metallic – 4 or more surfaces	\$0.00
D2710	Crown - Resin-based composite (Indirect)	\$0.00
D2720	Crown - Resin with high noble metal	\$0.00
D2721	Crown - Resin Based with Predominantly Base Metal	\$0.00
D2722	Crown - Resin with noble metal	\$0.00
D2740	Crown – Porcelain/ceramic	\$0.00
D2750	Crown – Porcelain fused to high noble metal	\$0.00
D2751	Crown – Porcelain fused to predominantly base metal	\$0.00
D2752	Crown – Porcelain fused to noble metal	\$0.00
D2753	Crown - Porcelain fused to titanium and titanium alloys	\$0.00
D2790	Crown – Full cast high noble metal	\$0.00
D2791	Crown – Full cast predominantly base metal	\$0.00
D2792	Crown – Full cast noble metal	\$0.00
D2794	Crown – Titanium and titanium alloys	\$0.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0.00
D2920	Re-cement or re-bond crown	\$0.00

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Code	Procedure description	Procedure charge
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	\$0.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	\$0.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$0.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$0.00
D2932	Prefabricated resin crown	\$0.00
D2933	Prefabricated stainless steel crown with resin window	\$0.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$0.00
D2940	Placement of interim direct restoration	\$0.00
D2956	Removal of an indirect restoration on a natural tooth	\$0.00
Endodontics (root canal treatment, excluding final restorations)		
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$0.00
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	\$0.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$0.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$0.00
D3346	Retreatment of previous root canal therapy – Anterior	\$0.00
D3347	Retreatment of previous root canal therapy – Premolar	\$0.00
D3348	Retreatment of previous root canal therapy – Molar	\$0.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0.00
D3950	Canal preparation and fitting of preformed dowel or post	\$0.00
Periodontics (treatment of supporting tissues [gum and bone] of the teeth). Localized delivery of antimicrobial agents (D4381) is limited to 8 teeth (or 8 sites, if applicable) on the same date of service, and coverage is restricted to one per tooth per 12-consecutive-month period. Other specific limitations are discussed in the Exclusions and Limitations section of the Information Guide.		
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limited to once per quadrant per consecutive 12 months)	\$0.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (limited to once per quadrant per consecutive 12 months)	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 1 per calendar year)	\$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 2 per calendar year)	\$0.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (1 per lifetime)	\$0.00

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Code	Procedure description	Procedure charge
D438I	Localized delivery of antimicrobial agents per tooth	\$0.00
D4910	Periodontal maintenance (limit 4 per calendar year)	\$0.00
	Periodontal charting for planning treatment of periodontal disease	\$0.00
	Periodontal hygiene instruction	\$0.00
D492I	Gingival irrigation with a medicinal agent - per quadrant	\$0.00
<p>Prosthetics (removable tooth replacement – dentures and partial dentures) includes up to 4 adjustments within first 6 months after placement – Coverage for replacement of prosthetics is limited to 1 every 5 years. 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. Other specific limitations are discussed in the Exclusions and Limitations section of the Information Guide.</p>		
D5110	Full upper denture	\$0.00
D5120	Full lower denture	\$0.00
D5130	Immediate full upper denture	\$0.00
D5140	Immediate full lower denture	\$0.00
D521I	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$0.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$0.00
D522I	Immediate maxillary partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$0.00
D5222	Immediate mandibular partial denture – Resin base (including retentive/clasping materials, rests and teeth)	\$0.00
D5223	Immediate maxillary partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$0.00
D5224	Immediate mandibular partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$0.00
D5225	Upper partial denture – Flexible base (including retentive /clasping materials, rests and teeth)	\$0.00

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Code	Procedure description	Procedure charge
D5226	Lower partial denture – Flexible base (including retentive /claspings materials, rests and teeth)	\$0.00
D5410	Adjust complete denture – Upper	\$0.00
D5411	Adjust complete denture – Lower	\$0.00
D5421	Adjust partial denture – Upper	\$0.00
D5422	Adjust partial denture – Lower	\$0.00
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	\$0.00
D5512	Repair broken complete denture base - Upper	\$0.00
D5520	Replace missing or broken teeth – Complete denture - per tooth	\$0.00
D5611	Repair resin partial denture base - Lower	\$0.00
D5612	Repair resin partial denture base - Upper	\$0.00
D5621	Repair cast partial framework - Lower	\$0.00
D5622	Repair cast partial framework - Upper	\$0.00
D5630	Repair or replace broken retentive/claspings materials - Per tooth	\$0.00
D5640	Replace missing or broken teeth – partial denture - per tooth	\$0.00
D5650	Add tooth to existing partial denture - per tooth	\$0.00
D5660	Add clasp to existing partial denture - Per tooth	\$0.00
Denture rebase or relining (limit 1 every 24 months)		
D5710	Rebase complete upper denture	\$0.00
D5711	Rebase complete lower denture	\$0.00
D5720	Rebase upper partial denture	\$0.00
D5721	Rebase lower partial denture	\$0.00
D5730	Reline complete upper denture – Direct	\$0.00
D5731	Reline complete lower denture – Direct	\$0.00
D5740	Reline upper partial denture – Direct	\$0.00
D5741	Reline lower partial denture – Direct	\$0.00
D5750	Reline complete upper denture – Indirect	\$0.00
D5751	Reline complete lower denture – Indirect	\$0.00
D5760	Reline upper partial denture – Indirect	\$0.00
D5761	Reline lower partial denture – Indirect	\$0.00
D5850	Tissue conditioning – Upper	\$0.00
D5851	Tissue conditioning – Lower	\$0.00
D5876	Add metal substructure to acrylic full denture (per arch)	\$0.00

