A Good Reason to Smile.

Department of MANAGEMENT SERVICES
Division of State Group Insurance

Cigna®

PEOPLE FIRST BENEFIT PLAN CODE 4034

Healthy Gums May Lead to a Healthier You!

DID YOU KNOW THAT YOUR ORAL HEALTH COULD BE AN INDICATOR OF YOUR OVERALL HEALTH?

Regular visits to the dentist may do more than brighten your smile. Research has linked periodontal (gum) disease to complications for heart disease, stroke, diabetes, preterm birth and other health issues. Healthy gums support healthy teeth. Follow the suggestions provided to help prevent gum disease. And if you are diagnosed with gum disease, it's important to complete the periodontal treatment plan recommended by your dentist.

Gum disease may be painless, but symptoms can appear, such as:

- Tender, swollen or bleeding gums when you brush your teeth
- Dark red or receding gums
- Bad breath or a bad taste in your mouth
- Loose teeth
- Gum disease is treatable. Be sure to visit your dentist on a regular basis.

Healthy Gums May Mean a Healthier Heart

People with advanced gum disease may be more likely to have heart disease than those with healthy gums[1]. Bacteria and their byproducts from the gum tissues may enter the blood stream, causing small blood clots that may contribute to the clogging of arteries[2]. Clots in the coronary arteries can lead to heart attacks. A blood clot in the brain can cause a stroke. Bottom line: care for your gums, and they may help guard your heart!

Healthy Gums May Help Control Blood Sugar

Those with diabetes may have more complications with gum disease. Why? As a general rule, diabetics have a tougher time healing. And research shows they suffer greater tooth loss than patients without diabetes. One study[3] found that when diabetic patients' gum infections were treated, they found it easier to manage their blood sugar. Good dental health may be linked to a reduced risk of diabetic complications!

Healthy Gums May Help Reduce the Risk of Pre-term Birth

Mom's gum disease may increase the probability of a pre-term birth. Pregnant women with chronic periodontal (gum) disease during the second trimester are up to seven times more likely to give birth prematurely.[3,4] It's recommended that pregnant women should focus on brushing and flossing and getting regular dental check ups. This possible link between gum disease and preterm birth is another reason to protect your dental health!

PREVENTION IS POWERFUL!

The American Dental Association (ADA) suggests the following behaviors to help prevent gum disease[5].

- Brush your teeth twice a day with a soft-bristle toothbrush
- Floss daily
- Eat a healthy diet and limit snacks between meals
- See your dentist regularly

1 American Academy of Periodontology (www.perio.org), Feb. 2002.
2 U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes for Health, 2000.
3 Journal of the American Dental Association, Oct. 2003.
4 Journal of the American Dental Association, July 2001 "Oral Health During Pregnancy: An Analysis of Information."
5 American Dental Association Frequently Asked Questions.

For more information, visit us on the web at www.cigna.com or call 1.800.CIGNA24 (1.800.244.6224)

Cigna®

Cigna Dental Care - We Plan to Make You Smile!

Cigna Dental is proud to offer State of Florida employees one of the most comprehensive dental coverage plans in the market today. Our Prepaid Patient Charge Schedule (PCS) reflects a fixed co-payment amount that allows you to plan and budget for you and your family's dental care needs with confidence. Your benefits include:

- If you require specialty care, your network general dentist will refer you to a network specialist. You do not require a specialty referral to visit a network orthodontist or network pediatric dentist. You are responsible for paying the network dentist the applicable co-payments listed on your Patient Charge Schedule (PCS).
- Choose from 1,076 dental offices with 3,577 general dentists throughout Florida.
- Orthodontic coverage for children and adults.
- Coverage on procedure(s) to detect oral cancer in its early stages.
- No age limit on sealants.
- Coverage for most preventive services (exams, x-rays and routine cleanings) is provided at no charge.*
- No waiting period, coverage begins immediately.
- No deductibles to meet.
- No claim forms to file.
- No annual or lifetime dollar maximums to exceed.
- No restrictions on pre-existing conditions, except for work in progress.
- Knowledgeable, caring customer service.
- Participating dentists to complete a credentialing process and participate in a Quality Management Program.
- Access to myCigna.com, a secure on-line tool that makes it easier and faster for you to access:
  1) your personalized dental benefits information;
  2) dental health articles via WebMD; and
  3) the Dental Treatment Cost Estimator, which allows you to estimate and plan dental care costs before receiving services.

