



Solstice
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800B Dental Plan Schedule of Benefits

Members of the 800B Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting Periods
- No Deductibles or Maximums
- No claim forms to submit

The Member co-payments listed are offered by a participating general in-network general dentists. The member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & Orthodontial treatment covered

Members can locate a participating provider at
www.SolsticeBenefits.com
 Member Services Department: 1.877.760.2247

The member is ultimately responsible for verifications of the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of members to verify all fees for proposed treatment via this "Schedule of Benefits" and/or with our Member Services Department prior to treatment.

The following Member co-payments apply when a participating General Dentist performs services. An "*" denotes limitations on certain benefits (see "Exclusions/Limitations").

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|----------------------------------|---|--------------|-------|--|--------------|
| CLINICAL ORAL EVALUATIONS | | | D0310 | Sialography | 150.00 |
| D0120 | *Periodic oral evaluation - established patient | No charge | D0320 | Temporomandibular joint arthrogram, including injection | 250.00 |
| D0140 | Limited oral evaluation - problem focused | No charge | D0321 | Other temporomandibular joint radiographic images, by report | 150.00 |
| D0145 | *Oral evaluation for a patient under three years of age and counseling with primary caregiver | No charge | D0322 | Tomographic survey | 150.00 |
| D0150 | *Comprehensive oral evaluation - new or established patient | No charge | D0330 | *Panoramic radiographic images | 50.00 |
| D0160 | *Detailed and extensive oral evaluation - problem focused, by report | No charge | D0340 | Cephalometric radiographic images | 150.00 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No charge | D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | 20.00 |
| D0171 | Re-evaluation - post-operative office visit | No charge | D0364 | *Cone beam CT capture and interpretation with limited field of view - less than one whole jaw | 140.00 |
| D0180 | *Comprehensive periodontal evaluation - new or established patient | No charge | D0365 | *Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | 130.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 25.00 | D0366 | *Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium | 130.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | 5.00 | D0367 | *Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium | 175.00 |
| D9440 | Office visit - after regularly scheduled hours | 35.00 | D0368 | *Cone beam CT capture and interpretation for TMJ series including two or more exposures | 130.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | No charge | D0369 | *Maxillofacial MRI capture and interpretation | 180.00 |
| D0251 | *Extra-oral posterior dental radiographic image | No Charge | D0370 | *Maxillofacial ultrasound capture and interpretation | 160.00 |
| D9986 | Missed appointment | 25.00 | D0371 | *Sialoendoscopy capture and interpretation | 160.00 |
| DIAGNOSTIC IMAGING | | | D0380 | *Cone beam CT image capture with limited field of view - less than one whole jaw | 140.00 |
| D0210 | *Intraoral - complete series (including bitewings) | No charge | D0381 | *Cone beam CT image capture with field of view of one full dental arch - mandible | 130.00 |
| D0220 | Intraoral - periapical first radiographic images | 4.00 | D0382 | *Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium | 130.00 |
| D0230 | Intraoral - periapical each additional radiographic images | 2.00 | D0383 | *Cone beam CT image capture with field of view of both jaws, with or without cranium | 175.00 |
| D0240 | Intraoral - occlusal radiographic images | No charge | D0384 | *Cone beam CT image capture for TMJ series including two or more exposures | 130.00 |
| D0250 | Extraoral - first radiographic images | No charge | D0385 | *Maxillofacial MRI image capture | 160.00 |
| D0260 | Extraoral - each additional radiographic images | No charge | D0386 | *Maxillofacial ultrasound image capture | 160.00 |
| D0270 | *Bitewing - single radiographic images | No charge | D0393 | *Treatment simulation using 3D image volume | No charge |
| D0272 | *Bitewings - two radiographic images | No charge | D0394 | *Digital subtraction of two or more images or image volumes of the same modality | No charge |
| D0273 | *Bitewings - three radiographic images | No charge | | | |
| D0274 | *Bitewings - four radiographic images | No charge | | | |
| D0277 | *Vertical bitewings - 7 to 8 radiographic images | 30.00 | | | |
| D0290 | Posterior-anterior or lateral skull and facial bone survey radiographic images | 150.00 | | | |

Solstice HealthPlans, Inc. is a licensed Prepaid Limited Health Service Organization pursuant to Part I of Chapter 636, F.S.

