



# S100B-SHP Dental Plan Schedule of Benefits

P.O. Box 19199  
Plantation, FL 33318  
Telephone; 877-760-2247  
Fax: 954-370-1701  
www.mysolstice.net

Members of the S100B-SHP Dental Plan are eligible to receive benefits immediately upon the Effective Date of coverage with:

- No waiting periods
- No deductibles or maximums
- No claims forms to submit

The Member Co-payments listed are offered by a Network General Dentist. 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 Participating 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 Network General Dentist performs services. An "\*" denotes limitations on certain Benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
<b>CLINICAL ORAL EVALUATIONS</b>					
D0120	*Periodic oral evaluation - established patient	No charge	D0321	Other temporomandibular joint radiographic images, by report	150.00
D0140	Limited oral evaluation - problem focused	No charge	D0322	Tomographic survey	150.00
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	No charge	D0330	*Panoramic radiographic images	No charge
D0150	*Comprehensive oral evaluation - new or established patient	No charge	D0340	Cephalometric radiographic images	75.00
D0160	*Detailed and extensive oral evaluation - problem focused, by report	No charge	D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	20.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No charge	D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	140.00
D0171	Re-evaluation - post-operative office visit	No charge	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	130.00
D0180	*Comprehensive periodontal evaluation - new or established patient	No charge	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	130.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00	D0367	*Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	175.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No charge	D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	130.00
D9440	Office visit - after regularly scheduled hours	25.00	D0369	*Maxillofacial MRI capture and interpretation	180.00
D9450	Case presentation, detailed and extensive treatment planning	No charge	D0370	*Maxillofacial ultrasound capture and interpretation	160.00
D9986	Missed appointment	25.00	D0371	*Sialoendoscopy capture and interpretation	160.00
<b>DIAGNOSTIC IMAGING</b>			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	D0395	*Fusion of two or more 3D image volumes of one or more modalities	No charge
D0274	*Bitewings - four radiographic images	No charge			
D0277	*Vertical bitewings - 7 to 8 radiographic images	20.00			
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic images	150.00			
D0310	Sialography	150.00			
D0320	Temporomandibular joint arthrogram, including injection	250.00			

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

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	<b>TEST AND EXAMINATIONS</b>			<b>GOLD FOIL RESOTRATIONS</b>	
D0415	Collection of microorganisms for culture and sensitivity	No charge	D2410	Gold foil-one surface	65.00
D0425	Caries susceptibility tests	No charge	D2420	Gold foil - two surfaces	90.00
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	D2430	Gold foil - three surfaces	120.00
D0460	Pulp vitality tests	No charge		<b>INLAY/ONLAY RESTORATIONS</b>	
D0470	Diagnostic casts	No charge	D2510	Inlay - metallic - one surface	80.00
	<b>ORAL PATHOLOGY LABORATORY</b>		D2520	Inlay - metallic - two surfaces	90.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No charge	D2530	Inlay - metallic - three or more surfaces	115.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge	D2542	Onlay - metallic-two surfaces	250.00
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	D2543	Onlay - metallic-three surfaces	270.00
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	No charge	D2544	Onlay - metallic-four or more surfaces	290.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge	D2610	Inlay - porcelain/ceramic - one surface	225.00*
D0502	Other oral pathology procedures, by report	No charge	D2620	Inlay - porcelain/ceramic - two surfaces	250.00*
D0601	Caries risk assessment and documentation, with a finding of low risk	No charge	D2630	Inlay - porcelain/ceramic - three or more surfaces	275.00*
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No charge	D2642	Onlay - porcelain/ceramic - two surfaces	310.00*
D0603	Caries risk assessment and documentation, with a finding of high risk	No charge	D2643	Onlay - porcelain/ceramic - three surfaces	340.00*
	<b>DENTAL PROPHYLAXIS</b>		D2644	Onlay - porcelain/ceramic - four or more surfaces	350.00*
D1110	*Prophylaxis - adult	No charge	D2650	Inlay - resin-based composite - one surface	180.00
