



Solstice Dental EPO S800B

Dental EPO S800B Rates

| | Four Tier |
|---------------------|-----------|
| Employee | \$13.56 |
| Employee/Spouse | \$26.36 |
| Employee/Child(ren) | \$29.65 |
| Family | \$41.36 |

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 S800B 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
- 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.

The following billing and administrative fees apply to the Solstice Dental EPO S800B: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

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.



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

S800B Dental Plan Schedule of Benefits

Members of the S800B 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 | D0321 | Other temporomandibular joint radiographic images, by report | 150.00 |
| D0140 | Limited oral evaluation - problem focused | No charge | D0322 | Tomographic survey | 150.00 |
| D0145 | *Oral evaluation for a patient under three years of age and counseling with primary caregiver | No charge | D0330 | *Panoramic radiographic images | 50.00 |
| D0150 | *Comprehensive oral evaluation - new or established patient | No charge | D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis | 162.00 |
| D0160 | *Detailed and extensive oral evaluation - problem focused, by report | No charge | D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | 20.00 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No charge | D0364 | *Cone beam CT capture and interpretation with limited field of view - less than one whole jaw | 152.00 |
| D0171 | Re-evaluation - post-operative office visit | No charge | D0365 | *Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | 142.00 |
| D0180 | *Comprehensive periodontal evaluation - new or established patient | No charge | D0366 | *Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | 142.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 25.00 | D0367 | *Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | 187.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | 5.00 | D0368 | *Cone beam CT capture and interpretation for TMJ series including two or more exposures | 142.00 |
| D9440 | Office visit - after regularly scheduled hours | 35.00 | D0369 | *Maxillofacial MRI capture and interpretation | 192.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | No charge | D0370 | *Maxillofacial ultrasound capture and interpretation | 172.00 |
| D9986 | Missed appointment | 25.00 | D0371 | *Sialoendoscopy capture and interpretation | 172.00 |
| DIAGNOSTIC IMAGING | | | | | |
| D0210 | *Intraoral - complete series (including bitewings) | No charge | D0380 | *Cone beam CT image capture with limited field of view - less than one whole jaw | 152.00 |
| D0220 | Intraoral - periapical first radiographic images | 4.00 | D0381 | *Cone beam CT image capture with field of view of one full dental arch - mandible | 142.00 |
| 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 | 142.00 |
| D0240 | Intraoral - occlusal radiographic images | No charge | D0383 | *Cone beam CT image capture with field of view of both jaws, with or without cranium | 187.00 |
| 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 | 142.00 |
| D0251 | *Extra-oral posterior dental radiographic image | No charge | D0385 | *Maxillofacial mi image capture | 172.00 |
| D0270 | *Bitewing - single radiographic images | No charge | D0386 | *Maxillofacial ultrasound image capture | 172.00 |
| D0272 | *Bitewings - two radiographic images | No charge | D0393 | *Treatment simulation using 3d image volume | 12.00 |
| D0273 | *Bitewings - three radiographic images | No charge | D0394 | *Digital subtraction of two or more images or image volumes of the same modality | 12.00 |
| D0274 | *Bitewings - four radiographic images | No charge | | | |
| D0277 | *Vertical bitewings - 7 to 8 radiographic images | 32.00 | | | |
| D0310 | Sialography | 150.00 | | | |
| D0320 | Temporomandibular joint arthrogram, including injection | 250.00 | | | |

