



# School District 622

NORTH ST. PAUL | MAPLEWOOD | OAKDALE

Ready for tomorrow

## CIGNA Dental

CIGNA Dental is an employee-paid managed care dental plan. Enrollment is for a minimum of one year. Please see below for the monthly premiums for July 1, 2017-June 30, 2018 and payroll deductions between October and May.

	Single	Single + 1	Family
Monthly Premium	\$33.87	\$68.58	\$98.25
Payroll Deduction (Oct-May)	\$25.40	\$51.44	\$73.69

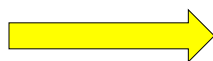
**Patient Charge Schedule:** The attached Patient Charge Schedule (W1-09) lists the covered procedures of the plan and the cost of those procedures to the patient.

**To Locate a Provider:** For SmartBen enrollment, you must enter a DHMO Office Number.


CIGNA no longer provides hard copy provider directories and recommends verifying that a clinic is an *in network provider* before each visit. Attached is a list of in-network providers within 5 miles of the zip code 55109. For the most up to date provider information and/or search a different area or by name/clinic, please use the following steps:

1. Go to [www.cigna.com](http://www.cigna.com)
2. Select *Find a Doctor*, (orange rectangle at top)
3. Select *If your Insurance Plan is Offered Through Work or School* (the 2nd box in orange)
4. Under *Find a*, select *Dentist*
5. Under *Select a Plan* (in the gray area) and *Pick* (in pink), on the right under Dental Plans, select *CIGNA Dental Care (HMO)*, and then click the pink *Choose* rectangle
6. Enter the search criteria (ie zip code) in field in the grey shaded box and select the pink *Search*

See search results example and office number location on the next page



# Search Results Example

 The provider/clinic office number

## SEARCH RESULTS

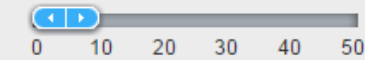
START OVER

CHANGE PLAN

YOU SEARCHED FOR: | NEAR: Saint Paul, MN 55109 (Change)

PLAN: Medical: No Plan Selected | Dental: Cigna Dental Care HMO

### DISTANCE



Up to: 5 miles

### SPECIALTY

- Endodontics (3)
- General Dentistry (27)
- Oral Surgery (3)
- Orthodontics (4)

### ACCEPTING NEW PATIENTS

- Accepting new patients only (40)


### YEARS IN PRACTICE

- <5 (5)
- 5-10 (8)
- > 10 (27)

APPLY



More filters

## 40 In-Network Dentists

 A DHMO plan has no out-of-network coverage (except for emergency services) and for some types of specialty dental care you may need a referral from your Network General Dentist.

Sorted by Initial Results

 Print/Save PDF


 List 


### Austin, Bradley E


#### Maplewood Mall Dental

(651) 777-8900 | 1560 Beam Ave Ste A St. Paul, MN 55109 | 0.9 miles - [Map](#)

General Dentistry  
Years in Practice : 19

 In-Network for selected Plan

DHMO Office Number: 219925 

 Accepting new patients with selected plan


[Make this dentist my NGD](#)


### Henrickson, Myron A


#### Maplewood Mall Dental

1560 Beam Ave Ste A St. Paul, MN 55109 | 0.9 miles - [Map](#)

General Dentistry  
Years in Practice : 32

 In-Network for selected Plan

DHMO Office Number: 219925 

 Accepting new patients with selected plan

[Make this dentist my NGD](#)


### Johnson, Mark


#### Metro Dentalcare-Maplewood

(651) 774-7144 | 1866 Beam Ave Maplewood, MN 55109 | 1.3 miles - [Map](#) | [16 other locations](#)

General Dentistry  
Years in Practice : 33

 In-Network for selected Plan

DHMO Office Number: 261877 

 Accepting new patients with selected plan

*If you have questions or would like further assistance, please call the Benefits Office at (651) 748-7425.*

## CIGNA DENTAL CARE® (\*DHMO)

# PATIENT CHARGE SCHEDULE

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

## Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric, Orthodontic and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- Procedures **not** listed on this Patient Charge Schedule are **not** covered and are the patient's responsibility at the dentist's usual fees.
- The administration of IV sedation, general anesthesia, and/or nitrous oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.

