

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
- 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.

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.



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 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			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0395	*Fusion of two or more 3D image volumes of one or more modalities	12.00	D2330	RESIN BASED COMPOSITE RESTORATIONS - DIRECT	
	TESTS AND EXAMINATIONS		D2331	Resin-based composite - one surface, anterior	37.00
D0415	Collection of microorganisms for culture and sensitivity	No charge	D2332	Resin-based composite - two surfaces, anterior	47.00
D0425	Caries susceptibility tests	No charge	D2335	Resin-based composite - three surfaces, anterior	65.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	75.00	D2390	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	87.00
D0460	Pulp vitality tests	No charge	D2391	Resin-based composite crown, anterior	130.00
D0470	Diagnostic casts	No charge	D2392	Resin-based composite - one surface, posterior	72.00
	ORAL PATHOLOGY LABORATORY		D2392	Resin-based composite - two surfaces, posterior	82.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No charge	D2393	Resin-based composite - three surfaces, posterior	97.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No charge	D2394	Resin-based composite - four or more surfaces, posterior	122.00
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		GOLD FOIL RESTORATIONS	
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	No charge	D2410	Gold foil - one surface	75.00
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No charge	D2420	Gold foil - two surfaces	95.00
D0502	Other oral pathology procedures, by report	No charge	D2430	Gold foil - three surfaces	125.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	No charge		INLAY/ONLAY RESTORATIONS	
D0601	Caries risk assessment and documentation, with a finding of low risk	No charge	D2510	Inlay - metallic - one surface	285.00
D0602	Caries risk assessment and ocumentation, with a finding of moderate risk	No charge	D2520	Inlay - metallic - two surfaces	285.00
D0603	Caries risk assessment and documentation, with a finding of high risk	No charge	D2530	Inlay - metallic - three or more surfaces	285.00
	DENTAL PROPHYLAXIS		D2542	Onlay - metallic- two surfaces	325.00
D1110	*Prophylaxis - adult	No charge	D2543	Onlay - metallic- three surfaces	340.00
D1110	Additional prophylaxis - adult	15.00	D2544	Onlay - metallic- four or more surfaces	350.00
D1120	*Prophylaxis - child	No charge	D2610	Inlay - porcelain/ceramic - one surface	275.00*
D1120	Additional prophylaxis - child	15.00	D2620	Inlay - porcelain/ceramic - two surfaces	300.00*
	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		D2630	Inlay - porcelain/ceramic - three or more surfaces	325.00*
D1206	*Topical fluoride varnish	20.00	D2642	Onlay - porcelain/ceramic - two surfaces	360.00*
D1208	*Topical application of fluoride - excluding varnish	No charge	D2643	Onlay - porcelain/ceramic - three surfaces	390.00*
D9910	*Application of desensitizing medicament	20.00	D2644	Onlay - porcelain/ceramic - four or more surfaces	400.00*
	OTHER PREVENTIVE SERVICES		D2650	Inlay - resin-based composite - one surface	237.00
D1310	Nutritional counseling for control of dental disease	No charge	D2651	Inlay - resin-based composite - two surfaces	250.00
D1320	Tobacco counseling for the control and prevention of oral disease	No charge	D2652	Inlay - resin-based composite - three or more surfaces	275.00
D1330	Oral hygiene instructions	No charge	D2662	Onlay - resin-based composite - two surfaces	247.00
D1351	*Sealant - per tooth	No charge	D2663	Onlay - resin-based composite - three surfaces	267.00
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No charge	D2664	Onlay - resin-based composite - four or more surfaces	287.00
D1353	Sealant repair - per tooth	No charge		CROWNS - SINGLE RESTORATIONS ONLY	
D1354	*Interim caries arresting medicament application - per tooth	20.00	D2710	*Crown - resin-based composite (indirect)	195.00
	SPACE MAINTAINERS (PASSIVE APPLIANCES)		D2712	*Crown - ¾ resin-based composite (indirect)	195.00
D1510	*Space maintainer - fixed - unilateral	No charge	D2720	*Crown - resin with high noble metal	290.00*
D1515	*Space maintainer - fixed - bilateral	No charge	D2721	*Crown - resin with predominantly base metal	290.00*
D1520	*Space maintainer - removable - unilateral	No charge	D2722	*Crown - resin with noble metal	290.00*
D1525	*Space maintainer - removable - bilateral	No charge	D2740	*Crown - porcelain/ceramic	290.00*
D1550	Re-cementation or re-bond space maintainer	22.00	D2750	*Crown - porcelain fused to high noble metal	290.00*
D1555	Removal of fixed space maintainer	22.00	D2751	*Crown - porcelain fused to predominantly base metal	290.00*
D1575	Distal shoe space maintainer - fixed - unilateral	No charge	D2752	*Crown - porcelain fused to noble metal	290.00*
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)		D2780	*Crown - 3/4 cast high noble metal	290.00*
D2140	Amalgam - one surface, primary or permanent	16.00	D2781	*Crown - 3/4 cast predominantly base metal	290.00*
D2150	Amalgam - two surfaces, primary or permanent	22.00	D2782	*Crown - 3/4 cast noble metal	290.00*
D2160	Amalgam - three surfaces, primary or permanent	26.00	D2783	*Crown - 3/4 porcelain/ceramic	290.00*
D2161	Amalgam - four or more surfaces, primary or permanent	30.00	D2790	*Crown - full cast high noble metal	290.00*
			D2791	*Crown - full cast predominantly base metal	290.00*
			D2792	*Crown - full cast noble metal	290.00*
			D2794	*Crown - titanium	290.00*
			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	27.00
			D2921	Reattachment of tooth fragment, incisal edge or cusp	27.00
			D2929	*Prefabricated porcelain/ceramic crown - primary tooth	54.00*
			D2930	Prefabricated stainless steel crown - primary tooth	52.00
			D2931	Prefabricated stainless steel crown - permanent tooth	85.00
			D2932	Prefabricated resin crown	95.00
			D2933	Prefabricated stainless steel crown with resin window	145.00
			D2940	Protective restoration	22.00
			D2941	Interim therapeutic restoration - primary dentition	20.00
			D2949	Restorative foundation for an indirect restoration	20.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
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 dentinocelemental 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

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
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.