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|-------|---|-----------------|-------|--|-----------------|
| D2950 | Core buildup, including any pins when required | 77.00 | D3427 | Periradicular surgery without apicoectomy | 235.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | 22.00 | D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site | 47.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | 97.00 | 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 | 82.00 |
| D2954 | Prefabricated post and core in addition to crown | 97.00 | D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | 150.00 |
| D2955 | Post removal | 37.00 | 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 | 170.00 |
| D2960 | Labial veneer (resin laminate) - chairside | 200.00 | D3460 | Endodontic endosseous implant | 549.00 |
| D2961 | Labial veneer (resin laminate) - laboratory | 255.00* | D3470 | Intentional reimplantation (including necessary splinting) | 175.00 |
| D2962 | Labial veneer (porcelain laminate) - laboratory | 390.00* | | | |
| 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 | 112.00 |
| 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 | | | |
| D2983 | Veneer repair necessitated by restorative material failure | 95.00 | | SURGICAL SERVICES | |
| D2990 | Resin infiltration of incipient smooth surface lesions | 29.00 | | (INCLUDING USUAL POSTOPERATIVE CARE) | |
| | PULP CAPPING | | D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 182.00 |
| D3110 | Pulp cap - direct (excluding final restoration) | 32.00 | D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 119.00 |
| D3120 | Pulp cap - indirect (excluding final restoration) | 32.00 | D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | 65.00 |
| | PULPOTOMY | | D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 217.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoenamel junction and application of medicament | 45.00 | D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 207.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | 95.00 | D4245 | Apically positioned flap | 150.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | 75.00 | D4249 | Clinical crown lengthening - hard tissue | 245.00 |
| | ENDODONTIC THERAPY ON PRIMARY TEETH | | 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 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 65.00 | 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 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 57.00 | D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | 450.00 |
| | ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE) | | D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | 325.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | 240.00 | D4265 | Biologic materials to aid in soft and osseous tissue regeneration | 325.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | 250.00 | D4266 | Guided tissue regeneration - resorbable barrier, per site | 325.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | 350.00 | D4267 | Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal) | 325.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | 85.00 | D4268 | Surgical revision procedure, per tooth | No charge |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 75.00 | D4270 | Pedicle soft tissue graft procedure | 310.00 |
| D3333 | Internal root repair of perforation defects | 125.00 | D4273 | Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | 417.00 |
| | ENDODONTIC RETREATMENT | | D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | 132.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | 375.00 | D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | 502.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | 425.00 | D4276 | Combined connective tissue and double pedicle graft, per tooth | 65.00 |
| D3348 | Retreatment of previous root canal therapy - molar | 500.00 | D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | 215.00 |
| | APEXIFICATION/RECALCIFICATION PROCEDURES | | 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 |
| 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 | 235.00 | | | |
| D3421 | Apicoectomy - premolar (first root) | 315.00 | | | |
| D3425 | Apicoectomy - molar (first root) | 347.00 | | | |
| D3426 | Apicoectomy (each additional root) | 102.00 | | | |

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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 | 372.00 | D5511 | REPAIRS TO COMPLETE DENTURES *Repair broken complete denture base, mandibular | 57.00* |
| 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 | 57.00* |