**GO YOU**®



**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

**Important Highlights (continued)**

- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

Code	Procedure Description	Patient Charge
<p><b>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).</b></p>		
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 ( <i>limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i> )	\$0.00
D0170	Reevaluation – Limited, problem focused (not postoperative visit)	\$0.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D0180	Comprehensive periodontal evaluation – New or established patient	\$43.00
D0210	X-rays intraoral – Complete series of radiographic images <i>(limit 1 every 3 years)</i>	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00
D0240	X-rays intraoral – Occlusal radiographic image	\$0.00
D0270	X-rays (bitewing) – Single radiographic image	\$0.00
D0272	X-rays (bitewings) – 2 radiographic images	\$0.00
D0273	X-rays (bitewings) – 3 radiographic images	\$0.00
D0274	X-rays (bitewings) – 4 radiographic images	\$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	\$0.00
D0330	X-rays (panoramic radiographic image) – <i>(limit 1 every 3 years)</i>	\$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$240.00
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)	\$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	\$0.00
D1110	Prophylaxis (cleaning) – Adult <i>(limit 2 per calendar year)</i>	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$45.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D1120	Prophylaxis (cleaning) – Child ( <i>limit 2 per calendar year</i> )	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$30.00
D1206	Topical application of fluoride varnish ( <i>limit 2 per calendar year</i> ). <i>There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	\$0.00
	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) per calendar year.	\$15.00
D1208	Topical application of fluoride ( <i>limit 2 per calendar year</i> ). <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i>	\$0.00
	Additional topical application of fluoride – In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year.	\$15.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$17.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$17.00
D1510	Space maintainer – Fixed – Unilateral	\$110.00
D1515	Space maintainer – Fixed – Bilateral	\$170.00
D1555	Removal of fixed space maintainer	\$0.00
<b>Restorative (fillings, including polishing)</b>		
D2140	Amalgam – 1 surface, primary or permanent	\$17.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$22.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$28.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$35.00
D2330	Resin-based composite – 1 surface, anterior	\$22.00
D2331	Resin-based composite – 2 surfaces, anterior	\$29.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D2332	Resin-based composite – 3 surfaces, anterior	\$35.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$88.00
D2390	Resin-based composite crown, anterior	\$115.00
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
<p><b>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.</b></p>		
	Per tooth charge 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	\$430.00
D2520	Inlay – Metallic – 2 surfaces	\$430.00
D2530	Inlay – Metallic – 3 or more surfaces	\$430.00
D2542	Onlay – Metallic – 2 surfaces	\$490.00
D2543	Onlay – Metallic – 3 surfaces	\$490.00
D2544	Onlay – Metallic – 4 or more surfaces	\$490.00
D2740	Crown – Porcelain/ceramic substrate	\$515.00
D2750	Crown – Porcelain fused to high noble metal	\$470.00
D2751	Crown – Porcelain fused to predominantly base metal	\$415.00
D2752	Crown – Porcelain fused to noble metal	\$440.00
D2780	Crown – 3/4 cast high noble metal	\$480.00
D2781	Crown – 3/4 cast predominantly base metal	\$425.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D2782	Crown – 3/4 cast noble metal	\$450.00
D2790	Crown – Full cast high noble metal	\$480.00
D2791	Crown – Full cast predominantly base metal	\$425.00
D2792	Crown – Full cast noble metal	\$450.00
D2794	Crown – Titanium	\$480.00
D2910	Recement inlay – Onlay or partial coverage restoration	\$43.00
D2915	Recement cast or prefabricated post and core	\$43.00
D2920	Recement crown	\$43.00
D2929	Prefabricated porcelain/ceramic crown – Primary tooth	\$155.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$105.00
D2931	Prefabricated stainless steel crown – Permanent tooth	\$105.00
D2932	Prefabricated resin crown	\$130.00
D2933	Prefabricated stainless steel crown with resin window	\$155.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$155.00
D2940	Protective Restoration	\$15.00
D2950	Core buildup – Including any pins	\$105.00
D2951	Pin retention – Per tooth – In addition to restoration	\$23.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$165.00
D2954	Prefabricated post and core – In addition to crown	\$140.00
D2960	Labial veneer (resin laminate) – Chairside	\$105.00
D6210	Pontic – Cast high noble metal	\$470.00
D6211	Pontic – Cast predominantly base metal	\$425.00
D6212	Pontic – Cast noble metal	\$450.00
D6214	Pontic – Titanium	\$480.00
D6240	Pontic – Porcelain fused to high noble metal	\$470.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$425.00



