



Solstice Dental EPO S700B

Dental EPO S700B Rates

	Four Tier
Employee	\$15.87
Employee/Spouse	\$31.74
Employee/Child(ren)	\$36.07
Family	\$50.50

About Solstice Dental EPO (*In-Network ONLY*)

With Solstice Dental EPO, all covered services are based on a list of fixed patient charges so there are never any claim forms to complete and the member can switch dentists at any time. A referral is not required to see a specialist and the member will pay a 25% reduction of the provider's usual and customary fee. If a Solstice pre-authorization to see a specialist is acquired, the member will pay the related listed copays which offers more cost-savings. If you use a dentist who does not participate with the Solstice S700B network, your procedures will not be covered.

Plan Highlights

- Open-access plan and no specialist referrals
- No copay for primary care office visit
- No deductible
- No annual calendar maximum
- No waiting periods
- Implant benefit via implant network provider only
- Dependent coverage until the end of the year in which the child turns 30 years of age
- Orthodontia benefits for both adults and children included

Dental Coverage can only be elected by a group enrolling in HealthPass medical coverage.

Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers.

Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.



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

S700B Dental Plan Schedule of Benefits

Members of the S700B 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 & 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	D0322	Tomographic survey	150.00
D0140	Limited oral evaluation - problem focused	No charge	D0330	*Panoramic radiographic images	50.00
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	No charge	D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	125.00
D0150	*Comprehensive oral evaluation - new or established patient	No charge	D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	20.00
D0160	*Detailed and extensive oral evaluation - problem focused, by report	No charge	D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	169.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No charge	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	149.00
D0171	Re-evaluation - post-operative office visit	No charge	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	139.00
D0180	*Comprehensive periodontal evaluation - new or established patient	No charge	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	139.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00	D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	184.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No charge	D0369	*Maxillofacial MRI capture and interpretation	139.00
D9440	Office visit - after regularly scheduled hours	35.00	D0370	*Maxillofacial ultrasound capture and interpretation	189.00
D9450	Case presentation, detailed and extensive treatment planning	No charge	D0371	*Sialoendoscopy capture and interpretation	169.00
D9986	Missed appointment	25.00	D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	169.00
DIAGNOSTIC IMAGING					
D0210	*Intraoral - complete series (including bitewings)	No charge	D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	149.00
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	139.00
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	139.00
D0240	Intraoral - occlusal radiographic images	No charge	D0384	*Cone beam CT image capture for TMJ series including two or more exposures	184.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	No charge	D0385	*Maxillofacial mi image capture	139.00
D0251	*Extra-oral posterior dental radiographic image	No charge	D0386	*Maxillofacial ultrasound image capture	169.00
D0270	*Bitewing - single radiographic images	No charge	D0393	*Treatment simulation using 3d image volume	9.00
D0272	*Bitewings - two radiographic images	No charge	D0394	*Digital subtraction of two or more images or image volumes of the same modality	9.00
D0273	*Bitewings - three radiographic images	No charge	D0395	*Fusion of two or more 3D image volumes of one or more modalities	9.00
D0274	*Bitewings - four radiographic images	No charge			
D0277	*Vertical bitewings - 7 to 8 radiographic images	29.00			
D0310	Sialography	150.00			
D0320	Temporomandibular joint arthrogram, including injection	250.00			
D0321	Other temporomandibular joint radiographic images, by report	150.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
TESTS AND EXAMINATIONS			RESIN BASED COMPOSITE RESTORATIONS - DIRECT		
D0415	Collection of microorganisms for culture and sensitivity	No charge	D2330	Resin-based composite - one surface, anterior	30.00
D0425	Caries susceptibility tests	No charge	D2331	Resin-based composite - two surfaces, anterior	37.00
