



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

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 Deductibles
- No claim forms to submit

The Member co-payments listed are offered by a Participating Provider. The member receives:

- Most diagnostic and preventive care at no charge
- Cosmetic and orthodontia 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 to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a Network Provider. We urge all of our Members to verify all fees for proposed treatment via the Schedule of Benefits and/or with our Member Services Department prior to treatment.

The following Member Copayments apply when a Participating Dentist who is a General Dentist performs the services. An "*" or a "+" denotes limitations and/or additional fees on certain benefits. See the Limitations and Additional Fees section below for details.

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	CLINICAL ORAL EVALUATIONS				
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	2D cephalometric radiographic image - acquisition, measurement and analysis	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
D9986	Missed appointment	25.00	D0370	*Maxillofacial ultrasound capture and interpretation	160.00
	DIAGNOSTIC IMAGING		D0371	*Sialoendoscopy capture and interpretation	160.00
D0210	*Intraoral - complete series (including bitewings)	No charge	D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	140.00
D0220	Intraoral - periapical first radiographic images	4.00	D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	130.00
D0230	Intraoral - periapical each additional radiographic images	2.00	D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	130.00
D0240	Intraoral - occlusal radiographic images	No charge	D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	175.00
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	No charge	D0384	*Cone beam CT image capture for TMJ series including two or more exposures	130.00
D0251	*Extra-oral posterior dental radiographic image	No charge	D0385	*Maxillofacial mi image capture	160.00
D0270	*Bitewing - single radiographic images	No charge	D0386	*Maxillofacial ultrasound image capture	160.00
D0272	*Bitewings - two radiographic images	No charge	D0393	*Treatment simulation using 3d image volume	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			
D0310	Sialography	150.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0394	*Digital subtraction of two or more images or image volumes of the same modality	No charge	D2330	RESIN BASED COMPOSITE RESTORATIONS - DIRECT	
D0395	*Fusion of two or more 3D image volumes of one or more modalities	No charge	D2331	Resin-based composite - one surface, anterior	35.00
			D2332	Resin-based composite - two surfaces, anterior	45.00
			D2333	Resin-based composite - three surfaces, anterior	60.00
			D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	85.00
D0415	TESTS AND EXAMINATIONS Collection of microorganisms for culture and sensitivity	No charge	D2390	Resin-based composite crown, anterior	125.00
D0425	Caries susceptibility tests	No charge	D2391	Resin-based composite - one surface, posterior	70.00
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	D2392	Resin-based composite - two surfaces, posterior	80.00
D0460	Pulp vitality tests	No charge	D2393	Resin-based composite - three surfaces, posterior	95.00
D0470	Diagnostic casts	No charge	D2394	Resin-based composite - four or more surfaces, posterior	120.00
				GOLD FOIL RESTORATIONS	
			D2410	Gold foil - one surface	75.00
			D2420	Gold foil - two surfaces	95.00
			D2430	Gold foil - three surfaces	125.00
				INLAY/ONLAY RESTORATIONS	
D0472	ORAL PATHOLOGY LABORATORY Accession of tissue, gross examination, preparation and transmission of written report	No charge	D2510	Inlay - metallic - one surface	270.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge	D2520	Inlay - metallic - two surfaces	270.00
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	D2530	Inlay - metallic - three or more surfaces	270.00
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	No charge	D2542	Onlay - metallic-two surfaces	325.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge	D2543	Onlay - metallic-three surfaces	340.00
D0502	Other oral pathology procedures, by report	No charge	D2544	Onlay - metallic-four or more surfaces	350.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	No charge	D2610	Inlay - porcelain/ceramic - one surface	275.00*
D0601	Caries risk assessment and documentation, with a finding of low risk	No charge	D2620	Inlay - porcelain/ceramic - two surfaces	300.00*
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No charge	D2630	Inlay - porcelain/ceramic - three or more surfaces	325.00*
D0603	Caries risk assessment and documentation, with a finding of high risk	No charge	D2642	Onlay - porcelain/ceramic - two surfaces	360.00*
			D2643	Onlay - porcelain/ceramic - three surfaces	390.00*
			D2644	Onlay - porcelain/ceramic - four or more surfaces	400.00*
			D2650	Inlay - resin-based composite - one surface	225.00
			D2651	Inlay - resin-based composite - two surfaces	240.00
			D2652	Inlay - resin-based composite - three or more surfaces	270.00
			D2662	Onlay - resin-based composite - two surfaces	245.00
			D2663	Onlay - resin-based composite - three surfaces	265.00
			D2664	Onlay - resin-based composite - four or more surfaces	285.00
				CROWNS - SINGLE RESTORATIONS ONLY	
D1110	*Prophylaxis - adult	No charge	D2710	*Crown - resin-based composite (indirect)	195.00
D1110	Additional prophylaxis - adult	15.00	D2712	*Crown - ¾ resin-based composite (indirect)	195.00
D1120	*Prophylaxis - child	No charge	D2720	*Crown- resin with high noble metal	290.00*
D1120	Additional prophylaxis - child	15.00	D2721	*Crown - resin with predominantly base metal	290.00*
			D2722	*Crown - resin with noble metal	290.00*
			D2740	*Crown - porcelain/ceramic	290.00*
			D2750	*Crown - porcelain fused to high noble metal	290.00*
			D2751	*Crown - porcelain fused to predominantly base metal	290.00*
D1206	*Topical fluoride varnish	20.00	D2752	*Crown - porcelain fused to noble metal	290.00*
D1208	*Topical application of fluoride - excluding varnish	No charge	D2780	*Crown - 3/4 cast high noble metal	290.00*
D9910	*Application of desensitizing medicament	20.00	D2781	*Crown - 3/4 cast predominantly base metal	290.00*
			D2782	*Crown - 3/4 cast noble metal	290.00*
			D2783	*Crown - 3/4 porcelain/ceramic	290.00*
D1310	OTHER PREVENTIVE SERVICES Nutritional counseling for control of dental disease	No charge	D2790	*Crown - full cast high noble metal	290.00*
D1320	Tobacco counseling for the control and prevention of oral disease	No charge	D2791	*Crown - full cast predominantly base metal	290.00*
D1330	Oral hygiene instructions	No charge	D2792	*Crown - full cast noble metal	290.00*
D1351	*Sealant - per tooth	No charge	D2794	*Crown - titanium	290.00*
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No charge	D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	125.00*
D1353	Sealant repair - per tooth	No charge		OTHER RESTORATIVE SERVICES	
D1354	*Interim caries arresting medicament application - per tooth	20.00	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	15.00*
			D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20.00
			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
D2140	Amalgam - one surface, primary or permanent	12.00	D2940	Protective restoration	20.00
D2150	Amalgam - two surfaces, primary or permanent	20.00	D2941	Interim therapeutic restoration - primary dentition	20.00
D2160	Amalgam - three surfaces, primary or permanent	23.00	D2949	Restorative foundation for an indirect restoration	20.00
D2161	Amalgam - four or more surfaces, primary or permanent	25.00			

