

Exclusions and Limitations

1. Any oral evaluation is limited to one (1) time in any six (6) consecutive month period at listed member fee. All subsequent oral evaluations will be at a 25% discount off the doctor's usual and customary fee without a frequency limitation.
2. Bitewing X-rays (2-4 films) are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one in any six (6) consecutive month period. Any additional procedures will follow D1110 and D4910 member fee schedule 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 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. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
9. 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 Solstice dentist.
10. 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 Member Fee Schedule.
11. General anesthesia or IV sedation unless otherwise listed as a covered benefit on the Member Fee Schedule.
12. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
13. Treatment of malignancies, cysts, or neoplasms.
14. Dental implants and related services.
15. Dental procedures initiated prior to the member's eligibility under this benefit plan or started after the member's termination from the plan.
16. Any dental procedure 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.
17. New dentures include one (1) reline within the first six (6) months.
18. Replacement of crowns, fixed bridges or dentures is limited to once every five (5) years.
19. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
20. Member fees for endodontic procedures do not include the cost of the final restoration.
21. D9972 excludes bleaching material for home use.
22. Lab and related costs are included in the listed member fee.
23. Copies of X-rays can be obtained for \$2 per periapical film up to a maximum of \$30. Panoramic X-rays can be obtained for a \$15 fee.

Specialty Services

- This Member Fee Schedule applies when listed dental services are performed by a participating general dentist, unless otherwise authorized by Solstice Benefits.
- Procedures not listed on the Member Fee Schedule that are performed by a participating general dentist will be charged at the participating general dentist's usual and customary fee less 25%.
- The participating general dentist you select may not perform all procedures listed. The fees shown apply to participating general dentists who do perform these services. Therefore, you are encouraged to secure availability of the scheduled services with your participating general dentist.
- Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, Prosthodontist 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.

The patient/member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any Solstice dental benefit provided by a Solstice network provider. Solstice urges all of its members to verify all fees for proposed treatment via the "Member Fee Schedule" and/or with Solstice Member Services Department prior to treatment.



Solstice Benefits, Inc.

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Solstice Benefits, Inc.

Plus Plan Two

MEMBER FEE SCHEDULE

Plus Plan Two Highlights

Members of the Plus Plan Two dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- Two cleanings (once every 6 months) at the listed member fee
- Discounts on general and specialty procedures
- Topical application for children at the listed members fee

The member payments listed are guaranteed to be between 30% and 40% discount and are offered by a participating Solstice provider. The member receives:

- Most diagnostic & preventive care at the listed member fee
- Cosmetic treatment

The following member payments apply when a participating General Dentist performs services. Participating Specialists are available at fees discounted off of their usual and customary charges. An "*" denotes limitation on certain benefits (see "Exclusion/Limitations")

This plan is not dental insurance. This plan provides discounts at certain dental providers for dental services. The plan does not make payments directly to the dental providers for dental services. The plan member is obligated to pay for all dental care services, but will receive a discount from those providers who have contracted with Solstice Benefits. Solstice Benefits, Inc., P.O. Box 19199, Plantation, FL 33318

CODE	DESCRIPTION	FEE
APPOINTMENTS		
D0120	Periodic oral evaluation	\$20
D0140	Limited oral evaluation - problem focused	\$10
D0150	Comprehensive oral evaluation - new or established patient	\$25
D0160	Detailed/extensive oral evaluation - problem focused	\$25
D0170	Re-evaluation - limited or problem focused	\$10
D0180	Comprehensive periodontal evaluation - new or established patient	\$15
D9110	Palliative (emergency) treatment of dental pain	\$10
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$20
D9430	Office visit for observation/OSHA	\$10
D9440	Office visit - after regularly scheduled hours	\$50
D9490	Broken appointment fee	\$10 min- \$15 max
RADIOGRAPHY/DIAGNOSTIC DENTISTRY		
D0210	X-Ray - intraoral - complete series including bitewings	\$30
D0220	X-Ray - intraoral - periapical first film	\$5
D0230	X-Ray - intraoral - periapical each additional film	\$4
D0240	X-Ray - intraoral - occlusal film	\$10
D0250	X-Ray - extraoral - first film	\$10
D0260	X-Ray - extraoral - each additional film	\$10
D0270	X-Ray - bitewing - single film	\$4
D0272	X-Ray - bitewing - two films	\$8
D0274	X-Ray - bitewing - four films	\$24
D0277	Vertical bitewings, four films*	\$28
D0290	Post-ant or lat skull and facial film	\$150
D0310	Sialography	\$150
D0320	TMJ, Including injection	\$250
D0321	Other TMJ films, by report	\$150
D0322	Tomographic survey	\$150
D0330	Panoramic film (not to replace FMX)	\$25
D0340	Cephalometric film, non-orthodontic	\$150
D0350	Diagnostic photographs	\$20
D0415	Bacteriologic studies	\$10
D0425	Caries susceptibility tests	\$10
D0460	Pulp vitality tests	\$10
D0470	Diagnostic casts	\$25
PREVENTIVE DENTISTRY		
D1110	Routine prophylaxis - adult once every 6 months	\$45
D1110	Additional routine prophylaxis - adult	\$45