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	D2332	Resin-based composite - three surfaces, anterior	50.00
D0460	Pulp vitality tests	No charge	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	80.00
D0470	Diagnostic casts	No charge	D2390	Resin-based composite crown, anterior	115.00
ORAL PATHOLOGY LABORATORY			D2391	Resin-based composite - one surface, posterior	65.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No charge	D2392	Resin-based composite - two surfaces, posterior	75.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge	D2393	Resin-based composite - three surfaces, posterior	90.00
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	D2394	Resin-based composite - four or more surfaces, posterior	115.00
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	No charge	GOLD FOIL RESTORATIONS		
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge	D2410	Gold foil - one surface	75.00
D0502	Other oral pathology procedures, by report	No charge	D2420	Gold foil - two surfaces	95.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	No charge	D2430	Gold foil - three surfaces	125.00
D0601	Caries risk assessment and documentation, with a finding of low risk	No charge	INLAY/ONLAY RESTORATIONS		
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No charge	D2510	Inlay - metallic - one surface	225.00
D0603	Caries risk assessment and documentation, with a finding of high risk	No charge	D2520	Inlay - metallic - two surfaces	235.00
DENTAL PROPHYLAXIS			D2530	Inlay - metallic - three or more surfaces	245.00
D1110	*Prophylaxis - adult	No charge	D2542	Onlay - metallic-two surfaces	325.00
D1110	Additional prophylaxis - adult	15.00	D2543	Onlay - metallic-three surfaces	340.00
D1120	*Prophylaxis - child	No charge	D2544	Onlay - metallic-four or more surfaces	350.00
D1120	Additional prophylaxis - child	15.00	D2610	Inlay - porcelain/ceramic - one surface	275.00*
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)			D2620	Inlay - porcelain/ceramic - two surfaces	300.00*
D1206	*Topical fluoride varnish	15.00	D2630	Inlay - porcelain/ceramic - three or more surfaces	325.00*
D1208	*Topical application of fluoride - excluding varnish	No charge	D2642	Onlay - porcelain/ceramic - two surfaces	360.00*
D9910	*Application of desensitizing medicament	20.00	D2643	Onlay - porcelain/ceramic - three surfaces	390.00*
OTHER PREVENTIVE SERVICES			D2644	Onlay - porcelain/ceramic - four or more surfaces	400.00*
D1310	Nutritional counseling for control of dental disease	No charge	D2650	Inlay - resin-based composite - one surface	200.00
D1320	Tobacco counseling for the control and prevention of oral disease	No charge	D2651	Inlay - resin-based composite - two surfaces	220.00
D1330	Oral hygiene instructions	No charge	D2652	Inlay - resin-based composite - three or more surfaces	260.00
D1351	*Sealant - per tooth	No charge	D2662	Onlay - resin-based composite - two surfaces	240.00
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No charge	D2663	Onlay - resin-based composite - three surfaces	260.00
D1353	Sealant repair - per tooth	No charge	D2664	Onlay - resin-based composite - four or more surfaces	283.00
D1354	*Interim caries arresting medicament application - per tooth	20.00	CROWNS - SINGLE RESTORATIONS ONLY		
SPACE MAINTAINERS (PASSIVE APPLIANCES)			D2710	*Crown - resin-based composite (indirect)	195.00
D1510	*Space maintainer - fixed - unilateral	No charge	D2712	*Crown - ¾ resin-based composite (indirect)	195.00
D1515	*Space maintainer - fixed - bilateral	No charge	D2720	*Crown- resin with high noble metal	245.00*
D1520	*Space maintainer - removable - unilateral	No charge	D2721	*Crown - resin with predominantly base metal	245.00*
D1525	*Space maintainer - removable - bilateral	No charge	D2722	*Crown - resin with noble metal	245.00*
D1550	Re-cementation or re-bond space maintainer	15.00	D2740	*Crown - porcelain/ceramic	245.00*
D1555	Removal of fixed space maintainer	15.00	D2750	*Crown - porcelain fused to high noble metal	245.00*
D1575	Distal shoe space maintainer - fixed - unilateral	No charge	D2751	*Crown - porcelain fused to predominantly base metal	245.00*
AMALGAMS RESTORATIONS (INCLUDING POLISHING)			D2752	*Crown - porcelain fused to noble metal	245.00*
D2140	Amalgam - one surface, primary or permanent	No charge	D2780	*Crown - 3/4 cast high noble metal	245.00*
D2150	Amalgam - two surfaces, primary or permanent	No charge	D2781	*Crown - 3/4 cast predominantly base metal	245.00*
D2160	Amalgam - three surfaces, primary or permanent	No charge	D2782	*Crown - 3/4 cast noble metal	245.00*
D2161	Amalgam - four or more surfaces, primary or permanent	No charge	D2783	*Crown - 3/4 porcelain/ceramic	245.00*
			D2790	*Crown - full cast high noble metal	245.00*
			D2791	*Crown - full cast predominantly base metal	245.00*
			D2792	*Crown - full cast noble metal	245.00*