* Frequency Limitations apply; see your Patient Charge Schedule, starting on page 4, for further information.

What should I budget for my family's dental health care?

PLAN	BI-WEEKLY	MONTHLY
Employee Only	$12.01	$24.01
Employee + Spouse	$23.66	$47.31
Employee + Child(ren)	$28.21	$56.41
Employee + Family	$36.03	$72.06

People First Benefit Plan Code 4034

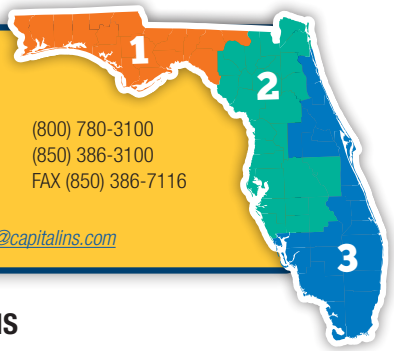
How To Enroll

Enrolling in the Cigna Dental Care plan is easy. Just call People First, toll free 866.663.4735 or enroll online at https://peoplefirst.myflorida.com. For further information, contact the Capital Insurance representative nearest you. Telephone numbers and e-mail addresses are listed for your convenience.

CAPITAL INSURANCE AGENCY, INC.

"We're Here To Help You!"

Contact Capital Insurance Agency



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Your Patient Charge Schedule