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D2950	Core buildup, including any pins when required	75.00	D3426	Apicoectomy (each additional root)	100.00
D2951	Pin retention - per tooth, in addition to restoration	20.00	D3427	Periradicular surgery without apicoectomy	235.00
D2952	Post and core in addition to crown, indirectly fabricated	95.00	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	47.00
D2953	Each additional indirectly fabricated post - same tooth	95.00	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	42.00
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 per site, in conjunction with periradicular surgery	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
D2971	Additional procedures to construct new crown under existing partial denture framework	45.00		OTHER ENDODONTIC PROCEDURES	
D2975	Coping	95.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2980	Crown repair necessitated by restorative material failure	95.00	D3920	Hemisection (including any root removal), not including root canal therapy	105.00
D2981	Inlay repair necessitated by restorative material failure	95.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2982	Onlay repair necessitated by restorative material failure	95.00		SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)	
D2983	Veneer 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
D2990	Resin infiltration of incipient smooth surface lesions	29.00	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	108.00
	PULP CAPPING		D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	65.00
D3110	Pulp cap - direct (excluding final restoration)	30.00	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	210.00
D3120	Pulp cap - indirect (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
	PULPOTOMY		D4245	Apically positioned flap	150.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	40.00	D4249	Clinical crown lengthening - hard tissue	240.00
D3221	Pulpal debridement, primary and permanent teeth	95.00	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
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75.00	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
	ENDODONTIC THERAPY ON PRIMARY TEETH		D4263	Bone replacement graft - retained natural tooth - first site in quadrant	450.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60.00	D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	325.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	55.00	D4265	Biologic materials to aid in soft and osseous tissue regeneration	325.00
	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)		D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	200.00	D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	325.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	210.00	D4268	Surgical revision procedure, per tooth	No charge
D3330	Endodontic therapy, molar tooth (excluding final restoration)	310.00	D4270	Pedicle soft tissue graft procedure	290.00
D3331	Treatment of root canal obstruction; non-surgical access	85.00	D4273	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	390.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00	D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	130.00
D3333	Internal root repair of perforation defects	125.00	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	502.00
	ENDODONTIC RETREATMENT		D4276	Combined connective tissue and double pedicle graft, per tooth	65.00
D3346	Retreatment of previous root canal therapy - anterior	350.00	D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	215.00
D3347	Retreatment of previous root canal therapy - premolar	400.00	D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	75.00
D3348	Retreatment of previous root canal therapy - molar	480.00			
	APEXIFICATION/RECALCIFICATION PROCEDURES				
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90.00			
D3352	Apexification/recalcification - interim medication replacement	90.00			
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	90.00			
	APICOECTOMY/PERIRADICULAR SERVICES				
D3410	Apicoectomy - anterior	190.00			
D3421	Apicoectomy - premolar (first root)	315.00			
D3425	Apicoectomy - molar (first root)	345.00			