			D2794	*Crown - titanium	245.00*
			D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	125.00*
			OTHER RESTORATIVE SERVICES		
			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	15.00
			D2921	Reattachment of tooth fragment, incisal edge or cusp	15.00
			D2929	*Prefabricated porcelain/ceramic crown - primary tooth	49.00*
			D2930	Prefabricated stainless steel crown - primary tooth	45.00
			D2931	Prefabricated stainless steel crown - permanent tooth	55.00
			D2932	Prefabricated resin crown	95.00
			D2933	Prefabricated stainless steel crown with resin window	145.00
			D2940	Protective restoration	15.00
			D2941	Interim therapeutic restoration - primary dentition	15.00
			D2949	Restorative foundation for an indirect restoration	20.00
			D2950	Core buildup, including any pins when required	70.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2951	Pin retention - per tooth, in addition to restoration	15.00	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	47.00
D2952	Post and core in addition to crown, indirectly fabricated	88.00	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	42.00
D2953	Each additional indirectly fabricated post - same tooth	95.00	D3430	Retrograde filling - per root	75.00
D2954	Prefabricated post and core in addition to crown	75.00	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150.00
D2955	Post removal	30.00	D3432	Guided tissue regeneration in conjunction with per site, in conjunction with periradicular surgery	150.00
D2957	Each additional prefabricated post - same tooth	30.00	D3450	Root amputation - per root	110.00
D2960	Labial veneer (resin laminate) - chairside	200.00	D3460	Endodontic endosseous implant	545.00
D2961	Labial veneer (resin laminate) - laboratory	255.00*	D3470	Intentional reimplantation (including necessary splinting)	175.00
D2962	Labial veneer (porcelain laminate) - laboratory	390.00*		OTHER ENDODONTIC PROCEDURES	
D2971	Additional procedures to construct new crown under existing partial denture framework	45.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2975	Coping	95.00	D3920	Hemisection (including any root removal), not including root canal therapy	90.00
D2980	Crown repair necessitated by restorative material failure	95.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2981	Inlay repair necessitated by restorative material failure	95.00		SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE 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	81.00
D2990	Resin infiltration of incipient smooth surface lesions	29.00	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	49.00
	PULP CAPPING		D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	195.00
D3110	Pulp cap - direct (excluding final restoration)	25.00	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185.00
D3120	Pulp cap - indirect (excluding final restoration)	25.00	D4245	Apically positioned flap	150.00
	PULPOTOMY		D4249	Clinical crown lengthening - hard tissue	230.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30.00	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 - retained natural tooth - first site in quadrant	450.00
	ENDODONTIC THERAPY ON PRIMARY TEETH		D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	325.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50.00	D4265	Biologic materials to aid in soft and osseous tissue regeneration	325.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50.00	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)		D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	325.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110.00	D4268	Surgical revision procedure, per tooth	No charge
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	195.00	D4270	Pedicle soft tissue graft procedure	250.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	245.00	D4273	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	335.00
D3331	Treatment of root canal obstruction; non-surgical access	85.00	D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	125.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	502.00
D3333	Internal root repair of perforation defects	125.00	D4276	Combined connective tissue and double pedicle graft, per tooth	65.00
	ENDODONTIC RETREATMENT		D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	215.00
D3346	Retreatment of previous root canal therapy - anterior	300.00	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
D3347	Retreatment of previous root canal therapy - premolar	350.00			
D3348	Retreatment of previous root canal therapy - molar	440.00			
	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	100.00			
D3421	Apicoectomy - premolar (first root)	315.00			
D3425	Apicoectomy - molar (first root)	340.00			
D3426	Apicoectomy (each additional root)	95.00			
D3427	Periradicular surgery without apicoectomy	100.00			