**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D6242	Pontic – Porcelain fused to noble metal	\$450.00
D6245	Pontic – Porcelain/ceramic	\$470.00
D6602	Inlay – Cast high noble metal, 2 surfaces	\$460.00
D6603	Inlay – Cast high noble metal, 3 or more surfaces	\$480.00
D6604	Inlay – Cast predominantly base metal, 2 surfaces	\$405.00
D6605	Inlay – Cast predominantly base metal, 3 or more surfaces	\$415.00
D6606	Inlay – Cast noble metal, 2 surfaces	\$430.00
D6607	Inlay – Cast noble metal, 3 or more surfaces	\$440.00
D6610	Onlay – Cast high noble metal, 2 surfaces	\$460.00
D6611	Onlay – Cast high noble metal, 3 or more surfaces	\$480.00
D6612	Onlay – Cast predominantly base metal, 2 surfaces	\$405.00
D6613	Onlay – Cast predominantly base metal, 3 or more surfaces	\$415.00
D6614	Onlay – Cast noble metal, 2 surfaces	\$430.00
D6615	Onlay – Cast noble metal, 3 or more surfaces	\$450.00
D6624	Inlay – Titanium	\$470.00
D6634	Onlay – Titanium	\$470.00
D6740	Crown – Porcelain/ceramic	\$525.00
D6750	Crown – Porcelain fused to high noble metal	\$480.00
D6751	Crown – Porcelain fused to predominantly base metal	\$425.00
D6752	Crown – Porcelain fused to noble metal	\$450.00
D6780	Crown – 3/4 cast high noble metal	\$480.00
D6781	Crown – 3/4 cast predominantly base metal	\$425.00
D6782	Crown – 3/4 cast noble metal	\$450.00
D6790	Crown – Full cast high noble metal	\$480.00
D6791	Crown – Full cast predominantly base metal	\$425.00
D6792	Crown – Full cast noble metal	\$450.00
D6794	Crown – Titanium	\$480.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
	Complex rehabilitation – Additional charge per unit for multiple crown units/complex rehabilitation ( <i>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</i> )	\$135.00
D6930	Recement fixed partial denture	\$64.00
<b>Endodontics (root canal treatment, excluding final restorations)</b>		
D3110	Pulp cap – Direct (excluding final restoration)	\$38.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$38.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$87.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	\$87.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$87.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$330.00
D3320	Bicuspid root canal – Permanent tooth (excluding final restoration)	\$390.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$530.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$155.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$155.00
D3333	Internal root repair of perforation defects	\$155.00
D3346	Retreatment of previous root canal therapy – Anterior	\$470.00
D3347	Retreatment of previous root canal therapy – Bicuspid	\$530.00
D3348	Retreatment of previous root canal therapy – Molar	\$675.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$415.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	\$455.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$480.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D3426	Apicoectomy/periradicular surgery (each additional root)	\$165.00
D3430	Retrograde filling – Per root	\$115.00
<p><b>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.</b></p>		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$270.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$125.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$125.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	\$330.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	\$180.00
D4245	Apically positioned flap	\$310.00
D4249	Clinical crown lengthening – Hard tissue	\$365.00
D4260	Osseous surgery – 4 or more teeth per quadrant	\$595.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$350.00
D4263	Bone replacement graft – First site in quadrant	\$290.00
D4264	Bone replacement graft – Each additional site in quadrant	\$225.00
D4266	Guided tissue regeneration – Resorbable barrier per site	\$380.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	\$430.00
D4270	Pedicle soft tissue graft procedure	\$425.00
D4275	Soft tissue allograft	\$440.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous ( <i>missing</i> ) tooth position in graft	\$440.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous ( <i>missing</i> ) tooth position in same graft site	\$220.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant ( <i>limit 4 quadrants per consecutive 12 months</i> )	\$115.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant ( <i>limit 4 quadrants per consecutive 12 months</i> )	\$64.00
D4355	Full mouth debridement to allow evaluation and diagnosis ( <i>1 per lifetime</i> )	\$86.00
D4381	Localized delivery of antimicrobial agents per tooth	\$45.00
D4910	Periodontal maintenance ( <i>limit 4 per calendar year</i> ) ( <i>only covered after active periodontal therapy</i> )	\$78.00
<p><b>Prosthetics (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.</b></p>		
D5110	Full upper denture	\$575.00
D5120	Full lower denture	\$575.00
D5130	Immediate full upper denture	\$615.00
D5140	Immediate full lower denture	\$615.00
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	\$430.00
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	\$430.00
D5213	Upper partial denture – Cast metal framework (including clasps, rests and teeth)	\$670.00
D5214	Lower partial denture – Cast metal framework (including clasps, rests and teeth)	\$670.00
D5225	Upper partial denture – Flexible base (including clasps, rests and teeth)	\$460.00
D5226	Lower partial denture – Flexible base (including clasps, rests and teeth)	\$460.00
D5410	Adjust complete denture – Upper	\$38.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D5411	Adjust complete denture – Lower	\$38.00
D5421	Adjust partial denture – Upper	\$38.00
D5422	Adjust partial denture – Lower	\$38.00
<b>Repairs to prosthetics</b>		
D5510	Repair broken complete denture base	\$73.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$73.00
D5610	Repair resin denture base	\$73.00
D5630	Repair or replace broken clasp	\$92.00
D5640	Replace broken teeth – Per tooth	\$73.00
D5650	Add tooth to existing partial denture	\$73.00
D5660	Add clasp to existing partial denture	\$92.00
<b>Denture relining (limit 1 every 36 months)</b>		
D5710	Rebase complete upper denture	\$220.00
D5711	Rebase complete lower denture	\$220.00
D5720	Rebase upper partial denture	\$220.00
D5721	Rebase lower partial denture	\$220.00
D5730	Reline complete upper denture – Chairside	\$130.00
D5731	Reline complete lower denture – Chairside	\$130.00
D5740	Reline upper partial denture – Chairside	\$130.00
D5741	Reline lower partial denture – Chairside	\$130.00
D5750	Reline complete upper denture – Laboratory	\$195.00
D5751	Reline complete lower denture – Laboratory	\$195.00
D5760	Reline upper partial denture – Laboratory	\$195.00
D5761	Reline lower partial denture – Laboratory	\$195.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
<b>Interim dentures (limit 1 every 5 years)</b>		
D5810	Interim complete denture – Upper	\$330.00
D5811	Interim complete denture – Lower	\$330.00
D5820	Interim partial denture – Upper	\$265.00
D5821	Interim partial denture – Lower	\$265.00
<b>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.</b>		
	Per tooth charge 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
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$875.00
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$970.00
D6058	Abutment supported porcelain/ceramic crown	\$815.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$770.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$715.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$740.00
D6062	Abutment supported cast metal crown (high noble metal)	\$770.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$715.00
D6064	Abutment supported cast metal crown (noble metal)	\$740.00
D6065	Implant supported porcelain/ceramic crown	\$815.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$770.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$770.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	\$815.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	\$770.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	\$715.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	\$740.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	\$770.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	\$715.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	\$740.00
D6075	Implant supported retainer for ceramic fixed partial denture	\$815.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	\$770.00
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	\$770.00
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$875.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$970.00
D6092	Recent implant/abutment supported crown	\$82.00
D6093	Recent implant/abutment supported fixed partial denture	\$103.00
D6094	Abutment supported crown (titanium)	\$770.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	\$770.00
	Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional charge per unit for multiple crown units/complex rehabilitation ( <i>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</i> )	\$135.00
<b>Oral surgery (includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.</b>		
D7111	Extraction of coronal remnants – Deciduous tooth	\$53.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$53.00
D7210	Surgical removal of erupted tooth – Removal of bone and/or section of tooth	\$115.00
D7220	Removal of impacted tooth – Soft tissue	\$125.00
D7230	Removal of impacted tooth – Partially bony	\$165.00
D7240	Removal of impacted tooth – Completely bony	\$230.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	\$245.00
D7250	Surgical removal of residual tooth roots – Cutting procedure	\$115.00
D7251	Coronectomy – Intentional partial tooth removal	\$165.00
D7260	Oroantral fistula closure	\$355.00
D7261	Primary closure of a sinus perforation	\$330.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	\$180.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$210.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$49.00
D7285	Biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in conjunction with another surgical procedure)	\$180.00