| | NON-SURGICAL PERIODONTAL SERVICE | | D5520 | *Replace missing or broken teeth - complete denture (each tooth) | 42.00* |
| D4320 | Provisional splinting - intracoronal | 115.00 | D5611 | REPAIRS TO COMPLETE DENTURES *Repair resin partial denture base, mandibular | 42.00* |
| D4321 | Provisional splinting - extracoronal | 105.00 | D5612 | *Repair resin partial denture base, maxillary | 42.00* |
| D4341 | *Periodontal scaling and root planing - four or more teeth per quadrant | 80.00† | D5621 | *Repair cast partial framework, mandibular | 57.00* |
| D4342 | *Periodontal scaling and root planing - one to three teeth per quadrant | 55.00† | D5622 | *Repair cast partial framework, maxillary | 57.00* |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | 65.00 | D5630 | *Repair or replace broken clasp – per tooth | 87.00* |
| D4355 | *Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | 65.00† | D5640 | *Replace broken teeth - per tooth | 42.00* |
| D4381 | *Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | 67.00† | D5650 | *Add tooth to existing partial denture | 72.00* |
| | OTHER PERIODONTAL SERVICES | | D5660 | *Add clasp to existing partial denture – per tooth | 87.00* |
| D4910 | *Periodontal maintenance | 72.00 | D5670 | *Replace all teeth and acrylic on cast metal framework (maxillary) | 205.00* |
| D4910 | Additional Periodontal maintenance procedures | 100.00 | D5671 | *Replace all teeth and acrylic on cast metal framework (mandibular) | 205.00* |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | 25.00 | D5710 | *Rebase complete maxillary denture | 187.00* |
| D4921 | Gingival irrigation - per quadrant | 15.00 | D5711 | *Rebase complete mandibular denture | 187.00* |
| D4999 | Unspecified periodontal procedure, by report | No charge | D5720 | *Rebase maxillary partial denture | 162.00* |
| | COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) | | D5721 | *Rebase mandibular partial denture | 162.00* |
| D5110 | *Complete denture - maxillary | 502.00* | D5730 | *Reline complete maxillary denture (chairside) | 117.00* |
| D5120 | *Complete denture - mandibular | 502.00* | D5731 | *Reline complete mandibular denture (chairside) | 117.00* |
| D5130 | *Immediate denture – maxillary | 485.00* | D5740 | *Reline maxillary partial denture (chairside) | 102.00* |
| D5140 | *Immediate denture – mandibular | 485.00* | D5741 | *Reline mandibular partial denture (chairside) | 102.00* |
| | PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) | | D5750 | *Reline complete maxillary denture (laboratory) | 152.00* |
| D5211 | *Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | 407.00* | D5751 | *Reline complete mandibular denture (laboratory) | 152.00* |
| D5212 | *Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | 407.00* | D5760 | *Reline maxillary partial denture (laboratory) | 152.00* |
| D5213 | *Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 507.00* | D5761 | *Reline mandibular partial denture (laboratory) | 152.00* |
| D5214 | *Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 507.00* | | INTERIM PROSTHESIS | |
| D5221 | *Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | 427.00* | D5810 | *Interim Complete denture (maxillary) | 250.00* |
| D5222 | *Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | 427.00* | D5811 | *Interim complete denture (mandibular) | 250.00* |
| D5223 | *Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 527.00* | D5820 | *Interim partial denture (maxillary) | 167.00* |
| D5224 | *Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 527.00* | D5821 | *Interim partial denture (mandibular) | 167.00* |
| D5225 | *Maxillary partial denture - flexible base (including any clasps, rests and teeth) | 507.00* | | OTHER REMOVABLE PROSTHESIS | |
| D5226 | *Mandibular partial denture - flexible base (including any clasps, rests and teeth) | 507.00* | D5850 | Tissue conditioning, maxillary | 50.00 |
| D5281 | *Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | 260.00* | D5851 | Tissue conditioning, mandibular | 50.00 |
| | ADJUSTMENTS TO DENTURES | | D5862 | Precision attachment, by report | 150.00 |
| D5410 | Adjust complete denture - maxillary | 19.00 | D5899 | Unspecified removable prosthodontic procedure, by report | No charge |
| D5411 | Adjust complete denture - mandibular | 19.00 | | NON-CLINICAL PROCEDURES | |
| D5421 | Adjust partial denture - maxillary | 19.00 | D5982 | Surgical stent | 155.00* |
| D5422 | Adjust partial denture - mandibular | 19.00 | D5987 | Commissure splint | 155.00* |
| | | | D5988 | Surgical splint | 155.00* |
| | | | | 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 |
| | | | D6068 | *Abutment supported retainer for porcelain/ceramic FPD | 795.00 |