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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	299.00	D5511	REPAIRS TO COMPLETE DENTURES *Repair broken complete denture base, mandibular	35.00*
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	35.00*
	NON-SURGICAL PERIODONTAL SERVICE		D5520	*Replace missing or broken teeth - complete denture (each tooth)	35.00*
D4320	Provisional splinting - intracoronal	115.00	D5611	*Repair resin partial denture base, mandibular	35.00*
D4321	Provisional splinting - extracoronal	105.00	D5612	*Repair resin partial denture base, maxillary	35.00*
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	50.00†	D5621	*Repair cast partial framework, mandibular	35.00*
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	43.00†	D5622	*Repair cast partial framework, maxillary	35.00*
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	50.00	D5630	*Repair or replace broken clasp – per tooth	35.00*
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50.00†	D5640	*Replace broken teeth - per tooth	35.00*
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	60.00†	D5650	*Add tooth to existing partial denture	35.00*
	OTHER PERIODONTAL SERVICES		D5660	*Add clasp to existing partial denture – per tooth	35.00*
D4910	*Periodontal maintenance	50.00	D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	155.00*
D4910	Additional Periodontal maintenance procedures	100.00	D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	155.00*
D4920	Unscheduled dressing change (by someone other than treating dentist)	25.00	D5710	*Rebase complete maxillary denture	135.00*
D4921	Gingival irrigation - per quadrant	15.00	D5711	*Rebase complete mandibular denture	135.00*
D4999	Unspecified periodontal procedure, by report	No charge	D5720	*Rebase maxillary partial denture	155.00*
	COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		D5721	*Rebase mandibular partial denture	155.00*
D5110	*Complete denture - maxillary	325.00*	D5730	*Reline complete maxillary denture (chairside)	65.00*
D5120	*Complete denture - mandibular	325.00*	D5731	*Reline complete mandibular denture (chairside)	65.00*
D5130	*Immediate denture – maxillary	350.00*	D5740	*Reline maxillary partial denture (chairside)	65.00*
D5140	*Immediate denture – mandibular	350.00*	D5741	*Reline mandibular partial denture (chairside)	65.00*
	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		D5750	*Reline complete maxillary denture (laboratory)	85.00*
D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	400.00*	D5751	*Reline complete mandibular denture (laboratory)	85.00*
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	400.00*	D5760	*Reline maxillary partial denture (laboratory)	85.00*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425.00*	D5761	*Reline mandibular partial denture (laboratory)	85.00*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425.00*	D5810	*Interim Complete denture (maxillary)	250.00*
D5221	*Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	420.00*	D5811	*Interim complete denture (mandibular)	250.00*
D5222	*Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	420.00*	D5820	*Interim partial denture (maxillary)	175.00*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	445.00*	D5821	*Interim partial denture (mandibular)	175.00*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	445.00*	D5850	Tissue conditioning, maxillary	20.00
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	425.00*	D5851	Tissue conditioning, mandibular	20.00
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	425.00*	D5862	Precision attachment, by report	150.00
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	245.00*	D5899	Unspecified removable prosthodontic procedure, by report	No charge
	ADJUSTMENTS TO DENTURES		D5982	NON-CLINICAL PROCEDURES Surgical stent	150.00*
D5410	Adjust complete denture - maxillary	15.00	D5987	Commissure splint	150.00*
D5411	Adjust complete denture - mandibular	15.00	D5988	Surgical splint	150.00*
D5421	Adjust partial denture - maxillary	15.00	D6190	PRE-SURGICAL SERVICES Radiographic/surgical implant index, by report	235.00
D5422	Adjust partial denture - mandibular	15.00	D6010	*Surgical placement of implant body	1010.00
			D6012	*Surgical placement of interim body for transitional prosthesis	1010.00
			D6100	Implant removal, by report	700.00
			D6056	IMPLANT SUPPORTED PROSTHETICS *Prefabricated Abutment	440.00