**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

<b>Code</b>	<b>Procedure Description</b>	<b>Patient Charge</b>
D7286	Biopsy of oral tissue – Soft (all others) (tooth related – not allowed when in conjunction with another surgical procedure)	\$135.00
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	\$115.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$56.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$155.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$74.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$195.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$195.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$215.00
D7472	Removal of torus palatinus	\$215.00
D7473	Removal of torus mandibularis	\$215.00
D7485	Surgical reduction of osseous tuberosity	\$155.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$74.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	\$115.00
D7880	Occlusal orthotic device, by report ( <i>limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i> )	\$455.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	\$14.00
D7963	Frenuloplasty	\$20.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

Code	Procedure Description	Patient Charge
<p><b>Orthodontics (tooth movement)</b>  <b>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.)</b></p>		
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 visit	\$66.00
D8670	Periodic orthodontic treatment visit – As part of contract	
	Children – Up to 19th birthday:	
	24-month treatment fee	\$2,472.00
	Charge per month for 24 months	\$103.00
	Adults:	
24-month treatment fee	\$3,336.00	
Charge per month for 24 months	\$139.00	
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	\$345.00
D8999	Unspecified orthodontic procedure – By report (orthodontic treatment plan and records)	\$195.00

**CIGNA DENTAL CARE®**  
**PATIENT CHARGE SCHEDULE (W1-09)**

Code	Procedure Description	Patient Charge
<p><b>General anesthesia/IV sedation</b> – 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.</p>		
D9220	General anesthesia – First 30 minutes	\$190.00
D9221	General anesthesia – Each additional 15 minutes	\$84.00
D9241	IV conscious sedation – First 30 minutes	\$190.00
D9242	IV conscious sedation – Each additional 15 minutes	\$73.00
<p><b>Emergency services</b></p>		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	\$48.00
D9440	Office visit – After regularly scheduled hours	\$77.00
<p><b>Miscellaneous services</b></p>		
D9940	Occlusal guard – By report ( <i>limit 1 per 24 months</i> )	\$285.00
D9941	Fabrication of athletic mouthguard ( <i>limit 1 per 12 months</i> )	\$110.00
D9951	Occlusal adjustment – Limited	\$56.00
D9952	Occlusal adjustment – Complete	\$260.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays ( <i>all other methods of bleaching are not covered</i> )	\$165.00
<p>This may contain CDT codes and/or portions of, or excerpts from the nomenclature contained within the <i>Current Dental Terminology</i>, 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.</p>		