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)	$0.00
D9430	Office visit for observation – No other services performed	$0.00
D9450	Case presentation – Detailed and extensive treatment planning	$0.00
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 (limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)	$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	$33.00
D0210	X-rays intraoral – Complete series of radiographic images (limit 1 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
D0251	Extra-oral posterior dental radiographic image (limit 1 per calendar year)	$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) – (limit 1 every 3 years)	$0.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures *(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)*	$240.00
D0431	Oral cancer screening using a special light source	$50.00
D0460	Pulp vitality tests	$14.00
D0470	Diagnostic casts	$0.00
D0472	Pathology report – Gross examination of lesion (only when tooth related)	$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	$0.00
D1110	Prophylaxis (cleaning) – Adult (limit 2 per calendar year) Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$0.00 $45.00
D1120	Prophylaxis (cleaning) – Child (limit 2 per calendar year) Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$0.00 $30.00
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. 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	$0.00 $15.00
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. 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	$0.00 $15.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant – Per tooth	$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	$12.00
D1353	Sealant repair – Per tooth	$8.00
D1354	Interim caries arresting medicament application	$0.00
D1510	Space maintainer – Fixed – Unilateral	$110.00
D1515	Space maintainer – Fixed – Bilateral	$170.00
D1550	Re-cement or re-bond space maintainer	$0.00
D1555	Removal of fixed space maintainer	$0.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D1575	Distal shoe space maintainer – Fixed – Unilateral	$121.00
Restorative (fillings, including polishing)		
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 or involving incisal angle, anterior	$88.00
D2390	Resin-based composite crown, anterior	$88.00
D2391	Resin-based composite – 1 surface, posterior	$47.00
D2392	Resin-based composite – 2 surfaces, posterior	$59.00
D2393	Resin-based composite – 3 surfaces, posterior	$82.00
D2394	Resin-based composite – 4 or more surfaces, posterior	$115.00
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.		
	Additional charge 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.	$150.00
D2510	Inlay – Metallic – 1 surface	$410.00
D2520	Inlay – Metallic – 2 surfaces	$410.00
D2530	Inlay – Metallic – 3 or more surfaces	$410.00
D2542	Onlay – Metallic – 2 surfaces	$470.00
D2543	Onlay – Metallic – 3 surfaces	$470.00
D2544	Onlay – Metallic – 4 or more surfaces	$470.00
D2740	Crown – Porcelain/ceramic substrate	$490.00
D2750	Crown – Porcelain fused to high noble metal	$450.00
D2751	Crown – Porcelain fused to predominantly base metal	$400.00
D2752	Crown – Porcelain fused to noble metal	$425.00
D2780	Crown – 3/4 cast high noble metal	$460.00
D2781	Crown – 3/4 cast predominantly base metal	$410.00
D2782	Crown – 3/4 cast noble metal	$435.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D2790	Crown – Full cast high noble metal	$460.00
D2791	Crown – Full cast predominantly base metal	$410.00
D2792	Crown – Full cast noble metal	$435.00
D2794	Crown – Titanium	$460.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$43.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$43.00
D2920	Re-cement or re-bond crown	$43.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	$165.00
D2930	Prefabricated stainless steel crown – Primary tooth	$105.00
D2931	Prefabricated stainless steel crown – Permanent tooth	$105.00
D2932	Prefabricated resin crown	$135.00
D2933	Prefabricated stainless steel crown with resin window	$165.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	$165.00
D2940	Protective restoration	$13.00
D2941	Interim therapeutic restoration - Primary dentition	$13.00
D2950	Core buildup – Including any pins	$135.00
D2951	Pin retention – Per tooth – In addition to restoration	$13.00
D2952	Post and core – In addition to crown, indirectly fabricated	$165.00
D2954	Prefabricated post and core – In addition to crown	$135.00
D2960	Labial veneer (resin laminate) – Chairside	$94.00
D6210	Pontic – Cast high noble metal	$450.00
D6211	Pontic – Cast predominantly base metal	$410.00
D6212	Pontic – Cast noble metal	$435.00
D6214	Pontic – Titanium	$460.00
D6240	Pontic – Porcelain fused to high noble metal	$450.00
D6241	Pontic – Porcelain fused to predominantly base metal	$410.00
D6242	Pontic – Porcelain fused to noble metal	$435.00
D6245	Pontic – Porcelain/ceramic	$455.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	$450.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	$460.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	$390.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	$400.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D6606	Retainer inlay – Cast noble metal, 2 surfaces	$415.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	$425.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	$440.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	$460.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	$390.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	$400.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	$415.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	$435.00
D6624	Retainer inlay – Titanium	$450.00
D6634	Retainer onlay – Titanium	$450.00
D6740	Retainer crown – Porcelain/ceramic	$500.00
D6750	Retainer crown – Porcelain fused to high noble metal	$460.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	$410.00
D6752	Retainer crown – Porcelain fused to noble metal	$435.00
D6780	Retainer crown – 3/4 cast high noble metal	$460.00
D6781	Retainer crown – 3/4 cast predominantly base metal	$410.00
D6782	Retainer crown – 3/4 cast noble metal	$435.00
D6790	Retainer crown – Full cast high noble metal	$460.00
D6791	Retainer crown – Full cast predominantly base metal	$410.00
D6792	Retainer crown – Full cast noble metal	$435.00
D6794	Retainer crown – Titanium	$460.00
D6930	Re-cement or re-bond fixed partial denture Complex rehabilitation – Additional 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)	$61.00 $135.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	$14.00
D3120	Pulp cap – Indirect (excluding final restoration)	$14.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	$72.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	$72.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	$72.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	$210.00
D3320	Bicuspid root canal – Permanent tooth (excluding final restoration)	$245.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	$335.00
D3331	Treatment of root canal obstruction – Nonsurgical access	$97.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	$97.00
D3333	Internal root repair of perforation defects	$97.00
D3346	Retreatment of previous root canal therapy – Anterior	$300.00
D3347	Retreatment of previous root canal therapy – Bicuspid	$345.00
D3348	Retreatment of previous root canal therapy – Molar	$430.00
D3410	Apicoectomy/periradicular surgery – Anterior	$275.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	$305.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	$340.00
D3426	Apicoectomy/periradicular surgery (each additional root)	$110.00
D3427	Periradicular surgery without apicoectomy	$275.00
D3430	Retrograde filling per root	$72.00