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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	D5511	REPAIRS TO COMPLETE DENTURES *Repair broken complete denture base, mandibular	50.00*
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	D5512	*Repair broken complete denture base, maxillary	50.00*
	NON-SURGICAL PERIODONTAL SERVICE		D5520	*Replace missing or broken teeth - complete denture (each tooth)	40.00*
D4320	Provisional splinting - intracoronal	115.00		REPAIRS TO COMPLETE DENTURES	
D4321	Provisional splinting - extracoronal	105.00	D5611	*Repair resin partial denture base, mandibular	40.00*
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	70.00†	D5612	*Repair resin partial denture base, maxillary	40.00*
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	50.00†	D5621	*Repair cast partial framework, mandibular	50.00*
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	60.00	D5622	*Repair cast partial framework, maxillary	50.00*
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	60.00†	D5630	*Repair or replace broken clasp – per tooth	70.00*
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	65.00†	D5640	*Replace broken teeth - per tooth	40.00*
	OTHER PERIODONTAL SERVICES		D5650	*Add tooth to existing partial denture	60.00*
D4910	*Periodontal maintenance	65.00	D5660	*Add clasp to existing partial denture – per tooth	70.00*
D4910	Additional Periodontal maintenance procedures	100.00	D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	195.00*
D4920	Unscheduled dressing change (by someone other than treating dentist)	25.00	D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	195.00*
D4921	Gingival irrigation - per quadrant	15.00	D5710	*Rebase complete maxillary denture	170.00*
D4999	Unspecified periodontal procedure, by report	No charge	D5711	*Rebase complete mandibular denture	170.00*
	COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		D5720	*Rebase maxillary partial denture	160.00*
D5110	*Complete denture - maxillary	440.00*	D5721	*Rebase mandibular partial denture	160.00*
D5120	*Complete denture - mandibular	440.00*	D5730	*Reline complete maxillary denture (chairside)	100.00*
D5130	*Immediate denture – maxillary	440.00*	D5731	*Reline complete mandibular denture (chairside)	100.00*
D5140	*Immediate denture – mandibular	440.00*	D5740	*Reline maxillary partial denture (chairside)	90.00*
	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		D5741	*Reline mandibular partial denture (chairside)	90.00*
D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	405.00*	D5750	*Reline complete maxillary denture (laboratory)	130.00*
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	405.00*	D5751	*Reline complete mandibular denture (laboratory)	130.00*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	480.00*	D5760	*Reline maxillary partial denture (laboratory)	130.00*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	480.00*	D5761	*Reline mandibular partial denture (laboratory)	130.00*
D5221	*Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	425.00*		INTERIM PROSTHESIS	
D5222	*Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	425.00*	D5810	*Interim Complete denture (maxillary)	250.00*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	500.00*	D5811	*Interim complete denture (mandibular)	250.00*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	500.00*	D5820	*Interim partial denture (maxillary)	160.00*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	480.00*	D5821	*Interim partial denture (mandibular)	160.00*
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	480.00*		OTHER REMOVABLE PROSTHESIS	
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	255.00*	D5850	Tissue conditioning, maxillary	40.00
	ADJUSTMENTS TO DENTURES		D5851	Tissue conditioning, mandibular	40.00
D5410	Adjust complete denture - maxillary	18.00	D5862	Precision attachment, by report	150.00
D5411	Adjust complete denture - mandibular	18.00	D5899	Unspecified removable prosthodontic procedure, by report	No charge
D5421	Adjust partial denture - maxillary	18.00		NON-CLINICAL PROCEDURES	
D5422	Adjust partial denture - mandibular	18.00	D5982	Surgical stent	100.00*
			D5987	Commissure splint	100.00*
			D5988	Surgical splint	100.00*
				PRE-SURGICAL SERVICES	
			D6190	Radiographic/surgical implant index, by report	235.00
				SURGICAL SERVICES	
			D6010	*Surgical placement of implant body	1050.00
			D6012	*Surgical placement of interim body for transitional prosthesis	1050.00
			D6100	Implant removal, by report	700.00
				IMPLANT SUPPORTED PROSTHETICS	
			D6056	*Prefabricated Abutment	475.00
			D6057	*Custom Abutment	595.00
			D6058	*Abutment supported porcelain/ceramic crown	795.00
			D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	795.00
			D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	795.00
			D6061	*Abutment supported porcelain fused to metal crown (noble metal)	795.00
			D6062	*Abutment supported cast metal crown (high noble metal)	795.00
			D6063	*Abutment supported cast metal crown (predominantly base metal)	795.00
			D6064	*Abutment supported cast metal crown (noble metal)	795.00
			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