D1110	Additional prophylaxis - adult	15.00	D2651	Inlay - resin-based composite - two surfaces	200.00
D1120	*Prophylaxis - child	No charge	D2652	Inlay - resin-based composite - three or more surfaces	250.00
D1120	Additional prophylaxis - child	15.00	D2662	Inlay - resin-based composite - three or more surfaces	225.00
	<b>TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)</b>		D2663	Onlay - resin-based composite - three surfaces	245.00
D1206	*Topical fluoride varnish	5.00	D2664	Onlay - resin-based composite - four or more surfaces	275.00
D1208	*Topical application of fluoride - excluding varnish	No charge		<b>CROWNS - SINGLE RESTORATIONS</b>	
D9910	*Application of desensitizing medicament	20.00	D2710	*Crown - resin-based composite (indirect)	195.00
	<b>OTHER PREVENTIVE SERVICES</b>		D2712	*Crown - ¾ resin-based composite (indirect)	195.00
D1310	Nutritional counseling for control of dental disease	No charge	D2720	*Crown- resin with high noble metal	195.00*
D1320	Tobacco counseling for the control and prevention of oral disease	No charge	D2721	*Crown - resin with predominantly base metal	195.00*
D1330	Oral hygiene instructions	No charge	D2722	*Crown - resin with noble metal	195.00*
D1351	*Sealant - per tooth	No charge	D2740	*Crown - porcelain/ceramic substrate	195.00*
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No charge	D2750	*Crown - porcelain fused to high noble metal	195.00*
D1353	Sealant repair - per tooth	No charge	D2751	*Crown - porcelain fused to predominantly base metal	195.00*
	<b>SPACE MAINTAINERS (PASSIVE APPLIANCES)</b>		D2752	*Crown - porcelain fused to noble metal	195.00*
D1510	*Space maintainer - fixed - unilateral	No charge	D2780	*Crown - ¾ cast high noble metal	195.00*
D1515	*Space maintainer - fixed - bilateral	No charge	D2781	*Crown - ¾ cast predominantly base metal	195.00*
D1520	*Space maintainer - removable - unilateral	No charge	D2782	*Crown - ¾ cast noble metal	195.00*
D1525	*Space maintainer - removable - bilateral	No charge	D2783	*Crown - ¾ porcelain/ceramic	195.00*
D1550	Re-cementation or re-bond space maintainer	10.00	D2790	*Crown - full cast high noble metal	195.00*
D1555	Removal of fixed space maintainer	10.00	D2791	*Crown - full cast predominantly base metal	195.00*
	<b>AMALGAMS RESTORATIONS (INCLUDING POLISHING)</b>		D2792	*Crown - full cast noble metal	195.00*
D2140	Amalgam - one surface, primary or permanent	No charge	D2794	*Crown - titanium	195.00*
D2150	Amalgam - two surfaces, primary or permanent	No charge	D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	125.00
D2160	Amalgam - three surfaces, primary or permanent	No charge		<b>OTHER RESTORATIVE SERVICES</b>	
D2161	Amalgam - four or more surfaces, primary or permanent	No charge	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	10.00
	<b>RESIN BASED COMPOSITE RESTORATIONS - DIRECT</b>		D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	10.00
D2330	Resin-based composite - one surface, anterior	No charge	D2920	Re-cement or re-bond crown	10.00
D2331	Resin-based composite - two surfaces, anterior	No charge	D2921	Reattachment of tooth fragment, incisal edge or cusp	10.00
D2332	Resin-based composite - three surfaces, anterior	No charge	D2929	*Prefabricated porcelain/ceramic crown - primary tooth	34.00*
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No charge	D2930	Prefabricated stainless steel crown - primary tooth	35.00
D2390	Resin-based composite crown, anterior	No charge	D2931	Prefabricated stainless steel crown - permanent tooth	40.00
D2391	Resin-based composite - one surface, posterior	No charge	D2932	Prefabricated resin crown	90.00
D2392	Resin-based composite - two surfaces, posterior	No charge	D2933	Prefabricated stainless steel crown with resin window	135.00
D2393	Resin-based composite - three surfaces, posterior	No charge	D2940	Protective restoration	5.00
D2394	Resin-based composite - four or more surfaces, posterior	No charge	D2941	Interim therapeutic restoration - primary dentition	5.00
			D2949	Restorative foundation for an indirect restoration	20.00
			D2950	Core buildup, including any pins	35.00
			D2951	Pin retention - per tooth, in addition to restoration	10.00
			D2952	Post and core in addition to crown, indirectly fabricated	80.00
			D2953	Each additional indirectly fabricated post - same tooth	95.00
			D2954	Prefabricated post and core in addition to crown	75.00
			D2955	Post removal	20.00
			D2957	Each additional prefabricated post - same tooth	30.00
			D2960	Labial veneer (resin laminate) - chairside	200.00
			D2961	Labial veneer (resin laminate) - laboratory	225.00*
			D2962	Labial veneer (porcelain laminate) - laboratory	350.00*