			D6057	*Custom Abutment	550.00
			D6058	*Abutment supported porcelain/ceramic crown	750.00
			D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	750.00
			D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	750.00
			D6061	*Abutment supported porcelain fused to metal crown (noble metal)	750.00
			D6062	*Abutment supported cast metal crown (high noble metal)	750.00
			D6063	*Abutment supported cast metal crown (predominantly base metal)	750.00
			D6064	*Abutment supported cast metal crown (noble metal)	750.00
			D6065	*Implant supported porcelain/ceramic crown	750.00
			D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	750.00
			D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	750.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6068	*Abutment supported retainer for porcelain/ceramic FPD	750.00		FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS	
D6069	*Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	750.00	D6545	Retainer - cast metal for resin bonded fixed prosthesis	390.00
D6070	*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	750.00	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*
D6071	*Abutment supported retainer for porcelain fused to metal FPD (noble metal)	750.00	D6600	Retainer inlay - porcelain/ceramic, two surfaces	245.00*
D6072	*Abutment supported retainer for cast metal FPD (high noble metal)	750.00	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	245.00*
D6073	*Abutment supported retainer for cast metal FPD (predominantly base metal)	750.00	D6602	Retainer inlay - cast high noble metal, two surfaces	245.00*
D6074	*Abutment supported retainer for cast metal FPD (noble metal)	750.00	D6603	Retainer inlay - cast high noble metal, three or more surfaces	245.00*
D6075	*Implant supported retainer for ceramic FPD	750.00	D6604	Retainer inlay - cast predominantly base metal, two surfaces	245.00*
D6076	*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	750.00	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	245.00*
D6077	*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	750.00	D6606	Retainer inlay - cast noble metal, two surfaces	245.00*
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50.00	D6607	Retainer inlay - cast noble metal, three or more surfaces	245.00*
D6085	Provisional implant crown	125.00	D6608	Retainer onlay - porcelain/ceramic, two surfaces	245.00*
D6094	*Abutment supported crown - (titanium)	750.00	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	245.00*
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1255.00	D6610	Retainer onlay - cast high noble metal, two surfaces	245.00*
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1255.00	D6611	Retainer onlay - cast high noble metal, three or more surfaces	245.00*
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	995.00	D6612	Retainer onlay - cast predominantly base metal, two surfaces	245.00*
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	995.00	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	245.00*
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3855.00	D6614	Retainer onlay - cast noble metal, two surfaces	245.00*
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3855.00	D6615	Retainer onlay - cast noble metal, three or more surfaces	245.00*
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2255.00	D6624	Retainer inlay - titanium	245.00*
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2255.00	D6634	Retainer onlay - titanium	245.00*
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1804.00		FIXED PARTIAL DENTURE RETAINERS - CROWNS	
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1804.00	D6710	*Retainer crown - indirect resin based composite	245.00*
D6080	OTHER IMPLANT SERVICES Implant maintenance procedures, including removal	180.00	D6720	*Retainer crown - resin with high noble metal	245.00*
D6090	Repair implant supported prosthesis, by report	400.00	D6721	*Retainer crown - resin with predominantly base metal	245.00*
D6092	Recement implant/abutment crown	45.00	D6722	*Retainer crown - resin with noble metal	245.00*
D6093	Recement implant/abutment supported fixed partial denture	No charge	D6740	*Retainer crown - porcelain/ceramic	245.00*
D6095	Repair implant abutment, by report	220.00	D6750	*Retainer crown - porcelain fused to high noble metal	245.00*