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|-------|---|-----------------|-------|---|-----------------|
| D0395 | *Fusion of two or more 3D image volumes of one or more modalities | No charge | D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | 85.00 |
| | TESTS AND EXAMINATIONS | | D2390 | Resin-based composite crown, anterior | 125.00 |
| D0415 | Collection of microorganisms for culture and sensitivity | No charge | D2391 | Resin-based composite - one surface, posterior | 70.00 |
| D0425 | Caries susceptibility tests | No charge | D2392 | Resin-based composite - two surfaces, posterior | 80.00 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | 65.00 | D2393 | Resin-based composite - three surfaces, posterior | 95.00 |
| D0460 | Pulp vitality tests | No charge | D2394 | Resin-based composite - four or more surfaces, posterior | 120.00 |
| D0470 | Diagnostic casts | No charge | | GOLD FOIL RESOTRATIONS | |
| | ORAL PATHOLOGY LABORATORY | | D2410 | Gold foil - one surface | 75.00 |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | No charge | D2420 | Gold foil - two surfaces | 95.00 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | No charge | D2430 | Gold foil - three surfaces | 125.00 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | No charge | | INLAY/ONLAY RESTORATIONS | |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | No charge | D2510 | Inlay - metallic - one surface | 270.00 |
| D0486 | Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report | No charge | D2520 | Inlay - metallic - two surfaces | 270.00 |
| D0502 | Other oral pathology procedures, by report | No charge | D2530 | Inlay - metallic - three or more surfaces | 270.00 |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum | No Charge | D2542 | Inlay - metallic-two surfaces | 325.00 |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | No charge | D2543 | Onlay - metallic-three surfaces | 340.00 |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | No charge | D2544 | Onlay - metallic-four or more surfaces | 350.00 |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | No charge | D2610 | Inlay - porcelain/ceramic - one surface | 275.00* |
| | DENTAL PROPHYLAXIS | | D2620 | Inlay - porcelain/ceramic - two surfaces | 300.00* |
| D1110 | *Prophylaxis - adult | No charge | D2630 | Inlay - porcelain/ceramic - three or more surfaces | 325.00* |
| D1110 | Additional prophylaxis - adult | 15.00 | D2642 | Onlay - porcelain/ceramic - two surfaces | 360.00* |
| D1120 | *Prophylaxis - child | No charge | D2643 | Onlay - porcelain/ceramic - three surfaces | 390.00* |
| D1120 | Additional prophylaxis - child | 15.00 | D2644 | Onlay - porcelain/ceramic - four or more surfaces | 400.00* |
| | TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE) | | D2650 | Inlay - resin-based composite - one surface | 225.00 |
| D1206 | *Topical fluoride varnish | 20.00 | D2651 | Inlay - resin-based composite - two surfaces | 240.00 |
| D1208 | *Topical application of fluoride - excluding varnish | No charge | D2652 | Inlay - resin-based composite - three or more surfaces | 270.00 |
| D9910 | *Application of desensitizing medicament | 20.00 | D2662 | Onlay - resin-based composite - two surfaces | 245.00 |
| | OTHER PREVENTIVE SERVICES | | D2663 | Onlay - resin-based composite - three surfaces | 265.00 |
| D1310 | Nutritional counseling for control of dental disease | No charge | D2664 | Onlay - resin-based composite - four or more surfaces | 285.00 |
| D1320 | Tobacco counseling for the control and prevention of oral disease | No charge | | CROWNS - SINGLE RESTORATIONS ONLY | |