			D2970	Temporary crown (fractured tooth)	75.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2971	Additional procedures to construct new crown under existing partial denture framework	45.00	D3910	<b>OTHER ENDODONTIC PROCEDURES</b> 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	80.00
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		<b>SURGICAL SERVICES</b> (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	175.00
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	66.00
D2990	Resin infiltration of incipient smooth surface lesions	29.00	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	40.00
	<b>PULP CAPPING</b>		D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	163.00
D3110	Pulp cap - direct (excluding final restoration)	10.00	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	150.00
D3120	Pulp cap - indirect (excluding final restoration)	10.00	D4245	Apically positioned flap	150.00
	<b>PULPOTOMY</b>		D4249	Clinical crown lengthening - hard tissue	175.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	20.00	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
	<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		D4264	Bone replacement graft - each additional site in quadrant	325.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	40.00	D4265	Biologic materials to aid in soft and osseous tissue regeneration	325.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	40.00	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
	<b>ENDODONTIC THERAPY</b> (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)		D4267	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	325.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100.00	D4268	Surgical revision procedure, per tooth	No charge
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	175.00	D4270	Pedicle soft tissue graft procedure	235.00
D3330	Endodontic therapy, molar (excluding final restoration)	210.00	D4273	Subepithelial connective tissue graft procedures, per tooth	280.00
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)	100.00
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
	<b>ENDODONTIC RETREATMENT</b>		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	250.00	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	285.00		<b>NON SURGICAL PERIODONTAL SERVICE</b>	
D3348	Retreatment of previous root canal therapy - molar	350.00	D4320	Provisional splinting - intracoronal	100.00
	<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>		D4321	Provisional splinting - extracoronal	100.00
D3351	Apexification/recalcification	90.00	D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	36.00†
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	90.00	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	29.00†
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	90.00	D4355	*Full mouth debridement to enable comprehensive evaluation and diagnosis	35.00†
	<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	45.00†
D3410	Apicoectomy - anterior	96.00		<b>OTHER PERIODONTAL SERVICES</b>	
D3421	Apicoectomy - bicuspid (first root)	300.00	D4910	*Periodontal maintenance	40.00
D3425	Apicoectomy - molar (first root)	150.00	D4910	Additional periodontal maintenance	100.00
D3426	Apicoectomy (each additional root)	75.00	D4920	Unscheduled dressing change (by someone other than treating dentist)	20.00
D3427	Periradicular surgery without apicoectomy	96.00	D4921	Gingival irrigation - per quadrant	15.00
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	32.00	D4999	Unspecified periodontal procedure, by report	No charge
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	25.00		<b>COMPLETE DENTURES</b> (INCLUDING ROUTINE POST-DELIVERY CARE)	
D3430	Retrograde filling - per root	55.00	D5110	*Complete denture - maxillary	210.00*
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150.00	D5120	*Complete denture - mandibular	210.00*
D3432	Guided tissue regeneration in conjunction with periradicular	150.00	D5130	*Immediate denture - maxillary	210.00*
D3450	Root amputation - per root	85.00	D5140	*Immediate denture - mandibular	210.00*
D3460	Endodontic endosseous implant	535.00			
D3470	Intentional reimplantation (including necessary splinting)	175.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	<b>PARTIAL DENTURES</b> (INCLUDING ROUTINE POST-DELIVERY CARE)				
D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	210.00*	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	695.00
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	210.00*	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	695.00
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220.00*	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	695.00
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220.00*	D6062	*Abutment supported cast metal crown (high noble metal)	695.00