## After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll free number listed on your ID card or plan materials. Multiple ways to locate a \*DHMO Network General Dentist:

- Online provider directory at **Cigna.com**
- Online provider directory on **myCigna.com**
- Call the number located on your ID card to:
  - Use the Dental Office Locator via Speech Recognition
  - Speak to a Customer Service Representative

**EMERGENCY:** If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.





\*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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## **Good Dental Coverage Does More Than Help You Look and Feel Better.**

### **Everything you demand from dental benefits.**

Choice.	Access to one of the largest dental networks in the country.*
Savings.	Every network plan guarantees discounted dental fees.
Service.	Doing business with us is easy.

### **Research shows that taking care of your teeth and gums may actually help you live longer.**

Everything from headaches to stiff necks can be caused by problems with your teeth and gums. Dentists have known that for a while. What we didn't realize was just how seriously oral health problems, especially gum disease, can affect your health. According to the American Dental Association, three out of four Americans suffer from periodontal disease. And researchers at the University of Minnesota recently reported that the infections it causes could lead to blood clots that can cause heart attacks and strokes. The good news is, these infections are easily avoided by visiting the dentist, something Cigna Dental makes easy.

### **Most dental disease is totally preventable. Of course, you'll need a good dental plan.**

Fortunately, you're being offered a Cigna Dental plan that makes it easy and affordable to do the simple things necessary to take care of your health. You'll have access to one of the largest dental networks in the country\* at guaranteed savings. And you can be confident that quality management is a high priority. Dentists who serve our members are independent professionals who have met our quality program criteria. This access to care and savings is backed by top-notch service. We help over 12 million\*\* people look and feel better. We can do the same for you.

## **Plan details**

**Which plan is right for you? For maximum savings, choose Cigna Dental Care. For a balance of savings and choice, choose Cigna Dental PPO.**

### **Cigna Dental Care**

Choose a primary dentist from our dental HMO-type network. There are no patient charges for most preventive procedures, no claim forms, no deductibles, and no annual dollar maximums. Complex procedures are available at low, pre-set patient charges. Services covered generally include preventive, restorative, and orthodontic care (even for adults).

\*Cigna Dental competitive network analysis, 2015.

\*\*Combined Cigna Dental Care, Cigna Dental PPO, and Cigna Traditional participants, 2015.

### **Questions Answered.**

#### **Cigna Dental Care**

*How do I choose a dentist?*

Select one from the Dental Office Directory and indicate your choice when enrolling. For the most current information on dentists in your area, use the automated Dental Office Locator by calling 1.800.367.1037 or visit our website at [www.cigna.com](http://www.cigna.com). Both are available 24 hours a day.

*Can I change my office selection?*

Sure. Call Member Services at 1.800.367.1037 to speak to a representative or follow the steps to use our automated Quick Transfer option. In most cases, the change will take effect on the first day of the following month.

*Can family members use different dentists?*

Of course. Member's Choice allows family members to select their own network dentist.

*What if I need to see a specialist?*

Your general dentist will make a referral to a participating specialist. Once payment is approved, your costs will be those listed in the *Patient Charge Schedule*.

*Are braces covered?*

Yes for both children and adults. For orthodontic treatment started before you joined the Cigna Dental Care plan, call Member Services at 1.800.367.1037 to determine if any benefit is available.





## DENTAL CARE NETWORK

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### General Dentistry

Ibberson, Christopher  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Accepting new patients with selected plan

Tsay, Aaron  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Languages Spoken By Provider  
Arabic, French, Romanian, Russian,  
Spanish  
Accepting new patients with selected plan

Klotzbuecher, Kurt  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Accepting new patients with selected plan

Peterson, Natalie A  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Accepting new patients with selected plan

Sim, Bradley  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Languages Spoken By Provider  
Spanish  
Accepting new patients with selected plan

Yaghi, Rawan M  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Languages Spoken By Provider  
Arabic  
Accepting new patients with selected plan

Waite, Ngoc  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Languages Spoken By Provider  
Cambodian, Vietnamese  
Accepting new patients with selected plan

Singletery, Brian K  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Languages Spoken By Provider  
Farsi, French, Hindi, Spanish, Thai,  
Vietnamese  
Accepting new patients with selected plan

Marzella, James  
Dental Office: Family & Cosmetic Gentle  
Denis  
Dental Office No: 469227  
1714 Cope Ave E  
St. Paul, MN 55109  
(651) 770-0055  
Accepting new patients with selected plan

Provider information was last updated on 05/03/2017

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#### Source of Information and Frequency of Validation

Medical health care professional information addressing specialty, hospital affiliations, medical group affiliations, board certification, acceptance of new patients and languages spoken is obtained from an application that is completed and signed by the health care professional/facility (during credentialing). Physician board certification is validated through the American Board of Medical Specialties (ABMS), American Medical Association (AMA) or American Osteopathic Association (AOA). Information on the application is updated when the medical health care professional/facility notifies Cigna of changes or at least every three years.

