

Solstice Dental EPO S800B

Dental EPO S800B Rates

	Four Tier
Employee	\$15.56
Employee/Spouse	\$28.36
Employee/Child(ren)	\$31.65
Family	\$43.36

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 \$3.50, EE/Spouse \$4.25, EE+Child(ren) \$4.25, Family \$5.00 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.

V1 10/2023 healthpass.com



S800B **Dental Plan Schedule of Benefits**

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

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.

		MEMBER	1		MEMBER
CODE	DESCRIPTION	COPAY	CODE	DESCRIPTION	COPAY
	CLINICAL ORAL EVALUATIONS		D0321	Other temporomandibular joint radiographic	
D0120	*Periodic oral evaluation - established patient	No charge	5052.	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	3	D0330	*Panoramic radiographic images	50.00
	of age and counseling with primary caregiver	No charge	D0340	2D cephalometric radiographic	
D0150	*Comprehensive oral evaluation - new or	3		image – acquisition, measurement and analysis	162.00
	established patient	No charge	D0350	2D oral/facial photographic image obtained	
D0160	*Detailed and extensive oral	_		intra-orally or extra-orally	20.00
	evaluation - problem focused, by report	No charge	D0364	*Cone beam CT capture and interpretation	
D0170	Re-evaluation - limited, problem focused			with limited field of view - less	
	(established patient; not post-operative visit)	No charge		than one whole jaw	152.00
D0171	Re-evaluation - post-operative office visit	No charge	D0365	*Cone beam CT capture and interpretation	
D0180	*Comprehensive periodontal			with field of view of one full	1.12.00
D0310	evaluation - new or established patient	No charge	D0366	dental arch – mandible	142.00
D9310	Consultation - diagnostic service provided		D0366	*Cone beam CT capture and interpretation with field of view of one full dental	
	by dentist or physician other than requesting dentist or physician	25.00		arch – maxilla, with or without cranium	142.00
D9430	Office visit for observation (during regularly	25.00	D0367	*Cone beam CT capture and interpretation	142.00
D9430	scheduled hours) - no other services performed	5.00	D0307	with field of view of both jaws; with	
D9440	Office visit - after regularly scheduled hours	35.00		or without cranium	187.00
D9450	Case presentation, detailed and	33.00	D0368	*Cone beam CT capture and interpretation	107.00
DJ-130	extensive treatment planning	No charge	D0300	for TMJ series including two or more exposures	142.00
D9986	Missed appointment	25.00	D0369	*Maxillofacial MRI capture and interpretation	192.00
2,,,,,	missed appointment	25.00	D0370	*Maxillofacial ultrasound capture	.,2.00
	DIAGNOSTIC IMAGING			and interpretation	172.00
D0210	*Intraoral - complete series (including bitewings)	No charge	D0371	*Sialoendoscopy capture and interpretation	172.00
D0220	Intraoral - periapical first radiographic images	4.00	D0380	*Cone beam CT image capture with	
D0230	Intraoral - periapical each additional			limited field of view - less than one whole jaw	152.00
	radiographic images	2.00	D0381	*Cone beam CT image capture with field	
D0240	Intraoral - occlusal radiographic images	No charge		of view of one full dental arch - mandible	142.00
D0250	Extra-oral – 2D projection radiographic		D0382	*Cone Beam CT image capture with	
	image created using a stationary			field of view of one full dental	
D0054	radiation source, and detector	No charge	D0202	arch - maxilla, with or without cranium	142.00
D0251	*Extra-oral posterior dental radiographic image	No charge	D0383	*Cone beam CT image capture with field	407.00
D0270	*Bitewing - single radiographic images	No charge	D0304	of view of both jaws, with or without cranium	187.00
D0272 D0273	*Bitewings - two radiographic images	No charge	D0384	*Cone beam CT image capture for TMJ	142.00
D0273 D0274	*Bitewings - three radiographic images	No charge	D0385	series including two or more exposures	142.00
D0274 D0277	*Bitewings - four radiographic images *Vertical bitewings - 7 to 8 radiographic images	No charge 32.00	D0385 D0386	*Maxillofacial mi image capture *Maxillofacial ultrasound image capture	172.00
D0277	Sialography	150.00	D0366 D0393	*Treatment simulation using 3d image volume	12.00
D0310	Temporomandibular joint arthrogram,	130.00	D0393	*Digital subtraction of two or more images or	12.00
D0320	including injection	250.00	D0354	image volumes of the same modality	12.00
	merading injection	230.00		image volumes of the same modality	12.00