D6096	Remove broken implant retaining screw	500.00	D6751	*Retainer crown - porcelain fused to predominantly base metal	245.00*
D6205	*Pontic - indirect resin based composite	750.00	D6752	*Retainer crown - porcelain fused to noble metal	245.00*
D6210	*Pontic - cast high noble metal	245.00*	D6780	*Retainer crown - 3/4 cast high noble metal	245.00*
D6211	*Pontic - cast predominantly base metal	245.00*	D6781	*Retainer crown - 3/4 cast predominantly base metal	245.00*
D6212	*Pontic - cast noble metal	245.00*	D6782	*Retainer crown - 3/4 cast noble metal	245.00*
D6214	*Pontic - titanium	245.00*	D6783	*Retainer crown - 3/4 porcelain/ceramic	245.00*
D6240	*Pontic - porcelain fused to high noble metal	245.00*	D6790	*Retainer crown - full cast high noble metal	245.00*
D6241	*Pontic - porcelain fused to predominantly base metal	245.00*	D6791	*Retainer crown - full cast predominantly base metal	245.00*
D6242	*Pontic - porcelain fused to noble metal	245.00*	D6792	*Retainer crown - full cast noble metal	245.00*
D6245	*Pontic - porcelain/ceramic	245.00*	D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125.00
D6250	*Pontic - resin with high noble metal	245.00*	D6794	*Retainer crown - titanium	245.00*
D6251	*Pontic - resin with predominantly base metal	245.00*		OTHER FIXED PARTIAL DENTURE SERVICES	
D6252	*Pontic - resin with noble metal	245.00*	D6930	Re-cement or re-bond fixed partial denture	15.00
D6253	*Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	No charge	D6940	Stress breaker	125.00
			D6950	Precision attachment	195.00
			D6980	Fixed partial denture repair necessitated by restorative material failure	80.00
				EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)	
			D7111	Extraction, coronal remnants - primary tooth	50.00
			D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00
			D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
OTHER SURGICAL PROCEDURES			OTHER REPAIR PROCEDURES		
D7220	Removal of impacted tooth - soft tissue	50.00	D7921	Collection and application of autologous blood concentrate product	125.00
D7230	Removal of impacted tooth - partially bony	65.00	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report	350.00
D7240	Removal of impacted tooth - completely bony	80.00	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135.00	D7952	Sinus augmentation via a vertical approach	350.00
D7250	Removal of residual tooth roots (cutting procedure)	40.00	D7953	Bone replacement graft for ridge preservation - per site	100.00
D7251	Coronectomy - intentional partial tooth removal	270.00	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	105.00
D7260	Oroantral fistula closure	160.00	D7963	Frenuloplasty	105.00
D7261	Primary closure of a sinus perforation	275.00	D7970	Excision of hyperplastic tissue - per arch	140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50.00	D7971	Excision of Pericoronal Gingiva	102.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100.00	D7972	Surgical reduction of fibrous tuberosity	125.00
D7280	Exposure of an unerupted tooth	125.00	LIMITED ORTHODONTIC TREATMENT		
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00	D8010	Limited orthodontic treatment of the primary dentition	1000.00
D7283	Placement of device to facilitate eruption of impacted tooth	80.00	D8020	Limited orthodontic treatment of the transitional dentition	1000.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	125.00	D8030	Limited orthodontic treatment of the adolescent dentition	1000.00
D7286	Incisional biopsy of oral tissue-soft	85.00	D8040	Limited orthodontic treatment of the adult dentition	1350.00
D7287	Exfoliative cytological sample collection	75.00	COMPREHENSIVE ORTHODONTIC TREATMENT		
D7288	Brush biopsy - transepithelial sample collection	25.00	D8070	Comprehensive orthodontic treatment of the transitional dentition	2200.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40.00	D8080	Comprehensive orthodontic treatment of the adolescent dentition	2250.00
ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE			D8090	Comprehensive orthodontic treatment of the adult dentition	2350.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40.00	MINOR TREATMENT TO CONTROL HARMFUL HABITS		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40.00	D8210	Removable appliance therapy	103.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60.00	D8220	Fixed appliance therapy	103.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	60.00	OTHER ORTHODONTIC SERVICES		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370.00	D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990.00	D8670	Periodic orthodontic treatment visit	No charge