| D1330 | Oral hygiene instructions | No charge | D2710 | *Crown - resin-based composite (indirect) | 195.00 |
| D1351 | *Sealant - per tooth | No charge | D2712 | *Crown - ¾ resin-based composite (indirect) | 195.00 |
| D1352 | *Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | No charge | D2720 | *Crown - resin with high noble metal | 290.00* |
| D1353 | Sealant repair - per tooth | No charge | D2721 | *Crown - resin with predominantly base metal | 290.00* |
| D1354 | *Interim caries arresting medicament application | 20.00 | D2722 | *Crown - resin with noble metal | 290.00* |
| | SPACE MAINTAINERS (PASSIVE APPLIANCES) | | D2740 | *Crown - porcelain/ceramic substrate | 290.00* |
| D1510 | *Space maintainer - fixed - unilateral | No charge | D2750 | *Crown - porcelain fused to high noble metal | 290.00* |
| D1515 | *Space maintainer - fixed - bilateral | No charge | D2751 | *Crown - porcelain fused to predominantly base metal | 290.00* |
| D1520 | *Space maintainer - removable - unilateral | No charge | D2752 | *Crown - porcelain fused to noble metal | 290.00* |
| D1525 | *Space maintainer - removable - bilateral | No charge | D2780 | *Crown - 3/4 cast high noble metal | 290.00* |
| D1550 | Re-cementation or re-bond space maintainer | 20.00 | D2781 | *Crown - 3/4 cast predominantly base metal | 290.00* |
| D1555 | Removal of fixed space maintainer | 20.00 | D2782 | *Crown - 3/4 cast noble metal | 290.00* |
| D1575 | Distal shoe space maintainer - fixed - unilateral | No Charge | D2783 | *Crown - 3/4 porcelain/ceramic | 290.00* |
| | AMALGAMS RESTORATIONS (INCLUDING POLISHING) | | D2790 | *Crown - full cast high noble metal | 290.00* |
| D2140 | Amalgam - one surface, primary or permanent | 12.00 | D2791 | *Crown - full cast predominantly base metal | 290.00* |
| D2150 | Amalgam - two surfaces, primary or permanent | 20.00 | D2792 | *Crown - full cast noble metal | 290.00* |
| D2160 | Amalgam - three surfaces, primary or permanent | 23.00 | D2794 | *Crown - titanium | 290.00* |
| D2161 | Amalgam - four or more surfaces, primary or permanent | 25.00 | D2799 | *Provisional crown - further treatment or completion of diagnosis necessary prior to final impression | 125.00* |
| | RESIN BASED COMPOSITE RESTORATIONS - DIRECT | | | OTHER RESTORATIVE SERVICES | |
| D2330 | Resin-based composite - one surface, anterior | 35.00 | D2910 | Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration | 15.00* |
| D2331 | Resin-based composite - two surfaces, anterior | 45.00 | D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | 20.00 |
| D2332 | Resin-based composite - three surfaces, anterior | 60.00 | D2920 | Re-cement or re-bond crown | 25.00 |
| | | | D2921 | Reattachment of tooth fragment, incisal edge or cusp | 25.00 |
| | | | D2929 | *Prefabricated porcelain/ceramic crown - primary tooth | 34.00* |
| | | | D2930 | Prefabricated stainless steel crown - primary tooth | 50.00 |
| | | | D2931 | Prefabricated stainless steel crown - permanent tooth | 75.00 |
| | | | D2932 | Prefabricated resin crown | 95.00 |
| | | | D2933 | Prefabricated stainless steel crown with resin window | 145.00 |
| | | | D2940 | Protective restoration | 20.00 |
| | | | D2941 | Interim therapeutic restoration - primary dentition | 20.00 |
| | | | D2949 | Restorative foundation for an indirect restoration | 20.00 |
| | | | D2950 | Core buildup, including any pins | 75.00 |
| | | | D2951 | Pin retention - per tooth, in addition to restoration | 20.00 |
| | | | D2952 | Post and core in addition to crown, indirectly fabricated | 95.00 |
| | | | D2953 | Each additional indirectly fabricated post - same tooth | 95.00 |