Dental health care professional information addressing specialty, dental office/practice affiliations, acceptance of new patients and languages spoken is obtained from an application that is completed and signed by the health care professional (during credentialing). Information on the application is updated when the dental health care professional notifies Cigna of changes or at least every three years.

Additional questions or problems with this transmission? Call us toll-free at 1-800-Cigna24 (1-800-244-6224).



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<p>Mokhles, Iman Dental Office: Family &amp; Cosmetic Gentle Denis Dental Office No: 469227 1714 Cope Ave E St. Paul, MN 55109 (651) 770-0055 Languages Spoken By Provider Arabic, Hindi, Tamil, Telugu Accepting new patients with selected plan</p>	<p>Austin, Bradley E Dental Office: Austin Dental Associates Dental Office No: 219925 1560 Beam Ave #A Ste A Maplewood, MN 55109 (651) 777-0788 Accepting new patients with selected plan</p>	<p>Weber, Nadia L Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Languages Spoken By Provider Spanish Accepting new patients with selected plan</p>
<p>Schwartz, William Dental Office: Family &amp; Cosmetic Gentle Denis Dental Office No: 469227 1714 Cope Ave E St. Paul, MN 55109 (651) 770-0055 Accepting new patients with selected plan</p>	<p>Lombardo, Frank Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Languages Spoken By Provider Spanish Accepting new patients with selected plan</p>	<p>Lei, Yu Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Languages Spoken By Provider Chinese Accepting new patients with selected plan</p>
<p>Henrickson, Myron Dental Office: Austin Dental Associates Dental Office No: 219925 1560 Beam Ave #A Ste A Maplewood, MN 55109 (651) 777-0788 Accepting new patients with selected plan</p>	<p>Gomes Iii, Eugene Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>	<p>Brown, Tamara L Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>

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<p>Kleckner, Janis K Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>	<p>Wessel, Audra A Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>	<p>Leano, Katrina A Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Languages Spoken By Provider Filipino Accepting new patients with selected plan</p>
<p>Blahnik, Nevin V Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>	<p>Mccarty, Colin Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>	<p>Evans, Pamela Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>
<p>McGinn, Kathleen Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>	<p>Zwers, Andrew Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>	<p>Louie, Jennifer Dental Office: Metro Dentalcare-Maplewood Dental Office No: 261877 1866 Beam Ave Maplewood, MN 55109 (651) 774-7144 Accepting new patients with selected plan</p>

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<p>Vuong, Tuyet Nga N Dental Office: Metro Dental Care-Lake Phalen Dental Office No: 277694 911 Maryland Ave E St. Paul, MN 55106 (651) 776-4495 Accepting new patients with selected plan</p>	<p>Ludke, James H Dental Office: Metro Dental-Vadnais Heights Dental Office No: 531195 1155 East County Rd E Ste 220 Vadnais Heights, MN 55110 (651) 389-1002 Accepting new patients with selected plan</p>	<p>Hoeffel, Thomas J Dental Office: Roseville Dental Associates Dental Office No: 103239 2819 Hamline Ave N Ste 104 St. Paul, MN 55113 (651) 631-9010 Languages Spoken By Provider Spanish Not accepting new patients with selected plan</p>
<p>Means, Steven Dental Office: Metro Dental-Vadnais Heights Dental Office No: 531195 1155 East County Rd E Ste 220 Vadnais Heights, MN 55110 (651) 389-1002 Accepting new patients with selected plan</p>	<p>Rozinka, Jeffrey J Dental Office: Great River Dental PA Dental Office No: 237370 375 Jackson St Ste 200 St. Paul, MN 55101 (651) 222-0983 Languages Spoken By Provider Spanish Accepting new patients with selected plan</p>	<p>Konop, Julie Dental Office: Metro Dental Care-Roseville Dental Office No: 223949 2690 Snelling Ave N Ste 250 St. Paul, MN 55113 (651) 633-1834 Accepting new patients with selected plan</p>
<p>Johnson, William A Dental Office: Metro Dental-Vadnais Heights Dental Office No: 531195 1155 East County Rd E Ste 220 Vadnais Heights, MN 55110 (651) 389-1002 Languages Spoken By Provider German Accepting new patients with selected plan</p>	<p>Sherwood, Jerry W Dental Office: Jerry W. Sherwood DDS PA Dental Office No: 221293 1700 Hwy 36 W Ste 205 St. Paul, MN 55113 (651) 631-3038 Accepting new patients with selected plan</p>	<p>Johnson, Kenton Dental Office: Metro Dental Care-Roseville Dental Office No: 223949 2690 Snelling Ave N Ste 250 St. Paul, MN 55113 (651) 633-1834 Accepting new patients with selected plan</p>