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	220.00*	D6063	*Abutment supported cast metal crown (predominantly base metal)	695.00
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	220.00*	D6064	*Abutment supported cast metal crown (noble metal)	695.00
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	235.00*	D6065	*Implant supported porcelain/ceramic crown	695.00
	<b>ADJUSTMENTS TO DENTURES</b>		D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	695.00
D5410	Adjust complete denture - maxillary	8.00	D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	695.00
D5411	Adjust complete denture - mandibular	8.00	D6068	*Abutment supported retainer for porcelain/ceramic FPD	695.00
D5421	Adjust partial denture - maxillary	10.00	D6069	*Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	695.00
D5422	Adjust partial denture - mandibular	10.00	D6070	*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	695.00
	<b>REPAIRS TO COMPLETE DENTURES</b>		D6071	*Abutment supported retainer for porcelain fused to metal FPD (noble metal)	695.00
D5510	*Repair broken complete denture base	15.00*	D6072	*Abutment supported retainer for cast metal FPD (high noble metal)	695.00
D5520	*Replace missing or broken teeth - complete denture (each tooth)	10.00*	D6073	*Abutment supported retainer for cast metal FPD (predominantly base metal)	695.00
	<b>REPAIRS TO PARTIAL DENTURES</b>		D6074	*Abutment supported retainer for cast metal FPD (noble metal)	695.00
D5610	*Repair resin denture base	15.00*	D6075	*Implant supported retainer for ceramic FPD	695.00
D5620	*Repair cast framework	30.00*	D6076	*Implant supported retainer for porcelain fused to metal FPD	695.00
D5630	*Repair or replace broken clasp	15.00*		(titanium, titanium alloy, or high noble metal)	695.00
D5640	*Replace broken teeth - per tooth	10.00*	D6077	*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	695.00
D5650	*Add tooth to existing partial denture	30.00*	D6094	*Abutment supported crown - (titanium)	695.00
D5660	*Add clasp to existing partial denture	30.00*	D6110	*Implant /abutment supported removable denture for edentulous arch - maxillary	1,200.00
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	100.00*	D6111	*Implant /abutment supported removable denture for edentulous arch - mandibular	1,200.00
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	100.00*	D6112	*Implant /abutment supported removable denture for partially edentulous arch - maxillary	940.00
D5710	*Rebase complete maxillary denture	75.00*	D6113	*Implant /abutment supported removable denture for partially edentulous arch - mandibular	940.00
D5711	*Rebase complete mandibular denture	75.00*	D6114	*Implant /abutment supported fixed denture for edentulous arch - maxillary	3,800.00
D5720	*Rebase maxillary partial denture	75.00*	D6115	*Implant /abutment supported fixed denture for edentulous arch - mandibular	3,800.00
D5721	*Rebase mandibular partial denture	75.00*	D6116	*Implant /abutment supported fixed denture for partially edentulous arch - maxillary	2,200.00
D5730	*Reline complete maxillary denture (chairside)	45.00*	D6117	*Implant /abutment supported fixed denture for partially edentulous arch - mandibular	2,200.00
D5731	*Reline complete mandibular denture (chairside)	45.00*		<b>OTHER IMPLANT SERVICES</b>	
D5740	*Reline maxillary partial denture (chairside)	45.00*	D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis, and abutments and reinsertion of prosthesis	180.00
D5741	*Reline mandibular partial denture (chairside)	45.00*	D6090	Repair implant supported prosthesis, by report	400.00
D5750	*Reline complete maxillary denture (laboratory)	35.00*	D6092	Recement implant/abutment supported crown	45.00
D5751	*Reline complete mandibular denture (laboratory)	35.00*	D6093	Recement implant/abutment supported fixed partial denture	65.00
D5760	*Reline maxillary partial denture (laboratory)	35.00*	D6095	Repair implant abutment, by report	220.00
D5761	*Reline mandibular partial denture (laboratory)	35.00*		<b>FIXED PARTIAL DENTURE PONTICS</b>	
	<b>INTERIM PROSTHESIS</b>		D6205	*Pontic - indirect resin based composite	695.00
D5810	*Interim Complete denture (maxillary)	220.00*	D6210	*Pontic - cast high noble metal	195.00*
D5811	*Interim complete denture (mandibular)	220.00*	D6211	*Pontic - cast predominantly base metal	195.00*
D5820	*Interim partial denture (maxillary)	220.00*	D6212	*Pontic - cast noble metal	195.00*
D5821	*Interim partial denture (mandibular)	220.00*	D6214	*Pontic - titanium	195.00*
	<b>OTHER REMOVABLE PROSTHESIS</b>		D6240	*Pontic - porcelain fused to high noble metal	195.00*