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|-------|--|-----------------|-------|---|-----------------|
| D2954 | Prefabricated post and core in addition to crown | 90.00 | D3430 | Retrograde filling - per root | 80.00 |
| D2955 | Post removal | 35.00 | D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | 150.00 |
| D2957 | Each additional prefabricated post - same tooth | 30.00 | D3432 | Guided tissue regeneration in conjunction with periradicular | 150.00 |
| D2960 | Labial veneer (resin laminate) - chairside | 200.00 | D3450 | Root amputation - per root | 150.00 |
| D2961 | Labial veneer (resin laminate) - laboratory | 255.00* | D3460 | Endodontic endosseous implant | 535.00 |
| D2962 | Labial veneer (porcelain laminate) - laboratory | 390.00* | D3470 | Intentional reimplantation (including necessary splinting) | 175.00 |
| D2970 | Temporary crown (fractured tooth) | 75.00 | | OTHER ENDODONTIC PROCEDURES | |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | 45.00 | D3910 | Surgical procedure for isolation of tooth with rubber dam | 95.00 |
| D2975 | Coping | 95.00 | D3920 | Hemisection (including any root removal), not including root canal therapy | 105.00 |
| D2980 | Crown repair necessitated by restorative material failure | 95.00 | D3950 | Canal preparation and fitting of preformed dowel or post | 75.00 |
| D2981 | Inlay repair necessitated by restorative material failure | 95.00 | | SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE) | |
| D2982 | Onlay repair necessitated by restorative material failure | 95.00 | D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 180.00 |
| D2983 | Veneer repair necessitated by restorative material failure | 95.00 | D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 108.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions | 29.00 | D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | 65.00 |
| | PULP CAPPING | | D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 210.00 |
| D3110 | Pulp cap - direct (excluding final restoration) | 30.00 | D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 200.00 |
| D3120 | Pulp cap - indirect (excluding final restoration) | 30.00 | D4245 | Apically positioned flap | 150.00 |
| | PULPOTOMY | | D4249 | Clinical crown lengthening - hard tissue | 240.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 40.00 | D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | 375.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | 95.00 | D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | 325.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | 75.00 | D4263 | Bone replacement graft - first site in quadrant | 450.00 |
| | ENDODONTIC THERAPY ON PRIMARY TEETH | | D4264 | Bone replacement graft - each additional site in quadrant | 325.00 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 60.00 | D4265 | Biologic materials to aid in soft and osseous tissue regeneration | 325.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 55.00 | D4266 | Guided tissue regeneration - resorbable barrier, per site | 325.00 |
| | ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE) | | D4267 | Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal) | 325.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | 200.00 | D4268 | Surgical revision procedure, per tooth | No charge |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | 210.00 | D4270 | Pedicle soft tissue graft procedure | 290.00 |
| D3330 | Endodontic therapy, molar (excluding final restoration) | 310.00 | D4273 | Subepithelial connective tissue graft procedures, per tooth | 390.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | 85.00 | D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | 130.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 75.00 | D4275 | Soft tissue allograft | 502.00 |
| D3333 | Internal root repair of perforation defects | 125.00 | D4276 | Combined connective tissue and double pedicle graft, per tooth | 65.00 |
| | ENDODONTIC RETREATMENT | | D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | 215.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | 350.00 | D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | 75.00 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | 400.00 | D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site | 348.00 |
| D3348 | Retreatment of previous root canal therapy - molar | 480.00 | D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site | 392.00 |
| | APEXIFICATION/RECALCIFICATION PROCEDURES | | | NON SURGICAL PERIODONTAL SERVICE | |
| D3351 | Apexification/recalcification | 90.00 | D4320 | Provisional splinting - intracoronal | 115.00 |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.) | 90.00 | D4321 | Provisional splinting - extracoronal | 105.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.) | 90.00 | D4341 | *Periodontal scaling and root planing - four or more teeth per quadrant | 70.00† |
| | APICOECTOMY/PERIRADICULAR SERVICES | | | | |
| D3410 | Apicoectomy - anterior | 190.00 | | | |
| D3421 | Apicoectomy - bicuspid (first root) | 315.00 | | | |
| D3425 | Apicoectomy - molar (first root) | 345.00 | | | |
| D3426 | Apicoectomy (each additional root) | 100.00 | | | |
| D3427 | Periradicular surgery without apicoectomy | 190.00 | | | |
| D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site | 32.00 | | | |
| D3429 | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site | 25.00 | | | |