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<p>Rischall, Andrew A Dental Office: Metro Dental Care-Roseville Dental Office No: 223949 2690 Snelling Ave N Ste 250 St. Paul, MN 55113 (651) 633-1834 Accepting new patients with selected plan</p>	<p>Mcdonald, Robert J Dental Office: West Side Community Health Service Dental Office No: 220174 478 Robert St S St. Paul, MN 55107 (651) 602-7500 Not accepting new patients with selected plan</p>	<p>Mahmoodi, Jamshid Dental Office: Metro Dental Care-Midway Dental Office No: 223946 1375 St. Anthony Ave St. Paul, MN 55104 (651) 645-4671 Languages Spoken By Provider Farsi Accepting new patients with selected plan</p>
<p>Ferreira, Magaly Dental Office: Metro Dental Care-Roseville Dental Office No: 223949 2690 Snelling Ave N Ste 250 St. Paul, MN 55113 (651) 633-1834 Languages Spoken By Provider Spanish Accepting new patients with selected plan</p>	<p>Mcdonnell, Bradley Dental Office: West Side Dental Clinic Dental Office No: 220174 478 Robert St S St. Paul, MN 55107 (651) 602-7500 Languages Spoken By Provider Spanish Not accepting new patients with selected plan</p>	<p>Murrar, Inas K Dental Office: Metro Dental Care-Midway Dental Office No: 223946 1375 St. Anthony Ave St. Paul, MN 55104 (651) 645-4671 Languages Spoken By Provider Arabic Accepting new patients with selected plan</p>
<p>Tran, Thomas Dental Office: Metro Dental Care-Roseville Dental Office No: 223949 2690 Snelling Ave N Ste 250 St. Paul, MN 55113 (651) 633-1834 Languages Spoken By Provider Vietnamese Accepting new patients with selected plan</p>	<p>Javanmardian, Marjan Dental Office: Eagle Valley Dental Dental Office No: 251840 683 Bielenberg Dr Ste 205 Woodbury, MN 55125 (651) 200-4747 Languages Spoken By Provider Hindi Accepting new patients with selected plan</p>	<p>Skelton, Charlotte Z Dental Office: Metro Dental Care-Midway Dental Office No: 223946 1375 St. Anthony Ave St. Paul, MN 55104 (651) 645-4671 Accepting new patients with selected plan</p>

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Kjolhaug, Nathan D  
 Dental Office: Metro Dental Care-Midway  
 Dental Office No: 223946  
 1375 St. Anthony Ave  
 St. Paul, MN 55104  
 (651) 645-4671  
 Accepting new patients with selected plan

Petersen, Rebecca J  
 Dental Office: Metro Dental Care-Midway  
 Dental Office No: 223946  
 1375 St. Anthony Ave  
 St. Paul, MN 55104  
 (651) 645-4671  
 Accepting new patients with selected plan

Pham, Phuong-Giang G  
 Dental Office: United Family Practice Health  
 Dental Office No: 520888  
 1026 7th St W  
 St. Paul, MN 55102  
 (651) 241-1000  
 Languages Spoken By Provider  
 Russian, Vietnamese  
 Accepting new patients with selected plan

Olson, Susan M  
 Dental Office: Reynolds J Fischbach li DDS  
 PA  
 Dental Office No: 103245  
 483 Brimhall St  
 St. Paul, MN 55116  
 (651) 698-0848

Languages Spoken By Provider  
 Russian  
 Accepting new patients with selected plan

Fischbach, Reynolds J  
 Dental Office: Reynolds J Fischbach li DDS  
 PA  
 Dental Office No: 103245  
 483 Brimhall St  
 St. Paul, MN 55116  
 (651) 698-0848

Languages Spoken By Provider  
 Russian  
 Accepting new patients with selected plan

Brooks, Mark S  
 Dental Office: Highland Park Dental  
 Dental Office No: 218235  
 1604 Randolph Ave  
 St. Paul, MN 55105  
 (651) 699-2113  
 Accepting new patients with selected plan

Austriaco, Jerome  
 Dental Office: Aspen Dental  
 Dental Office No: 580512  
 1963 Robert St S Ste 100  
 West St. Paul, MN 55118  
 (651) 504-2887  
 Accepting new patients with selected plan

Elmir, Nagham H  
 Dental Office: Aspen Dental  
 Dental Office No: 580512  
 1963 Robert St S Ste 100  
 West St. Paul, MN 55118  
 (651) 504-2887  
 Accepting new patients with selected plan

Kreager, Nathanael  
 Dental Office: Aspen Dental  
 Dental Office No: 580512  
 1963 Robert St S Ste 100  
 West St. Paul, MN 55118  
 (651) 504-2887  
 Accepting new patients with selected plan