Cigna Dental Care Plan
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Code	Procedure description	Procedure charge
Oral surgery (includes routine postoperative care)		
D7III	Extraction of coronal remnants – Deciduous tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$0.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	\$0.00
D7288	Brush biopsy – Transepithelial sample collection	\$0.00
Emergency services		
D91I0	Palliative treatment of dental pain – per visit	\$0.00
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0.00
D9410	House/extended care facility call	\$0.00
D9440	Office visit – After regularly scheduled hours	\$0.00
Miscellaneous services		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D921I	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia	\$0.00
D931I	Consultation with a medical health care professional	\$0.00
D9430	Office visit for observation – No other services performed	\$0.00
D9450	Case presentation – Detailed and extensive treatment planning	\$0.00
D9961	Duplicate/copy patient's records	\$0.00
D9986	Missed appointment (without 24 hour notice)	\$0.00
D9987	Cancelled appointment (with 24-hour notice)	\$0.00
D9990	Certified translation or sign language services, per visit	\$0.00
D9991	Dental case management - addressing appointment compliance	\$0.00
D9992	Dental case management - care coordination	\$0.00
D9993	Dental case management - motivational interviewing	\$0.00
D9994	Dental case management - patient education to improve oral health literacy	\$0.00
D9995	Teledentistry – Synchronous; real-time encounter	\$0.00
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00

Cigna Dental Care Plan
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Code	Procedure description	Procedure charge
	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.	

EXCLUSIONS AND LIMITATIONS

Your Dental Plan has the following limitations:

1. **Frequency** – The frequency of certain covered services is limited. Your Patient Charge Schedule (PCS) lists any frequency limitations. Coverage for additional services is noted on your PCS with the applicable copay.
2. **Periodontal services** for gum tissue and supporting bone:
 - Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (D4346), is limited to one per calendar year. Coverage for additional services is noted on your PCS with the applicable copay.
 - Gingival and/or osseous regenerative procedures (gum tissue and/or bone) are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the PCS.
 - Localized delivery of antimicrobial agents (D4381) is limited to eight teeth (or eight sites, if applicable) per date of service, per 12 consecutive months. Based on published research, it is Cigna Dental's position that when more than eight of these procedures are planned treatments, modalities other than (D4381) should be considered and offered to the member.
3. **Clinical evaluations** – Oral evaluations are limited to a combined total of four of the following evaluations during a 12-consecutive-month period: periodic oral evaluations (D0120), comprehensive oral

evaluations (D0150) and comprehensive periodontal evaluations (D0180).

4. **Endodontic services** – Gingival and/or osseous regenerative procedures (gum tissue and/or bone) are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.

Your plan doesn't pay for services or costs obtained:

- For, or in connection with, an injury arising out of, or in the course of, any employment for wage or profit;
- For charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the U.S. government or by a state or municipal government, if the person had no insurance;
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- For charges which the person is not legally required to pay;
- For charges which would not have been made if the person had no insurance;
- Due to injuries which are intentionally self-inflicted.

EXCLUSIONS AND LIMITATIONS

Services not covered under your Dental Care Plan

Procedures and/or appliances **not** listed on this Patient Charge Schedule are **not** covered. Any services performed that are not covered are the patient's responsibility at the dentist's usual fees.

Listed below are the services or expenses which are **not** covered under your Dental Care Plan and which are your responsibility at the dentist's usual fees. There is no coverage for:

1. Services not listed on the most current Patient Charge Schedule.
2. Services provided by a non-network dentist, except as described in the *Care for dental emergencies away from home* section.
3. Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
4. Services provided or paid by or through a federal or state governmental agency or authority, a political subdivision, or a public program, other than Medicaid.
5. 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.
6. Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule.
7. Prescription drugs.
8. Procedures, appliances or restorations done if the main purpose is to:
 - Change vertical dimension (degree of separation of the jaw when teeth are in contact); or
 - Restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.
9. Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen or damaged due to patient abuse, misuse or neglect.
10. Surgical placement of a dental implant or surgical services related to a dental implant.
11. Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards.
12. Procedures or appliances for minor tooth movement or to control harmful habits.
13. 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.)

EXCLUSIONS AND LIMITATIONS

14. Services to the extent you or your enrolled dependent are compensated under any group medical plan, no-fault auto insurance policy or uninsured motorist policy.
 15. The completion of treatment already in progress on the effective date of your Cigna Dental coverage.
 16. Consultations and/or evaluations associated with services that are not listed on your Patient Charge Schedule.
 17. Endodontic treatment and/or surgery of teeth exhibiting a poor or hopeless periodontal prognosis.
 18. Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
 19. Services performed by a prosthodontist.
 20. Infection control, such as personal protective equipment and/or sterilization. Cigna Dental considers this to be incidental to and part of the charges for services provided, and a separate fee may not be charged.
 21. The re-cementation of any inlay, onlay, crown, post and core, fixed bridge, or implant-supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers re-cementation within this time frame to be incidental to and part of the charges for the initial restoration.
 22. Services to correct congenital malformations, including the replacement of congenitally missing teeth.
 23. The replacement of an occlusal guard (night guard) beyond one per any 24-consecutive-month period.
 24. Crowns, bridges and/or implant-supported prostheses used solely for splinting.
 25. Resin-bonded retainers and associated pontics (e.g., "Maryland bridge").
- Preexisting conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule. Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.



1-866-213-7295 (TTY 711),

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

www.cignamedicare.com/dental-comp-2025



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