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	$180.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	$91.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$91.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	$235.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	$125.00
D4245	Apically positioned flap	$235.00
D4249	Clinical crown lengthening – Hard tissue	$255.00
D4260	Osseous surgery – 4 or more teeth per quadrant	$400.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	$240.00
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	$290.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	$225.00
D4266	Guided tissue regeneration – Resorbable barrier per site	$380.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	$430.00
D4270	Pedicle soft tissue graft procedure	$300.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$310.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous (missing) tooth position in graft	$310.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous (missing) tooth position in same graft site	$155.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	$155.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limit 4 quadrants per consecutive 12 months)	$83.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (limit 4 quadrants per consecutive 12 months)	$42.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 1 per calendar year) Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (limit 2 per calendar year)	$0.00 $45.00
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime)	$65.00
D4381	Localized delivery of antimicrobial agents per tooth	$45.00
D4910	Periodontal maintenance (limit 4 per calendar year) (only covered after active periodontal therapy)	$53.00
Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.		
D5110	Full upper denture	$625.00
D5120	Full lower denture	$625.00
D5130	Immediate full upper denture	$680.00
D5140	Immediate full lower denture	$680.00
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	$525.00
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	$525.00
D5213	Upper partial denture – Cast metal framework (including clasps, rests and teeth)	$715.00
D5214	Lower partial denture – Cast metal framework (including clasps, rests and teeth)	$715.00
D5221	Immediate maxillary partial denture – Resin base (including any conventional clasps, rests and teeth)	$525.00
D5222	Immediate mandibular partial denture – Resin base (including conventional clasps, rests and teeth)	$525.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D5223	Immediate maxillary partial denture – Cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	$715.00
D5224	Immediate mandibular partial denture – Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$715.00
D5225	Upper partial denture – Flexible base (including clasps, rests and teeth)	$605.00
D5226	Lower partial denture – Flexible base (including clasps, rests and teeth)	$605.00
D5410	Adjust complete denture – Upper	$43.00
D5411	Adjust complete denture – Lower	$43.00
D5421	Adjust partial denture – Upper	$46.00
D5422	Adjust partial denture – Lower	$46.00
Repairs to prosthetics		
D5510	Repair broken complete denture base	$88.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	$76.00
D5610	Repair resin denture base	$88.00
D5630	Repair or replace broken clasp - Per tooth	$110.00
D5640	Replace broken teeth – Per tooth	$81.00
D5650	Add tooth to existing partial denture	$88.00
D5660	Add clasp to existing partial denture - Per tooth	$110.00
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	$250.00
D5711	Rebase complete lower denture	$250.00
D5720	Rebase upper partial denture	$250.00
D5721	Rebase lower partial denture	$250.00
D5730	Reline complete upper denture – Chairside	$145.00
D5731	Reline complete lower denture – Chairside	$145.00
D5740	Reline upper partial denture – Chairside	$145.00
D5741	Reline lower partial denture – Chairside	$145.00
D5750	Reline complete upper denture – Laboratory	$210.00
D5751	Reline complete lower denture – Laboratory	$210.00
D5760	Reline upper partial denture – Laboratory	$210.00
D5761	Reline lower partial denture – Laboratory	$210.00
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	$315.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D5811	Interim complete denture – Lower	$315.00
D5820	Interim partial denture – Upper	$280.00
D5821	Interim partial denture – Lower	$280.00
Implant/abutment supported prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years.		
	Additional charge 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.	$150.00
D6058	Abutment supported porcelain/ceramic crown	$790.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$750.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$700.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$725.00
D6062	Abutment supported cast metal crown (high noble metal)	$750.00
D6063	Abutment supported cast metal crown (predominantly base metal)	$700.00
D6064	Abutment supported cast metal crown (noble metal)	$725.00
D6065	Implant supported porcelain/ceramic crown	$790.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	$750.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	$750.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	$790.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	$750.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	$700.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	$725.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	$750.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	$700.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	$725.00
D6075	Implant supported retainer for ceramic fixed partial denture	$790.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	$750.00
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	$750.00
D6092	Re-cement implant/abutment supported crown	$82.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D6093	Re-cement implant/abutment supported fixed partial denture	$99.00
D6094	Abutment supported crown (titanium)	$750.00
D6110	Implant /abutment supported removable denture for edentulous arch – Maxillary	$925.00
D6111	Implant /abutment supported removable denture for edentulous arch – Mandibular	$925.00
D6112	Implant /abutment supported removable denture for partially edentulous arch – Maxillary	$1,015.00
D6113	Implant /abutment supported removable denture for partially edentulous arch – Mandibular	$1,015.00
D6114	Implant /abutment supported fixed denture for edentulous arch – Maxillary	$925.00
D6115	Implant /abutment supported fixed denture for edentulous arch – Mandibular	$925.00
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Maxillary	$1,015.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Mandibular	$1,015.00
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	$750.00
	Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional 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)	$135.00
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	$12.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	$12.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	$53.00
D7220	Removal of impacted tooth – Soft tissue	$46.00
D7230	Removal of impacted tooth – Partially bony	$91.00
D7240	Removal of impacted tooth – Completely bony	$115.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	$125.00
D7250	Removal of residual tooth roots – Cutting procedure	$53.00
D7251	Coronectomy – Intentional partial tooth removal	$91.00
D7260	Oroantral fistula closure	$125.00
D7261	Primary closure of a sinus perforation	$125.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	$14.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	$14.00
D7283	Placement of device to facilitate eruption of impacted tooth	$8.00