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CODE	DESCRIPTION	FEE
PREVENTIVE DENTISTRY/CONT'D		
D1120	Routine prophylaxis - child once every 6 months (under age of 16)	\$30
D1120	Additional routine prophylaxis children under the age of 16	\$30
D1201	Topical application of fluoride including prophylaxis (under age of 16)	\$15
D1203	Topical application of fluoride excluding prophylaxis (under age of 16)	\$15
D1204	Topical application of fluoride excluding prophylaxis (adult)	\$20
D1205	Topical application of fluoride including prophylaxis (adult)	\$20
D1310	Nutritional counseling for control of dental disease	\$10
D1320	Tobacco counseling for the control & prevention of oral disease	\$10
D1330	Oral hygiene Instructions	\$10
D1351	Application of sealant per tooth - children under the age of 16	\$15
D1510	Space maintainer - fixed - unilateral children under the age of 16	\$120
D1515	Space maintainer - fixed - bilateral children under the age of 16	\$175
D1520	Space maintainer - removable - unilateral - children under the age of 16	\$160
D1525	Space maintainer - removable - unilateral - children under the age of 16	\$250
D1550	Re-cementation of space maintainer	\$25
RESTORATIVE DENTISTRY		
D2140	Amalgam - one surface, primary or permanent	\$50
D2150	Amalgam - two surfaces, primary or permanent	\$55
D2160	Amalgam - three surfaces, primary or permanent	\$60
D2161	Amalgam - four surfaces, primary or permanent	\$75
D2330	Resin-based composite - 1 surface anterior	\$45
D2331	Resin-based composite - 2 surfaces anterior	\$65
D2332	Resin-based composite - 3 surfaces anterior	\$75
D2335	Composite resin - 4 or more surfaces involving incisal angle (anterior)	\$88
D2390	Resin-based composite crown anterior	\$125
D2391	Resin-based composite - 1 surface posterior	\$70

CODE	DESCRIPTION	FEE
RESTORATIVE DENTISTRY CONT'D		
D2392	Resin-based composite - 2 surfaces posterior	\$80
D2393	Resin-based composite - 3 surfaces posterior	\$95
D2394	Resin-based composite - 4 or more surfaces, posterior	\$120
D2410	Gold foil - 1 surface	\$75
D2420	Gold foil - 2 surfaces	\$95
D2430	Gold foil - 3 surfaces	\$125
D2510	Inlay - metallic - 1 surface	\$300
D2520	Inlay - metallic - 2 surfaces	\$320
D2530	Inlay - metallic - 3 surfaces	\$340
D2542	Onlay - metallic - 2 surfaces	\$325
D2543	Onlay - metallic - 3 surfaces	\$330
D2544	Onlay - metallic-4 or more surfaces	\$355
D2610	Inlay - porcelain/ceramic-1 surface	\$325
D2620	Inlay - porcelain/ceramic-2 surfaces	\$350
D2630	Inlay - porcelain/ceramic-3 or more surfaces	\$375
D2642	Onlay-porcelain/ceramic-2 surfaces	\$395
D2643	Onlay-porcelain/ceramic-3 surfaces	\$415
D2644	Onlay-porcelain/ceramic-4 or more surfaces	\$445
D2650	Inlay - resin-based composite - 1 surface	\$195
D2651	Inlay - resin-based composite - 2 surfaces	\$250
D2652	Inlay - resin-based composite - 3 or more surfaces	\$275
D2662	Onlay - resin-based composite - 2 surfaces	\$250
D2663	Onlay - resin-based composite - 3 surfaces	\$275
D2664	Onlay - resin-based composite	\$290
D2710	Crown - resin (indirect)	\$210
D2720	Crown - resin with high noble metal	\$455
D2721	Crown - resin with predominantly base metal	\$405
D2722	Crown - resin with noble metal	\$425
D2740	Crown-porcelain/ceramic substrate	\$525
D2750	Crown - porcelain fused to high noble metal	\$499
D2751	Crown - porcelain fused to predominantly base metal	\$425
D2752	Crown - porcelain fused to noble metal	\$480
D2780	Crown - 3/4 cast high noble metal	\$430
D2781	Crown - 3/4 cast predominantly base metal	\$410
D2782	Crown - 3/4 cast noble metal	\$420
D2783	Crown - 3/4 porcelain/ceramic	\$450
D2790	Crown - full cast high noble metal	\$499