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| D4342 | *Periodontal scaling and root planing - one to three teeth per quadrant | 50.00† | D5670 | *Replace all teeth and acrylic on cast metal framework (maxillary) | 195.00* |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | 60.00 | D5671 | *Replace all teeth and acrylic on cast metal framework (mandibular) | 195.00* |
| D4355 | *Full mouth debridement to enable comprehensive evaluation and diagnosis | 60.00† | D5710 | *Rebase complete maxillary denture | 170.00* |
| D4381 | *Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | 65.00† | D5711 | *Rebase complete mandibular denture | 170.00* |
| | OTHER PERIODONTAL SERVICES | | D5720 | *Rebase maxillary partial denture | 160.00* |
| D4910 | *Periodontal maintenance | 65.00 | D5721 | *Rebase mandibular partial denture | 160.00* |
| D4910 | Additional periodontal maintenance | 100.00 | D5730 | *Reline complete maxillary denture (chairside) | 100.00* |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | 25.00 | D5731 | *Reline complete mandibular denture (chairside) | 100.00* |
| D4921 | Gingival irrigation - per quadrant | 15.00 | D5740 | *Reline maxillary partial denture (chairside) | 90.00* |
| D4999 | Unspecified periodontal procedure, by report | No charge | D5741 | *Reline mandibular partial denture (chairside) | 90.00* |
| | COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) | | D5750 | *Reline complete maxillary denture (laboratory) | 130.00* |
| D5110 | *Complete denture - maxillary | 440.00* | D5751 | *Reline complete mandibular denture (laboratory) | 130.00* |
| D5120 | *Complete denture - mandibular | 440.00* | D5760 | *Reline maxillary partial denture (laboratory) | 130.00* |
| D5130 | *Immediate denture - maxillary | 440.00* | D5761 | *Reline mandibular partial denture (laboratory) | 130.00* |
| D5140 | *Immediate denture - mandibular | 440.00* | | INTERIM PROSTHESIS | |
| | PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) | | D5810 | *Interim Complete denture (maxillary) | 250.00* |
| D5211 | *Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | 405.00* | D5811 | *Interim complete denture (mandibular) | 250.00* |
| D5212 | *Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | 405.00* | D5820 | *Interim partial denture (maxillary) | 160.00* |
| D5213 | *Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 480.00* | D5821 | *Interim partial denture (mandibular) | 160.00* |
| D5214 | *Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 480.00* | | OTHER REMOVABLE PROSTHESIS | |
| D5221 | *Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | 425.00* | D5850 | Tissue conditioning, maxillary | 40.00 |
| D5222 | *Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | 425.00* | D5851 | Tissue conditioning, mandibular | 40.00 |
| D5223 | *Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 500.00* | D5862 | Precision attachment, by report | 150.00 |
| D5224 | *Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 500.00* | D5899 | Unspecified removable prosthodontic procedure, by report | No charge |
| D5225 | *Maxillary partial denture - flexible base (including any clasps, rests and teeth) | 480.00* | | NON-CLINICAL PROCEDURES | |
| D5226 | *Mandibular partial denture - flexible base (including any clasps, rests and teeth) | 480.00* | D5982 | Surgical stent | 100.00* |
| D5281 | *Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | 255.00* | D5987 | Commissure splint | 100.00* |
| | ADJUSTMENTS TO DENTURES | | D5988 | Surgical splint | 100.00* |
| D5410 | Adjust complete denture - maxillary | 18.00 | | PRE-SURGICAL SERVICES | |
| D5411 | Adjust complete denture - mandibular | 18.00 | D6190 | Radiographic/surgical implant index, by report | 235.00 |
| D5421 | Adjust partial denture - maxillary | 18.00 | | SURGICAL SERVICES | |
| D5422 | Adjust partial denture - mandibular | 18.00 | D6010 | *Surgical placement of implant body | 1,050.00 |
| | REPAIRS TO COMPLETE DENTURES | | D6012 | *Surgical placement of interim body for transitional prosthesis | 1,050.00 |
| D5511 | *Repair broken complete denture base, mandibular | 50.00* | D6100 | Implant removal, by report | 700.00 |
| D5512 | *Repair broken complete denture base, maxillary | 50.00* | | IMPLANT SUPPORTED PROSTHETICS | |
| D5520 | *Replace missing or broken teeth - complete denture (each tooth) | 40.00* | D6056 | *Prefabricated Abutment | 475.00 |
| | REPAIRS TO PARTIAL DENTURES | | D6057 | *Custom Abutment | 595.00 |
| D5611 | *Repair resin partial denture base, mandibular | 40.00* | D6058 | *Abutment supported porcelain/ceramic crown | 795.00 |
| D5612 | *Repair resin partial denture base, mandibular | 40.00* | D6059 | *Abutment supported porcelain fused to metal crown (high noble metal) | 795.00 |
| D5621 | *Repair cast partial framework, mandibular | 50.00* | D6060 | *Abutment supported porcelain fused to metal crown (predominantly base metal) | 795.00 |
| D5622 | *Repair cast partial framework, maxillary | 50.00* | D6061 | *Abutment supported porcelain fused to metal crown (noble metal) | 795.00 |
| D5630 | *Repair or replace broken clasp | 70.00* | D6062 | *Abutment supported cast metal crown (high noble metal) | 795.00 |
| D5640 | *Replace broken teeth - per tooth | 40.00* | D6063 | *Abutment supported cast metal crown (predominantly base metal) | 795.00 |
| D5650 | *Add tooth to existing partial denture | 60.00* | D6064 | *Abutment supported cast metal crown (noble metal) | 795.00 |