D5850	Tissue conditioning, maxillary	25.00	D6241	*Pontic - porcelain fused to predominantly base metal	195.00*
D5851	Tissue conditioning, mandibular	25.00	D6242	*Pontic - porcelain fused to noble metal	195.00*
D5862	Precision attachment, by report	150.00	D6245	*Pontic - porcelain/ceramic	195.00*
D5899	Unspecified removable prosthodontic procedure, by report	No charge	D6250	*Pontic - resin with high noble metal	195.00*
	<b>NON-CLINICAL PROCEDURES</b>		D6251	*Pontic - resin with predominantly base metal	195.00*
D5982	Surgical stent	100.00*	D6252	*Pontic - resin with noble metal	195.00*
D5987	Commissure splint	100.00*	D6253	*Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	No charge
D5988	Surgical splint	100.00*		<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>	
	<b>PRE-SURGICAL SERVICES</b>		D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00
D6190	Radiographic/surgical implant index, by report	235.00			
	<b>SURGICAL SERVICES</b>				
D6010	*Surgical placement of implant body	950.00			
D6012	*Surgical placement of interim body for transitional prosthesis	950.00			
D6100	Implant removal, by report	700.00			
	<b>IMPLANT SUPPORTED PROSTHETICS</b>				
D6056	*Prefabricated Abutment	385.00			
D6057	*Custom Abutment	495.00			
D6058	*Abutment supported porcelain/ceramic crown	695.00			



CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*	D7283	Placement of device to facilitate eruption of impacted tooth	80.00
D6600	Inlay - porcelain/ceramic, two surfaces	195.00*	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	115.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	195.00*	D7286	Incisional biopsy of oral tissue-soft	60.00
D6602	Inlay - cast high noble metal, two surfaces	195.00*	D7287	Exfoliative cytological sample collection	50.00
D6603	Inlay - cast high noble metal, three or more surfaces	195.00*	D7288	Brush biopsy - transepithelial sample collection	25.00
D6604	Inlay - cast predominantly base metal, two surfaces	195.00*	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	195.00*		<b>ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE</b>	
D6606	Inlay - cast noble metal, two surfaces	195.00*	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	20.00
D6607	Inlay - cast noble metal, three or more surfaces	195.00*	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20.00
D6608	Onlay - porcelain/ceramic, two surfaces	195.00*	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	195.00*	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50.00
D6610	Onlay - cast high noble metal, two surfaces	195.00*		<b>VESTIBULOPLASTY</b>	
D6611	Onlay - cast high noble metal, three or more surfaces	195.00*	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370.00
D6612	Onlay - cast predominantly base metal, two surfaces	195.00*	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	195.00*		<b>SURGICAL EXCISION OF SOFT TISSUE LESIONS</b>	
D6614	Onlay - cast noble metal, two surfaces	195.00*	D7410	Excision of benign lesion up to 1.25 cm	25.00
D6615	Onlay - cast noble metal, three or more surfaces	195.00*	D7411	Excision of benign lesion greater than 1.25 cm	50.00
D6624	Inlay - titanium	195.00*	D7412	Excision of benign lesion, complicated	55.00
D6634	Onlay - titanium	195.00*		<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>	
	<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>		D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00
D6710	*Crown - indirect resin based composite	195.00*	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95.00
D6720	*Crown - resin with high noble metal	195.00*		<b>EXCISION OF BONE TISSUE</b>	
D6721	*Crown - resin with predominantly base metal	195.00*	D7471	Removal of lateral exostosis (maxilla or mandible)	95.00
D6722	*Crown - resin with noble metal	195.00*	D7472	Removal of torus palatinus	95.00
D6740	*Crown - porcelain/ceramic	195.00*	D7473	Removal of torus mandibularis	95.00
D6750	*Crown - porcelain fused to high noble metal	195.00*	D7485	Surgical reduction of osseous tuberosity	95.00
D6751	*Crown - porcelain fused to predominantly base metal	195.00*		<b>SURGICAL INCISION</b>	
D6752	*Crown - porcelain fused to noble metal	195.00*	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D6780	*Crown - 3/4 cast high noble metal	195.00*	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00
D6781	*Crown - 3/4 cast predominantly base metal	195.00*	D7520	Incision and drainage of abscess - extraoral soft tissue	20.00
D6782	*Crown - 3/4 cast noble metal	195.00*	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00
D6783	*Crown - 3/4 porcelain/ceramic	195.00*		<b>REPAIR OF TRAUMATIC WOUNDS</b>	
D6790	*Crown - full cast high noble metal	195.00*	D7910	Suture of recent small wounds up to 5 cm	35.00