CODE	DESCRIPTION	FEE
RESTORATIVE DENTISTRY CONT'D		
D2791	Crown - full cast predominantly base metal	\$425
D2792	Crown - full cast noble metal	\$480
D2799	Provisional crown	\$130
D2910	Recement inlay	\$25
D2920	Recement crown	\$25
D2930	Prefabricated stainless steel crown - primary tooth	\$95
D2931	Prefabricated stainless steel crown - permanent tooth	\$95
D2932	Prefabricated resin crown	\$95
D2933	Prefabricated stainless steel crown with resin window	\$145
D2940	Sedative filling	\$40
D2950	Core buildup, including any pins	\$85
D2951	Pin retention - per tooth, in addition to restoration	\$20
D2952	Cast post and core In addition to crown	\$155
D2953	Each additional cast post - same tooth	\$105
D2954	Prefabricated post and core in addition to crown	\$125
D2955	Post removal (not in conjunction with endodontic therapy)	\$30
D2957	Each additional prefabricated post - same tooth	\$30
D2960	Labial veneer (resin laminate) - chairside	\$205
D2961	Labial veneer (resin laminate) - laboratory	\$260
D2962	Labial veneer (porcelain laminate) - laboratory	\$425
D2970	Temporary crown (fractured tooth)	\$75
D2980	Crown repair	\$95

When crown and/or bridgework exceeds six (6) consecutive units, there will be an additional charge of \$30 per unit

ENDODONTIC SERVICES

D3110	Pulp cap - direct (excluding final restoration)	\$25
D3120	Pulp cap - indirect (excluding final restoration)	\$25
D3220	Therapeutic pulpotomy (excluding final restoration)	\$75
D3221	Pulpal therapy (resorb filling) anterior, primary	\$95
D3230	Pulpal therapy (resorb filling) - anterior, primary	\$80
D3240	Pulpal therapy (resorbable filling) - posterior, primary	\$90
D3310	Endodontic therapy - anterior (excluding final restoration)	\$310
D3320	Endodontic therapy - bicuspid (excluding final restoration)	\$375
D3330	Endodontic therapy - molar (excluding final restoration)	\$485
D3331	Treatment of root canal obstruction, non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	\$125

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CODE	DESCRIPTION	FEE
ENDODONTIC SERVICES CONT'D		
D3333	Internal root repair of perforation defects	\$130
D3346	Retreatment of previous root canal therapy - anterior	\$375
D3347	Retreatment of previous root canal therapy - bicuspid	\$410
D3348	Retreatment of previous root canal therapy - molar	\$550
D3351	Apexification/recalcification - initial visit	\$155
D3352	Apexification/recalcification-interim medication replacement	\$110
D3353	Apexification/recalcification - final visit	\$110
D3410	Apicoectomy/periradicular surgery - anterior	\$275
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$325
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$350
D3426	Apicoectomy/periradicular surgery - each additional root	\$115
D3430	Retrograde filling - per root	\$85
D3450	Root amputation - per root	\$199
D3470	Intentional reimplantation (including splinting)	\$180
D3910	Surgical procedure for isolation of tooth with rubber dam	\$95
D3920	Hemisection (including root removal)	\$150
D3950	Canal preparation and fitting of preformed dowel or post	\$75