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| D6069 | *Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | 795.00 | D6603 | Retainer inlay - cast high noble metal, three or more surfaces | 290.00* |
| D6070 | *Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | 795.00 | D6604 | Retainer inlay - cast predominantly base metal, two surfaces | 290.00* |
| D6071 | *Abutment supported retainer for porcelain fused to metal FPD (noble metal) | 795.00 | D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | 290.00* |
| D6072 | *Abutment supported retainer for cast metal FPD (high noble metal) | 795.00 | D6606 | Retainer inlay - cast noble metal, two surfaces | 290.00* |
| D6073 | *Abutment supported retainer for cast metal FPD (predominantly base metal) | 795.00 | D6607 | Retainer inlay - cast noble metal, three or more surfaces | 290.00* |
| D6074 | *Abutment supported retainer for cast metal FPD (noble metal) | 795.00 | D6608 | Retainer onlay - porcelain/ceramic, two surfaces | 290.00* |
| D6075 | *Implant supported retainer for ceramic FPD | 795.00 | D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | 290.00* |
| D6076 | *Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | 795.00 | D6610 | Retainer onlay - cast high noble metal, two surfaces | 290.00* |
| D6077 | *Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | 795.00 | D6611 | Retainer onlay - cast high noble metal, three or more surfaces | 290.00* |
| 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 | 80.00 | D6612 | Retainer onlay - cast predominantly base metal, two surfaces | 290.00* |
| D6085 | Provisional implant crown | 125.00 | D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | 290.00* |
| D6094 | *Abutment supported crown - (titanium) | 795.00 | D6614 | Retainer onlay - cast noble metal, two surfaces | 290.00* |
| D6110 | *Implant /abutment supported removable denture for edentulous arch - maxillary | 1300.00 | D6615 | Retainer onlay - cast noble metal, three or more surfaces | 290.00* |
| D6111 | *Implant /abutment supported removable denture for edentulous arch - mandibular | 1300.00 | D6624 | Retainer inlay - titanium | 290.00* |
| D6112 | *Implant /abutment supported removable denture for partially edentulous arch - maxillary | 1040.00 | D6634 | Retainer onlay - titanium | 290.00* |
| D6113 | *Implant /abutment supported removable denture for partially edentulous arch - mandibular | 1040.00 | | FIXED PARTIAL DENTURE RETAINERS - CROWNS | |
| D6114 | *Implant /abutment supported fixed denture for edentulous arch - maxillary | 3900.00 | D6710 | *Retainer crown - indirect resin based composite | 290.00* |
| D6115 | *Implant /abutment supported fixed denture for edentulous arch - mandibular | 3900.00 | D6720 | *Retainer crown - resin with high noble metal | 290.00* |
| D6116 | *Implant /abutment supported fixed denture for partially edentulous arch - maxillary | 2300.00 | D6721 | *Retainer crown - resin with predominantly base metal | 290.00* |
| D6117 | *Implant /abutment supported fixed denture for partially edentulous arch - mandibular | 2300.00 | D6722 | *Retainer crown - resin with noble metal | 290.00* |
| D6118 | *Implant/abutment supported interim fixed denture for edentulous arch - mandibular | 1840.00 | D6740 | *Retainer crown - porcelain/ceramic | 290.00* |
| D6119 | *Implant/abutment supported interim fixed denture for edentulous arch - maxillary | 1840.00 | D6750 | *Retainer crown - porcelain fused to high noble metal | 290.00* |
| | OTHER IMPLANT SERVICES | | D6751 | *Retainer crown - porcelain fused to predominantly base metal | 290.00* |
| D6080 | Implant maintenance procedures, including removal | 180.00 | D6752 | *Retainer crown - porcelain fused to noble metal | 290.00* |
| D6090 | Repair implant supported prosthesis, by report | 400.00 | D6780 | *Retainer crown - 3/4 cast high noble metal | 290.00* |
| D6092 | Recent implant/abutment crown | 45.00 | D6781 | *Retainer crown - 3/4 cast predominantly base metal | 290.00* |
| D6093 | Recent implant/abutment supported fixed partial denture | 65.00 | D6782 | *Retainer crown - 3/4 cast noble metal | 290.00* |
| D6095 | Repair implant abutment, by report | 220.00 | D6783 | *Retainer crown - 3/4 porcelain/ceramic | 290.00* |
| D6096 | Remove broken implant retaining screw | 500.00 | D6790 | *Retainer crown - full cast high noble metal | 290.00* |
| | FIXED PARTIAL DENTURE PONTICS | | D6791 | *Retainer crown - full cast predominantly base metal | 290.00* |
| D6205 | *Pontic - indirect resin based composite | 795.00 | D6792 | *Retainer crown - full cast noble metal | 290.00* |
| D6210 | *Pontic - cast high noble metal | 290.00* | D6793 | *Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression | 125.00 |
| D6211 | *Pontic - cast predominantly base metal | 290.00* | D6794 | *Retainer crown - titanium | 290.00* |
| D6212 | *Pontic - cast noble metal | 290.00* | | OTHER FIXED PARTIAL DENTURE SERVICES | |
| D6214 | *Pontic - titanium | 290.00* | D6930 | Re-cement or re-bond fixed partial denture | 30.00 |
| D6240 | *Pontic - porcelain fused to high noble metal | 290.00* | D6940 | Stress breaker | 125.00 |
| D6241 | *Pontic - porcelain fused to predominantly base metal | 290.00* | D6950 | Precision attachment | 195.00 |
| D6242 | *Pontic - porcelain fused to noble metal | 290.00* | D6980 | Fixed partial denture repair necessitated by restorative material failure | 80.00 |
| D6245 | *Pontic - porcelain/ceramic | 290.00* | | EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE) | |
| D6250 | *Pontic - resin with high noble metal | 290.00* | D7111 | Extraction, coronal remnants - primary tooth | 65.00 |
| D6251 | *Pontic - resin with predominantly base metal | 290.00* | D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 35.00 |
| D6252 | *Pontic - resin with noble metal | 290.00* | D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 105.00 |
| D6253 | *Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression | No charge | | OTHER SURGICAL PROCEDURES | |
| | FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS | | D7220 | Removal of impacted tooth - soft tissue | 102.00 |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | 180.00 | D7230 | Removal of impacted tooth - partially bony | 107.00 |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | 225.00* | D7240 | Removal of impacted tooth - completely bony | 162.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | 290.00* | D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | 157.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | 290.00* | D7250 | Removal of residual tooth roots (cutting procedure) | 40.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | 290.00* | D7251 | Coronectomy - intentional partial tooth removal | 270.00 |
| | | | D7260 | Oroantral fistula closure | 160.00 |
| | | | D7261 | Primary closure of a sinus perforation | 275.00 |
| | | | D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 95.00 |
| | | | D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | 100.00 |
| | | | D7280 | Exposure of an unerupted tooth | 125.00 |
| | | | D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | 125.00 |

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.