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### Endodontics

Barsness, Sara A  
 Dental Office: Metro Dentalcare Maplewood  
 Dental Office No: 470285  
 1866 Beam Ave  
 St. Paul, MN 55109  
 (763) 233-4140  
 Accepting new patients with selected plan

### Oral Surgery

Gavren, Beth A  
 Dental Office: Family Oral Surgery  
 Specialist  
 Dental Office No: 470116  
 1866 Beam Ave  
 St. Paul, MN 55109  
 (763) 233-4141  
 Accepting new patients with selected plan

Appugounder, Suganya  
 Dental Office: Family Oral Surgery  
 Specialist  
 Dental Office No: 470116  
 1866 Beam Ave  
 St. Paul, MN 55109  
 (763) 233-4141  
 Accepting new patients with selected plan

French, Christopher J  
 Dental Office: Gillette Children's Specialty  
 Dental Office No: 218743  
 200 University Ave E  
 St. Paul, MN 55101  
 (651) 291-2848  
 Accepting new patients with selected plan

Midtling, James I  
 Dental Office: Midtling Oral & Max Surgery  
 PA  
 Dental Office No: 209382  
 155 Wabasha St S Ste 111  
 St. Paul, MN 55107  
 (651) 222-6396  
 Accepting new patients with selected plan

### Periodontics

Wolff, Larry F  
 Dental Office: Metro Dental Care  
 Maplewood  
 Dental Office No: 436310  
 1866 Beam Ave  
 St. Paul, MN 55109  
 (651) 774-7144  
 Accepting new patients with selected plan

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### Pediatric Dentistry

Mani, Archana

Dental Office: Metro Dental-Vadnais Heights

Dental Office No: 531195

1155 East County Rd E Ste 220

Vadnais Heights, MN 55110

(651) 389-1002

Accepting new patients with selected plan

Flamenbaum, Michael

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

Cellitti, Michael

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

Lipschultz, Joshua G

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

Rosenblum, Freeman

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

Lipschultz, David

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

Nickman, James

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

Fong, Teresa

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

Mettlach, Sarah

Dental Office: Metropolitan Pediatric

Dental Office No: 111421

411 Main St Ste 400

St. Paul, MN 55102

(651) 224-4969

Accepting new patients with selected plan

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Bates, Lyndsay  
 Dental Office: Metropolitan Pediatric  
 Dental Office No: 111421  
 411 Main St Ste 400  
 St. Paul, MN 55102  
 (651) 224-4969  
 Accepting new patients with selected plan

Grove, Brian  
 Dental Office: Metropolitan Pediatric  
 Dental Office No: 111421  
 411 Main St Ste 400  
 St. Paul, MN 55102  
 (651) 224-4969  
 Languages Spoken By Provider  
 Spanish  
 Accepting new patients with selected plan

Richmond, Joni  
 Dental Office: Metropolitan Pediatric  
 Dental Office No: 111421  
 411 Main St Ste 400  
 St. Paul, MN 55102  
 (651) 224-4969  
 Accepting new patients with selected plan

Spiegl, Joshua J  
 Dental Office: Metropolitan Pediatric  
 Dental Office No: 111421  
 411 Main St Ste 400  
 St. Paul, MN 55102  
 (651) 224-4969  
 Accepting new patients with selected plan

Tafoya, Michele  
 Dental Office: Metropolitan Pediatric  
 Dental Office No: 111420  
 700 Village Center Dr Ste 110  
 St. Paul, MN 55127  
 (651) 484-8611  
 Accepting new patients with selected plan

### Orthodontics

Chartier, J. Jacob  
 Dental Office: Orthodontic Care Specialists  
 Dental Office No: 230219  
 4886 Hwy 61 N  
 White Bear Lake, MN 55110  
 (651) 762-9543  
 Accepting new patients with selected plan

Kauppi, Mark R  
 Dental Office: Orthodontic Care Specialists  
 Dental Office No: 230219  
 4886 Hwy 61 N  
 White Bear Lake, MN 55110  
 (651) 762-9543  
 Accepting new patients with selected plan

Eng, Robert E  
 Dental Office: Mendota Heights  
 Orthodontics  
 Dental Office No: 427781  
 750 Main St #206 Ste 217  
 St. Paul, MN 55118  
 (651) 454-5552  
 Accepting new patients with selected plan

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Bates, Sean P

Dental Office: Bates Orthodontics

Dental Office No: 188058

2701 University Ave SE Ste 101

Minneapolis, MN 55414

(612) 379-2424

Accepting new patients with selected plan

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*Can family members use different dentists?*

Of course. Member's Choice allows family members to select their own network dentist.

*What if I need to see a specialist?*

Your general dentist will make a referral to a participating specialist. Once payment is approved, your costs will be those listed in the *Patient Charge Schedule*.

*Are braces covered?*

Yes for both children and adults. For orthodontic treatment started before you joined the Cigna Dental Care plan, call Member Services at 1.800.367.1037 to determine if any benefit is available.