CODE	PROCEDURE DESCRIPTION	PATIENT CHARGE
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)	$78.00
D7286	Incisional biopsy of oral tissue – Soft (all others) (tooth related – not allowed when in conjunction with another surgical procedure)	$65.00
D7287	Exfoliative cytological sample collection	$78.00
D7288	Brush biopsy – Transepithelial sample collection	$78.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$58.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$33.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$78.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$40.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	$14.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	$14.00
D7471	Removal of lateral exostosis – Maxilla or mandible	$14.00
D7472	Removal of torus palatinus	$14.00
D7473	Removal of torus mandibularis	$14.00
D7485	Reduction of osseous tuberosity	$78.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	$14.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	$20.00
D7880	Occlusal orthotic device, by report - (limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)	$330.00
D7881	Occlusal orthotic device adjustment	$43.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	$14.00
D7963	Frenuloplasty	$20.00
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.)		
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	$480.00
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	$480.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	$500.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	$515.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	$515.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$67.00
D8670	Periodic orthodontic treatment visit Children – Up to 19th birthday: 24-month treatment fee Charge per month for 24 months Adults: 24-month treatment fee Charge per month for 24 months	 $2,040.00 $85.00 $2,376.00 $99.00
D8680	Orthodontic retention – Removal of appliances, constructionand placement of retainer(s)	$345.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8999	Unspecified orthodontic procedure – By report (orthodontic treatment plan and records)	$195.00
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.		
D9223	Deep sedation/general anesthesia – Each 15 minute increment	$95.00
D9243	Intravenous moderate (conscious) sedation/analgesia – Each 15 minute increment	$95.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	$0.00
D9440	Office visit – After regularly scheduled hours	$55.00
Miscellaneous services		
D9940	Occlusal guard – By report (limit 1 per 24 months)	$205.00
D9941	Fabrication of athletic mouthguard (limit 1 per 12 months)	$110.00
D9943	Occlusal guard adjustment	$0.00
D9951	Occlusal adjustment – Limited	$40.00
D9952	Occlusal adjustment – Complete	$210.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays (all other methods of bleaching are not covered)	$165.00