| D5660 | *Add clasp to existing partial denture | 70.00* | D6065 | *Implant supported porcelain/ceramic crown | 795.00 |
| | | | D6066 | *Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | 795.00 |
| | | | D6067 | *Implant supported metal crown (titanium, titanium alloy, high noble metal) | 795.00 |
| | | | D6068 | *Abutment supported retainer for porcelain/ceramic FPD | 795.00 |
| | | | D6069 | *Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | 795.00 |
| | | | D6070 | *Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | 795.00 |
| | | | D6071 | *Abutment supported retainer for porcelain fused to metal FPD (noble metal) | 795.00 |
| | | | D6072 | *Abutment supported retainer for cast metal FPD (high noble metal) | 795.00 |
| | | | D6073 | *Abutment supported retainer for cast metal FPD (predominantly base metal) | 795.00 |
| | | | D6074 | *Abutment supported retainer for cast metal FPD (noble metal) | 795.00 |
| | | | D6075 | *Implant supported retainer for ceramic FPD | 795.00 |
| | | | D6076 | *Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | 795.00 |
| | | | D6077 | *Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | 795.00 |
| | | | D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, | |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|-------|---|-----------------|-------|---|-----------------|
| | SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS | | | | |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | 65.00 | D9935 | partial denture, maxillary Cleaning and inspection of removable partial denture, mandibular | No charge |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | 95.00 | D9940 | *Occlusal guard, by report | No charge |
| | EXCISION OF BONE TISSUE | | D9942 | Repair and/or reline of Occlusal guard | 250.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | 95.00 | D9943 | Occlusal guard adjustment | 40.00 |
| D7472 | Removal of torus palatinus | 95.00 | D9950 | Occlusion analysis - mounted case | 25.00 |
| D7473 | Removal of torus mandibularis | 95.00 | D9951 | Occlusal adjustment - limited | 75.00 |
| D7485 | Surgical reduction of osseous tuberosity | 95.00 | D9952 | Occlusal adjustment - complete | 30.00 |
| | SURGICAL INCISION | | D9972 | External bleaching - per arch - performed in office | 150.00 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | 20.00 | D9973 | External bleaching - per tooth | 30.00 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 20.00 | D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | 240.00 |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | 20.00 | D9991 | Dental case management - addressing appointment compliance barriers | No charge |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 20.00 | D9992 | Dental case management - care coordination | No charge |
| | REPAIR OF TRAUMATIC WOUNDS | | D9993 | Dental case management - motivational interviewing | No charge |
| D7910 | Suture of recent small wounds up to 5 cm | 35.00 | D9994 | Dental case management - patient education to improve oral health literacy | No charge |
| | OTHER REPAIR PROCEDURES | | | | |
| D7921 | Collection and application of autologous blood concentrate product | 125.00 | | | |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneuous or nonautogeneuous, by report | 350.00 | | | |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | 800.00 | | | |
| D7952 | Sinus augmentation via a vertical approach | 350.00 | | | |
| D7953 | Bone replacement graft for ridge preservation - per site | 100.00 | | | |
| D7960 | Frenulectomy (frenectomy or frenotomy) - separate procedure | 110.00 | | | |
| D7963 | Frenuloplasty | 110.00 | | | |
| D7970 | Excision of hyperplastic tissue - per arch | 140.00 | | | |
| D7971 | Excision of Pericoronary Gingiva | 102.00 | | | |
| D7972 | Surgical reduction of fibrous tuberosity | 125.00 | | | |
| | MINOR TREATMENT TO CONTROL HARMFUL HABITS | | | | |
| D8210 | Removable appliance therapy | 103.00 | | | |
| D8220 | Fixed appliance therapy | 103.00 | | | |
| | UNCLASSIFIED TREATMENT | | | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | No charge | | | |
| D9120 | Fixed partial denture sectioning | No charge | | | |
| | ANESTHESIA | | | | |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | No charge | | | |
| D9211 | Regional block anesthesia | No charge | | | |
| D9212 | Trigeminal division block anesthesia | No charge | | | |
| D9215 | Local anesthesia | No charge | | | |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | 50.00 | | | |
| D9223 | Deep sedation/general anesthesia - each 15 minute increment | 50.00 | | | |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | 20.00 | | | |
| D9239 | Intravenous moderate (conscious) sedation/analgesia- first 15 minutes | 65.00 | | | |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment | 65.00 | | | |
| D9248 | Non-intravenous moderate (conscious) sedation | 15.00 | | | |
| | DRUGS | | | | |
| D9610 | Therapeutic parenteral drug, single administration | 15.00 | | | |
| D9630 | Other drugs and/or medicaments, by report | 15.00 | | | |
| | MISCELLANEOUS SERVICES | | | | |
| D9910 | *Application of desensitizing medicament | 20.00 | | | |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | No charge | | | |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | No charge | | | |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | No charge | | | |
| D9934 | Cleaning and inspection of removable | No charge | | | |