D6791	*Crown - full cast predominantly base metal	195.00*		<b>OTHER REPAIR PROCEDURES</b>	
D6792	*Crown - full cast noble metal	195.00*	D7921	Collection and application of autologous blood concentrate product	125.00
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125.00	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	350.00
D6794	*Crown - titanium	195.00*	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800.00
	<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		D7952	Sinus augmentation via a vertical approach	350.00
D6930	Re-cement or re-bond fixed partial denture	10.00	D7953	Bone replacement graft for ridge preservation - per site	100.00
D6940	Stress breaker	125.00	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	50.00
D6950	Precision attachment	125.00	D7963	Frenuloplasty	50.00
D6980	Fixed partial denture repair necessitated by restorative material failure	80.00	D7970	Excision of hyperplastic tissue - per arch	140.00
	<b>EXTRACTIONS</b>		D7971	Excision of Pericoronal Gingiva	102.00
	(INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)		D7972	Surgical reduction of fibrous tuberosity	125.00
D7111	Extraction, coronal remnants - deciduous tooth	45.00		<b>LIMITED ORTHODONTIC TREATMENT</b>	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10.00	D8010	Limited orthodontic treatment of the primary dentition	1,000.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	25.00	D8020	Limited orthodontic treatment of the transitional dentition	1,000.00
	<b>OTHER SURGICAL PROCEDURES</b>		D8030	Limited orthodontic treatment of the adolescent dentition	1,000.00
D7220	Removal of impacted tooth - soft tissue	40.00			
D7230	Removal of impacted tooth - partially bony	55.00			
D7240	Removal of impacted tooth - completely bony	63.00			
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100.00			
D7250	Surgical removal of residual tooth roots (cutting procedure)	25.00			
D7251	Cronectomy - intentional partial tooth removal	270.00			
D7260	Oroantral fistula closure	160.00			
D7261	Primary closure of a sinus perforation	275.00			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50.00			
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100.00			
D7280	Surgical access of an unerupted tooth	125.00			
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00			

CODE	DESCRIPTION	MEMBER COPAY
D8040	Limited orthodontic treatment of the adult dentition	1,350.00
	<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>	
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,850.00
D8090	Comprehensive orthodontic treatment of the adult dentition	1,950.00
	<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>	
D8210	Removable appliance therapy	103.00
D8220	Fixed appliance therapy	103.00
	<b>OTHER ORTHODONTIC SERVICES</b>	
D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00
D8670	Periodic orthodontic treatment visit	No charge
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300.00
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	No charge
D8999	Unspecified orthodontic procedure, by report	250.00
	<b>UNCLASSIFIED TREATMENT</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	No charge
D9120	Fixed partial denture sectioning	No charge
	<b>ANESTHESIA</b>	
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
D9220	Deep sedation/general anesthesia - first 30 minutes	125.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	15.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	125.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	55.00
D9248	Non-intravenous moderate (conscious) sedation	15.00
	<b>DRUGS</b>	
D9610	Therapeutic parenteral drug, single administration	15.00
D9630	Other drugs and/or medicaments, by report	15.00
	<b>MISCELLANEOUS SERVICES</b>	
D9910	*Application of desensitizing medicament	20.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	No charge
D9931	Cleaning and inspection of a removable appliance	No charge
D9940	*Occlusal guard, by report	250.00
D9942	Repair and/or reline of Occlusal guard	40.00
D9950	Occlusion analysis - mounted case	75.00
D9951	Occlusal adjustment - limited	25.00
D9952	Occlusal adjustment - complete	75.00
D9972	External bleaching - per arch - performed in office	150.00
D9973	External bleaching - per tooth	30.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240.00

## **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 Network Specialty Dentist (NSD) (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved NSD at the listed Co-payments. Please refer to the Specialty Care Referral Policy in your Member handbook.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
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](http://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.