PERIODONTIC SERVICES

D4210	Gingivectomy/gingivoplasty - 4+ contiguous teeth per quad	\$195
D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth, per quad	\$50
D4240	Gingival flap procedure, including root planing - 4 or more teeth	\$325
D4241	Gingival flap procedure, including root planing - 1 to 3 teeth per quad	\$250
D4245	Apically positioned flap	\$150
D4249	Clinical crown lengthening - hard tissue	\$250
D4260	Osseous surgery (Including flap entry and closure) 4 or more contiguous teeth per quad	\$450
D4261	Osseous surgery (Including flap entry and closure) 1 to 3 teeth per quadrant	\$420
D4263	Bone replacement graft - first site in quadrant	\$200
D4264	Bone replacement graft - each additional site in quadrant	\$120
D4266	Guided tissue regeneration - resorbable barrier, per site	\$191
D4267	Guided tissue regeneration - nonresorbable barrier, per site	\$224

Solstice Benefits, Inc. is a licensed Prepaid Limited Health Services Organization, Discount Medical Plan Organization under Chapter 636 F.S. and Third Party Administrator under Chapter 626 F.S.

CODE	DESCRIPTION	FEE
PERIODONTIC SERVICES CONT'D		
D4270	Pedicle soft tissue graft procedure	\$359
D4271	Free soft tissue graft procedure (including donor site surgery)	\$340
D4273	Subepithelial connective tissue graft procedures	\$395
D4274	Distal or proximal wedge procedure	\$128
D4341	Periodontal scaling and root planning - 4+ contiguous teeth per quadrant	\$80
D4342	Periodontal scaling and root planning - 1 to 3 teeth, per quad	\$60
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$80
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$70
D4910	Periodontal maintenance	\$55
D4920	Unscheduled dressing change (by someone other than the treating dental office)	\$25
PROSTHODONTICS - REMOVABLE		
D5110	Complete denture - maxillary	\$625
D5120	Complete denture - mandibular	\$625
D5130	Immediate denture - maxillary (including 2 relines)	\$695
D5140	Immediate denture - mandibular (including 2 relines)	\$695
D5211	Maxillary partial denture - resin base (including clasps)	\$450
D5212	Mandibular partial denture - resin base (including clasps)	\$490
D5213	Partial denture - maxillary cast metal - acrylic	\$655
D5214	Partial denture - mandibular cast metal - acrylic	\$655
D5410	Adjustment - complete denture - maxillary	\$20
D5411	Adjustment - complete denture - mandibular	\$20
D5421	Adjustment - partial denture - maxillary	\$20
D5422	Adjustment - partial denture - mandibular	\$20
D5510	Repair broken complete denture base	\$75
D5520	Replace broken tooth - complete denture (each tooth)	\$70
D5610	Repair denture resin base	\$50
D5620	Repair cast framework	\$55
D5630	Repair or replace broken clasp	\$55
D5640	Repair broken teeth - per tooth	\$45
D5650	Add tooth to existing partial denture	\$65
D5660	Add clasp to existing partial denture	\$75
D5710	Rebase complete maxillary denture	\$195
D5711	Rebase complete mandibular denture	\$195
D5720	Rebase maxillary partial denture	\$175