We Give You More Reasons to Smile!

Cigna Dental makes it easier for children under seven to seek dental care.

Another benefit enhancement to the ***Prepaid Plan - Pediatric Dentist Simplification Plan**

- You can now select a participating pediatric dentist as a primary care dentist for your dependent child(ren) under age seven. You can locate a participating pediatric dentist by visiting www.cigna.com, www.mycigna.com or by calling the number on your ID card and speaking with a representative.
- Because of this benefit enhancement, you no longer need a referral for your dependent child(ren) to receive dental care from a network pediatric dentist. In addition, preauthorization is not required.
- If your network general dentist refers your dependent child(ren) under age seven to a network pediatric dentist, your child(ren) will be automatically transferred to the pediatric dentist as his/her primary care dentist.
- If a network pediatric dentist is not available in your area, you must contact Cigna Dental prior to starting a new treatment plan. We will advise you if a network pediatric dentist has been added to your area because coverage will then be available from the network pediatric dentist.
- You have the option to transfer back to any network general dentist or you may select another network pediatric dentist.
- The pediatric dentist can provide dental examination and treatment without sending the treatment plan to Cigna Dental for prior payment authorization.
- As always, your standard co-payment will apply for each visit your dependent child(ren) will make to a pediatric dentist.
- Review your Patient Charge Schedule carefully so you will know what procedures are covered and what your financial responsibilities are.
- Once your dependent child(ren) reaches their seventh birthday, they will be transferred to your participating network general dentist.

*Prepaid 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.

Cigna Dental refers to the following operating subsidiaries of Cigna Corporation: Connecticut General Life Insurance Company, and Cigna Dental Health, Inc., and its operating subsidiaries and affiliates. The Cigna Dental Care plan is provided by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, the Cigna Dental Care plan is underwritten by Connecticut General Life Insurance Company or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.

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CALL OR CLICK TO FIND A NETWORK DENTIST

It's easy with Cigna Dental Care (DHMO)*

Finding a Cigna Dental Care® network dentist or specialist is quick and easy. And how you do it is up to you. You can search online or call to speak with a customer service representative. **Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.**

Here's how

From myCigna.com – the easiest way

Once you enroll in a Cigna Dental Care plan, register at **myCigna.com**. Then the site will give you information for your specific dental plan. You can search for a dentist using your location, dentist name or procedure. Results can be further narrowed down using the prompts on the results page.

On the go? Not a problem. This information is also on the **myCigna® App**.**

We're with you every step of the way. To help you find better savings, better health and a better experience. From full-service to self-service, Cigna has your dentist search covered.

* The term DHMO ("Dental HMO") 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. The Cigna Dental Care (DHMO) product availability varies by state and is subject to change.

** The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

From Cigna.com

- To search for a dentist on **Cigna.com**, visit the site and click **"Find a Doctor, Dentist or Facility."**
- Follow the prompts on screen and when asked to choose your plan, select "CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus.
- Review the lists given by specialty. Or narrow your search by typing in provider name, specialty or office name.
- Once you get your search results, you can further refine your search by:
  - Distance
  - Specialty
  - Years in practice
  - Additional languages
- Click on a dentist's name for more details. Such as office hours and location listings with map view.

Call us at 800.Cigna24 (800.244.6224)

Need help finding a Cigna Dental Care network dentist or specialist? Just give us a call. You can use the automated Dental Office Locator. Or, you can speak directly with a customer service representative. You can also ask for a directory customized by dentist type and location.

Call your current dentist

Your current dentist could be in-network. Call the office and ask if they participate in the Cigna Dental Care Access Plus network.

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Offered by Cigna Health and Life Insurance Company or its affiliates.

Cigna Dental Oral Health Integration Program®

A Cigna Dental Health Connect™ solution

NEED MORE? GET MORE.

Cigna Dental Oral Health Integration Program®

Get the dental services you need for your medical condition. Enroll in the Cigna Dental Oral Health Integration Program today.

What is the Cigna Dental Oral Health Integration Program?

It's a program that reimburses out-of-pocket costs for specific dental services used to treat gum disease and tooth decay. The program is for people with certain medical conditions that have been found to be associated with gum disease. There's no additional cost for the program – if you qualify, you get reimbursed!*

Do I qualify?

If you have a Cigna dental plan, you're eligible for the program. You do NOT have to be enrolled in a Cigna medical plan to be eligible for this program. You must currently be under treatment by a doctor for any of the following conditions:

- Heart disease
- Stroke
- Diabetes
- Maternity
- Chronic kidney disease
- Organ transplants
- Head and neck cancer radiation

How does it work?

In order to receive benefits through this program, you must first enroll to participate. Once you've registered, you visit your dentist and pay your usual copay or coinsurance amount. If you visit a Cigna network dentist, they will send us a claim. If you choose to see a dentist not in the Cigna network, you may need to submit the claim yourself. We review the claim and will refund your copay or coinsurance for eligible dental services. Once we receive your claim, you can expect to be reimbursed in about 30 days.