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D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100.00	D7952	Sinus augmentation via a vertical approach	350.00
D7280	Exposure of an unerupted tooth	125.00	D7953	Bone replacement graft for ridge preservation – per site	100.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	110.00
D7283	Placement of device to facilitate eruption of impacted tooth	80.00	D7963	Frenuloplasty	110.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	145.00	D7970	Excision of hyperplastic tissue - per arch	140.00
D7286	Incisional biopsy of oral tissue-soft	95.00	D7971	Excision of Pericoronal Gingiva	102.00
D7287	Exfoliative cytological sample collection	85.00	D7972	Surgical reduction of fibrous tuberosity	125.00
D7288	Brush biopsy - transepithelial sample collection	25.00		MINOR TREATMENT TO CONTROL HARMFUL HABITS	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40.00	D8210	Removable appliance therapy	103.00
	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE		D8220	Fixed appliance therapy	103.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	40.00	D8681	Removable orthodontic retainer adjustment	No charge
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40.00		UNCLASSIFIED TREATMENT	
D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	125.00	D9110	Palliative (emergency) treatment of dental pain - minor procedure	No charge
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	125.00	D9120	Fixed partial denture sectioning	No charge
	VESTIBULOPLASTY			ANESTHESIA	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370.00	D9210	Local anesthesia not in conjunction with operative or surgical procedures	No charge
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990.00	D9211	Regional block anesthesia	No charge
	SURGICAL EXCISION OF SOFT TISSUE LESIONS		D9212	Trigeminal division block anesthesia	No charge
D7410	Excision of benign lesion up to 1.25 cm	25.00	D9215	Local anesthesia	No charge
D7411	Excision of benign lesion greater than 1.25 cm	50.00	D9222	Deep sedation/general anesthesia – first 15 minutes	50.00
D7412	Excision of benign lesion, complicated	55.00	D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	50.00
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00	D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	65.00
	EXCISION OF BONE TISSUE		D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	65.00
D7471	Removal of lateral exostosis (maxilla or mandible)	95.00	D9248	Non-intravenous conscious sedation	15.00
D7472	Removal of torus palatinus	95.00		DRUGS	
D7473	Removal of torus mandibularis	95.00	D9610	Therapeutic parenteral drug, single administration	15.00
D7485	Reduction of osseous tuberosity	95.00	D9630	Drugs or medicaments dispensed in the office for home use	15.00
	SURGICAL INCISION			MISCELLANEOUS SERVICES	
D7510	Incision and drainage of abscess - intraoral soft tissue	20.00	D9910	*Application of desensitizing medicament	20.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	No charge
D7520	Incision and drainage of abscess - extraoral soft tissue	20.00	D9932	Cleaning and inspection of removable complete denture, maxillary	No charge
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D9933	Cleaning and inspection of removable complete denture, mandibular	No charge
	REPAIR OF TRAUMATIC WOUNDS		D9934	Cleaning and inspection of removable partial denture, maxillary	No charge
D7910	Suture of recent small wounds up to 5 cm	35.00	D9935	Cleaning and inspection of removable partial denture, mandibular	No charge
	OTHER REPAIR PROCEDURES		D9940	*Occlusal guard, by report	250.00
D7921	Collection and application of autologous blood concentrate product	125.00	D9942	Repair and/or relining of Occlusal guard	40.00
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report	350.00	D9943	Occlusal guard adjustment	25.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800.00	D9950	Occlusion analysis - mounted case	75.00
			D9951	Occlusal adjustment - limited	30.00
			D9952	Occlusal adjustment - complete	125.00
			D9973	External bleaching - per tooth	30.00
			D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240.00
			D9991	Dental case management – addressing appointment compliance barriers	No charge
			D9992	Dental case management – care coordination	No charge
			D9993	Dental case management – motivational interviewing	No charge
			D9994	Dental case management – patient education to improve oral health literacy	No charge