CODE	DESCRIPTION	FEE
PROSTHODONTICS - REMOVABLE CONT'D		
D5721	Rebase mandibular partial denture	\$175
D5730	Reline complete maxillary denture (chairside)	\$85
D5731	Reline complete mandibular denture (chairside)	\$85
D5740	Reline partial maxillary denture (chairside)	\$65
D5741	Reline partial mandibular denture (chairside)	\$65
D5750	Reline complete maxillary denture (laboratory)	\$150
D5751	Reline complete mandibular denture (laboratory)	\$150
D5760	Reline partial maxillary denture (laboratory)	\$110
D5761	Reline partial mandibular denture (laboratory)	\$110
D5810	Interim complete denture - maxillary	\$250
D5811	Interim complete denture - mandibular	\$250
D5820	Interim partial denture - maxillary	\$250
D5821	Interim partial denture - mandibular	\$250
D5850	Tissue conditioning - maxillary	\$55
D5851	Tissue conditioning - mandibular	\$55
D5862	Precision attachment	\$150
D5899	Denture cleaning	\$5
PROSTHODONTICS - FIXED		
D6210	Pontic - cast high noble metal	\$499
D6211	Pontic - cast predominantly base metal	\$425
D6212	Pontic - cast noble metal	\$480
D6240	Pontic - porcelain fused to high noble metal	\$499
D6241	Pontic - porcelain fused to predominantly base metal	\$425
D6242	Pontic - porcelain fused to noble metal	\$480
D6245	Pontic - porcelain/ceramic	\$495
D6250	Pontic - resin with high noble metal	\$455
D6251	Pontic - resin with predominantly base metal	\$405
D6252	Pontic - resin with noble metal	\$425
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$190
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$230
D6720	Crown - resin with high noble metal	\$455
D6721	Crown - resin with predominantly base metal	\$405
D6722	Crown - resin with noble metal	\$425
D6740	Crown - porcelain/ceramic	\$495
D6750	Crown - porcelain fused to high noble metal	\$499
D6751	Crown - porcelain fused to predominantly base metal	\$425
D6752	Crown - porcelain fused to noble metal	\$480
D6780	Crown - 3/4 cast high noble metal	\$430

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CODE	DESCRIPTION	FEE
PROSTHODONTICS - FIXED CONT'D		
D6781	Crown - 3/4 cast predominantly base metal	\$410
D6782	Crown - 3/4 cast noble metal	\$420
D6783	Crown - 3/4 porcelain/ceramic	\$410
D6790	Crown - full cast high noble metal	\$499
D6791	Crown - full cast predominantly base metal	\$425
D6792	Crown - full cast noble metal	\$480
D6930	Recement fixed partial denture	\$40
D6940	Stress breaker	\$125
D6950	Precision attachment	\$195
D6970	Cast post and core in addition to fixed partial denture retainer	\$170
D6971	Cast post as part of fixed partial denture retainer	\$165
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$125
D6973	Core build up for retainer, including pins	\$95
D6975	Coping - metal	\$95
D6976	Each additional cast post - same tooth	\$75
D6977	Each additional prefabricated post - same tooth	\$75
ORAL SURGERY		
D7110	Single tooth extraction	\$70
D7111	Coronal remnants - deciduous tooth	\$45
D7140	Extraction of erupted tooth or exposed root	\$70
D7210	Surgical removal of erupted tooth	\$120
D7220	Removal of impacted tooth - soft tissue	\$125
D7230	Removal of impacted tooth - partially bony	\$145
D7240	Removal of impacted tooth - completely bony	\$165
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$180
D7250	Surgical removal of residual tooth roots	\$95
D7260	Oroantral fistula closure	\$165
D7270	Tooth reimplantation	\$56
D7280	Surgical access of an unerupted tooth	\$130
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$130
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$120
D7286	Biopsy of oral tissue - soft (all others)	\$95
D7310	Alveoloplasty with extractions - per quadrant	\$95
D7320	Alveoloplasty without extractions - per quadrant	\$130
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	\$65
D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	\$95

CODE	DESCRIPTION	FEE
ORAL SURGERY - CONT'D		
D7510	Incision and drainage of abscess - intraoral soft tissue	\$55
D7960	Frenulectomy - separate procedure	\$110
D7970	Excision of hyperplastic tissue - per arch	\$140
D7470	Removal of exotosis	\$80
MISCELLANEOUS SERVICES		
D8210	Removable appliance therapy	\$103
D8220	Fixed appliance therapy	\$103
D9215	Local anesthesia	\$0
D9220	General anesthesia - first 30 minutes	\$125
D9221	General anesthesia - each additional 15 minutes	\$55
D9230	Analgesia nitrous oxide per 1/2 hour	\$20
D9241	Intravenous sedation/analgesia - first 30 minutes	\$125
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$55
D9630	Oral irrigation/other drugs/medicament per quadrant	\$15
D9910	Application of desensitizing medicament	\$20
D9940	Occlusal guard	\$250
D9950	Occlusal analysis - mounted case	\$75
D9951	Occlusal adjustment - limited	\$25
D9952	Occlusal adjustment - complete	\$150
D9972*	Cosmetic bleaching - per arch	\$150
D9972*	Cosmetic bleaching - both arches	\$275

For a copy of your member handbook please visit
www.solsticebenefits.com to register and/or sign in to your account.