SURGICAL EXCISION OF SOFT TISSUE LESIONS			D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300.00
D7410	Excision of benign lesion up to 1.25 cm	25.00	D8681	Removable orthodontic retainer adjustment	No charge
D7411	Excision of benign lesion greater than 1.25 cm	50.00	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	No charge
D7412	Excision of benign lesion, complicated	55.00	D8999	Unspecified orthodontic procedure, by report	250.00
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			UNCLASSIFIED TREATMENT		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00	D9110	Palliative (emergency) treatment of dental pain - minor procedure	No charge
EXCISION OF BONE TISSUE			D9120	Fixed partial denture sectioning	No charge
D7471	Removal of lateral exostosis (maxilla or mandible)	95.00	ANESTHESIA		
D7472	Removal of torus palatinus	95.00	D9210	Local anesthesia not in conjunction with operative or surgical procedures	No charge
D7473	Removal of torus mandibularis	95.00	D9211	Regional block anesthesia	No charge
D7485	Reduction of osseous tuberosity	95.00	D9212	Trigeminal division block anesthesia	No charge
SURGICAL INCISION			D9215	Local anesthesia	No charge
D7510	Incision and drainage of abscess - intraoral soft tissue	20.00	D9222	Deep sedation/general anesthesia - first 15 minutes	50.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D9223	Deep sedation/general anesthesia - each subsequent 15-minute increment	50.00
D7520	Incision and drainage of abscess - extraoral soft tissue	20.00	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	65.00
REPAIR OF TRAUMATIC WOUNDS			D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15-minute increment	65.00
D7910	Suture of recent small wounds up to 5 cm	35.00	D9248	Non-intravenous conscious sedation	15.00
			DRUGS		
			D9610	Therapeutic parenteral drug, single administration	15.00
			D9630	Drugs or medicaments dispensed in the office for home use	15.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	MISCELLANEOUS SERVICES				
D9910	*Application of desensitizing medicament	20.00	D9943	Occlusal guard adjustment	25.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	No charge	D9950	Occlusion analysis - mounted case	75.00
D9932	Cleaning and inspection of removable complete denture, maxillary	No charge	D9951	Occlusal adjustment - limited	30.00
D9933	Cleaning and inspection of removable complete denture, mandibular	No charge	D9952	Occlusal adjustment - complete	100.00
D9934	Cleaning and inspection of removable partial denture, maxillary	No charge	D9973	External bleaching - per tooth	30.00
D9935	Cleaning and inspection of removable partial denture, mandibular	No charge	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240.00
D9940	*Occlusal guard, by report	250.00	D9991	Dental case management - addressing appointment compliance barriers	No charge
D9942	Repair and/or relines of Occlusal guard	40.00	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

ADDITIONAL FEES

1. 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

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; or your Provider may obtain written authorization from Solstice and You may receive specialty treatment by an approved Participating Specialist at the listed Copayments.
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 Network Specialty Dentist 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 under "Locate A Provider."

EXCLUSIONS

1. Services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice.
2. 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.
3. We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational.
4. We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary.
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

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 "+" are not eligible at a specialist.
14. Either D0210, D0251, 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. A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
20. 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.
21. 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.
22. Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
23. 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.