What else does the Oral Health Integration Program include?

You can ask us for information on issues that aff ect your oral health and your overall wellness – such as fear of going to the dentist. Or the impact of stress or tobacco products. We'll also give you guidance on how to overcome these behaviors.

Together, all the way.®

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Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

How do I enroll and use the program?

1. Fill out the online registration form found on **myCigna.com**. You can also download a fillable form from Cigna.com or call the number on the back of your ID card to have an enrollment form sent to you. You only need to complete the form one time per qualifying condition.
2. Visit your dentist and pay your usual out-of-pocket cost for the covered service. Once we have received your claim, we will send your reimbursement.

What dental services are covered under the Cigna Dental Oral Health Integration Program?

Check the chart below to see which dental services are covered for each qualifying medical condition.

	Medical Conditions (check mark indicates covered dental service[1])						
Dental Services	**Heart Disease**	**Stroke**	**Diabetes**	**Maternity**	**Chronic Kidney Disease**	**Organ Transplants**	**Head and neck cancer radiation**
Periodontal Treatment & Maintenance (D4341, D4342, D4910[2])	✓	✓	✓	✓	✓	✓	✓
Periodontal Evaluation (D0180)				✓			
Oral Evaluation (D0120[3], D0140[3], D0150[3])				✓			
Cleaning (D1110[4])				✓			
Scaling in the presence of inflammation – Full Mouth (D4346[4])				✓			
Emergency Palliative Treatment (D9110[5])				✓			
Topical application of fluoride & Topical application of fluoride varnish (D1206[6])					✓	✓	✓
Topical application of fluoride – excluding varnish (D1208[6])					✓	✓	✓
Sealants (D1351[6])					✓	✓	✓
Sealant Repair – per tooth (D1353[6])					✓	✓	✓

1. Eligibility, reimbursement and coverage for eligible services are subject to plan year maximums. 2. Four times per year subject to plan guidelines. 3. One additional evaluation. 4. One additional cleaning. 5. No limitations. 6. Age limits removed, all other limitations (including frequency limitations) apply.

Questions?

If you have questions about the Cigna Dental Oral Health Integration Program, or the impact that oral health can have on some medical conditions, please call us 24/7 at **800.Cigna24**.

* You do not have to meet your DPPO or indemnity deductible to receive reimbursement for these services. However, reimbursement will apply to and is subject to your annual benefits maximum for traditional indemnity and DPPO plans as well as plan rules for visits to network dentists and out-of-network dentists.

The Cigna Dental Oral Health Integration Program may not be available under your specific plan. Reimbursement under OHIP is subject to plan terms and conditions, including applicable annual benefit maximums and other exclusions and limitations. For costs and details of coverage, contact your Cigna representative or see your plan documents.

HEALTHY CHOICES DESERVE HEALTHY DISCOUNTS

Start saving today with Cigna Healthy Rewards®.*

Get discounts on the health products and programs you use every day. Just use your ID card when you pay and let the savings begin.

Real brands. Real discounts. Real awesomeness.

To start saving today, visit myCigna.com or call 800.244.6224.

*Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third-party providers and not by Cigna. Cigna assumes no responsibility for any circumstances arising out of the use, misuse, or application of any of the goods, services, discounts or information made available through such third-party providers.

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Cigna Dental Care - Limitations on covered services

Listed below are limitations on services covered by the Dental Plan:

Frequency — The frequency of certain covered services, such as cleanings, is limited. The Patient Charge Schedule lists any limitations on frequency.

Specialty Care — Payment authorization is required for coverage of services by a Network Specialist.

Pediatric Dentistry — Coverage to a Pediatric Dentist ends on an enrolled child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. The Network General Dentist shall provide care after the child's 7th birthday.

Oral Surgery — The surgical removal of an impacted wisdom tooth is not covered if the tooth is not diseased or if the removal is only for orthodontic reasons.