SPECIALTY SERVICES

1. This Member Schedule of Benefits applies when listed dental services are performed by a Network General Dentist, unless otherwise authorized by Solstice.
2. Procedures not listed on the Schedule of Benefits that are performed by a Network General Dentist will be charged at the Network General Dentist's Usual and Customary Fee less 25%.
3. The Network General Dentist you select may not perform all procedures listed. The Co-payments shown apply to Network General Dentists.
4. Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, or Pediatric Dentist) be necessary, you may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee.
5. Should the services of an Orthodontist be necessary, you may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee.
6. Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at www.solsticebenefits.com under "Locate A Provider."

EXCLUSIONS

1. Services performed by a Dentist or dental specialist, not contracted with Solstice without prior approval.
2. Any Dental Services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the Participating Provider.
3. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an Orthodontic Benefit on the Schedule of Benefits.
4. Any inpatient/outpatient hospital charges of any kind including Dentist and/or physician charges, prescriptions, or medications.
5. Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
6. Dental Services initiated prior to the Member's eligibility under this Dental Plan or started after the Member's termination from the plan.
7. Any Dental Service or treatment unable to be performed in the Dental Office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the Dental Office, or allergy to commonly utilized local anesthetics.

LIMITATIONS

1. Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
2. All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member Co-payments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
5. Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
9. New dentures include one (1) relines within the first six (6) months
10. Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
11. When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
12. Co-payments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
 - High noble metal (precious) up to \$145.00
 - Titanium metal up to \$120 (covered with proof of allergy to other metals)
 - Noble metal (semi-precious) up to \$120.00
 - Predominantly base metal (non-precious) up to \$55.00
 - Crown laboratory fees up to \$155.00
 - Laboratory fees on dentures up to \$225.00
 - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
 - Denture repair laboratory fees up to \$50.00
 - All ceramic and/or porcelain crown material fees up to \$155.00"
13. Copayments marked by "+" are not eligible at a specialist.
14. Either D0210 or D0330 are reimbursable one (1) time every five (5) consecutive years.
15. Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
16. D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
17. All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
18. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
19. Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the Network General Dentist or Network Specialty Dentist's Usual and Customary Fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the Dentist Usual and Customary Fees.
20. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho Co-payment plus the difference in cost for the enhanced treatment.
21. Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
22. D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.