SPECIALTY SERVICES

1. The Schedule of Benefits applies when listed Dental Services are performed by a Participating General Dentist, unless otherwise authorized by Solstice.
2. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
3. The Participating General Dentist you select may not perform all Dental Procedures listed. The Copayments shown apply to Participating Dentists who do perform these Dental Services. Therefore, you are encouraged to secure availability of the scheduled Dental Services with your Participating General Dentist.
4. Should the services of a Specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care by going directly to a Participating Specialist with no referral and receive a 25% reduction off the Provider's usual and customary fee.
5. 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 preauthorization from Solstice.
2. Any health care service, procedure, treatment, or device that is experimental or investigational unless our denial of services is overturned by an External Appeal Agent certified by the State. We will not Cover the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Policy for non-investigational treatments.
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. Medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges. Any dental service, procedure, treatment, test or device that we determine is not Medically Necessary unless an External Appeal Agent certified by the State overturns our denial.
5. Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and preauthorization from Solstice.
6. Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
7. 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.

LIMITATIONS AND ADDITIONAL FEES

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 copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.
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) reline 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. Copayments for endodontic procedures do not include the cost of the final restoration.
13. Copayments 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
14. Copayments marked by "+" are not eligible at a specialist.
15. Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
16. 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.
17. D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
18. 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.
19. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
20. A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
21. 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 general dentists or specialists 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 doctor's usual and customary fees.
22. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
23. Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
24. 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.

IMPORTANT DISCLAIMER

The above Summary of Benefits is for informational purposes only and is not an offer of coverage. For a complete listing of your coverage, including specialty services, non covered services, exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/ benefits administrator, the Certificate of Coverage/benefits administrator will govern. All terms and conditions and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

*Solstice Health Insurance Company is a licensed Accident and Health Insurance
Company under New York Insurance Law Section 1113(a)(3)*