Exclusions - Cigna Dental Care

Listed below are the services or expenses which are NOT covered under the Dental Plan and which are the Covered Person's responsibility at the dentist's Usual Fees. There is no coverage for:

- Services not listed on the Patient Charge Schedule.
- Services provided by a non-Network Dentist without Cigna Dental Health's prior approval (except emergencies as described in Plan Documents).
- Services related to an injury or illness covered under workers' compensation, occupational disease or similar laws. (FL — This exclusion relates to such services paid under Workers' Compensation, occupational disease or similar laws.)
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program other than Medicaid.
- Services relating to injuries which are intentionally self-inflicted.
- 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.
- Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance).
- General anesthesia, sedation and nitrous oxide, unless specifically listed on your dental fee overview.
- Prescription drugs.
- Procedures, appliances or restorations if the main purpose is to: (1) change vertical dimension (degree of separation of the jaw when teeth are in contact) or (2) diagnose or treat abnormal conditions of the temporomandibular joint, except as specifically listed on the Patient Charge Schedule.
- The completion of crown and bridge, dentures or root canal treatment already in progress on the date Covered Person becomes covered by the Dental Plan.
- Replacement of fixed and/or removable prosthodontic appliances that have been lost; stolen; or damaged due to patient abuse, misuse or neglect.
- Services associated with the placement or prosthodontic restoration of a dental implant.
- Services considered to be unnecessary or experimental in nature.
- Procedures or appliances for minor tooth guidance or to control harmful habits.
- Hospitalization, including any associated incremental charges for dental services performed in a hospital.
- Services to the extent the Covered Person is compensated for them under any group medical plan, no-fault auto insurance policy, or insured motorist policy.
- Crowns and bridges used solely for splinting.
- Resin bonded retainers and associated pontics.

Additional clinical guidelines maybe specified in your plan documents.
Except as set forth above, pre-existing conditions are not excluded.

Frequently Asked Questions

What if I need to see a specialist?
If you require specialty care, your network general dentist will refer you to a network specialist. You do not require a specialty referral to visit a network orthodontist or network pediatric dentist. You are responsible for paying the network dentist/specialist the applicable co-payments listed on your Patient Charge Schedule (PCS).

Are braces covered?
Yes, both for children and adults. For orthodontic treatment started before you joined the Cigna Dental Care plan, call Customer Service to determine if any benefit is available.

How do I choose a dentist?
There are over 3,577 general dentists in Florida who serve State employees. More than 73% of you will have access to two or more dental offices within ten miles of your home. Select your dentist by visiting www.cigna.com. For your convenience, we encourage members to register at www.mycigna.com. The automated Dental Office Locator always gives you the most up-to-date network information, available 24 hours a day. Customer Service and the Dental Office Locator are available at 1.800.CIGNA24.

Can I change dentists?
Yes! Just call 1.800.CIGNA24 and use the Quick Transfer automated service available 24 hours a day or speak with a representative during business hours. The change will take effect on the first day of the following month. Transfers take approximately five days to process.

Can family members use different dentists?
Yes! Covered family members can select their own network dentists.

How much will I pay for covered services?
When there is a charge, your Patient Charge Schedule in your post-enrollment kit will tell you what the charge will be for covered procedures. Cigna Dental Care members know exact amounts, not just a percentage of what the dentist would usually charge, so they are able to budget accordingly.

What about pre-existing conditions?
Treatment in progress prior to the effective date of coverage is not covered.

Do I have to select a Network General Dentist?
As a Prepaid member, you are required to select and visit a network general dentist (provider) for all your dental care needs.

What happens if I do not select a dentist from the Cigna Prepaid Network?
If you receive covered service from a dentist who does not participate in the Prepaid network, your benefits may be significantly reduced or the services received may not be covered at all. At the time of enrollment in the Prepaid plan, you are required to select a network general dentist. If the dentist you choose is not available, then Cigna Dental will select one for you.

Did you know that you can access information about your dental benefits information online by visiting myCigna.com?
Register at myCIGNA.com to:

- View your personalized dental benefits information
- Download a Patient Charge Schedule
- Request an I.D. card
- Print a temporary I.D. card
- Change your network general dentist
- Learn more about dental health topics

Want to learn more?
Simply visit www.myCigna.com
http://www.myCigna.com and register.

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