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CODE	DESCRIPTION	COPAY	CODE	DESCRIPTION	COPAY
D0395	*Fusion of two or more 3D image volumes of			RESIN BASED COMPOSITE RESTORATIONS - DIF	
	one or more modalities	12.00	D2330 D2331	Resin-based composite - one surface, anterior Resin-based composite - two surfaces, anterior	37.00 47.00
	TESTS AND EXAMINATIONS		D2331	Resin-based composite - two surfaces, anterior	65.00
D0415	Collection of microorganisms for		D2335	Resin-based composite - four or more	03.00
	culture and sensitivity	No charge		surfaces or involving incisal angle (anterior)	87.00
D0425	Caries susceptibility tests	No charge	D2390	Resin-based composite crown, anterior	130.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including		D2391 D2392	Resin-based composite - one surface, posterior Resin-based composite - two surfaces, posterior	72.00 82.00
	premalignant and malignant lesions, not to		D2392	Resin-based composite - two surfaces, posterior	97.00
	include cytology or biopsy procedures	75.00	D2394	Resin-based composite - four or more	
D0460	Pulp vitality tests	No charge		surfaces, posterior	122.00
D0470	Diagnostic casts	No charge		GOLD FOIL RESTORATIONS	
	ORAL PATHOLOGY LABORATORY		D2410	Gold foil - one surface	75.00
D0472	Accession of tissue, gross examination,		D2420	Gold foil - two surfaces	95.00
	preparation and transmission of written report	No charge	D2430	Gold foil - three surfaces	125.00
D0473	Accession of tissue, gross and microscopic			INII AVIONII AV DESTODATIONIS	
	examination, preparation and transmission of written report	No charge	D2510	INLAY/ONLAY RESTORATIONS Inlay - metallic - one surface	285.00
D0474	Accession of tissue, gross and microscopic	No charge	D2520	Inlay - metallic - two surfaces	285.00
	examination, including assessment of surgical		D2530	Inlay - metallic - three or more surfaces	285.00
	margins for presence of disease, preparation		D2542	Onlay - metallic- two surfaces	325.00
D0480	and transmission of written report Accession of exfoliative cytologic smears,	No charge	D2543 D2544	Onlay - metallic- three surfaces Onlay - metallic- four or more surfaces	340.00 350.00
D0400	microscopic examination, preparation and		D2610	Inlay - porcelain/ceramic - one surfaces	275.00*
	transmission of written report	No charge	D2620	Inlay - porcelain/ceramic - two surfaces	300.00*
D0486	Laboratory accession of brush biopsy sample,		D2630	Inlay - porcelain/ceramic - three	
	microscopic examination, preparation and	No shows	D2642	or more surfaces	325.00*
D0502	transmission of written report Other oral pathology procedures, by report	No charge No charge	D2642 D2643	Onlay - porcelain/ceramic - two surfaces Onlay - porcelain/ceramic - three surfaces	360.00* 390.00*
D0600	Non-ionizing diagnostic procedure capable	No charge	D2644	Onlay - porcelain/ceramic - four	370.00
	of quantifying, monitoring, and recording			or more surfaces	400.00*
	changes in structure of enamel, dentin		D2650	Inlay - resin-based composite - one surface	237.00
D0601	and cementum Caries risk assessment and documentation,	No charge	D2651 D2652	Inlay - resin-based composite - two surfaces Inlay - resin-based composite - three	250.00
D0001	with a finding of low risk	No charge	D2032	or more surfaces	275.00
D0602	Caries risk assessment and ocumentation,	. to change	D2662	Onlay - resin-based composite - two surfaces	247.00
	with a finding of moderate risk	No charge	D2663	Onlay - resin-based composite - three surfaces	267.00
D0603	Caries risk assessment and documentation, with a finding of high risk	No charge	D2664	Onlay - resin-based composite - four or more surfaces	287.00
	with a miding of high risk	No charge		more surfaces	207.00
	DENTAL PROPHYLAXIS			CROWNS - SINGLE RESTORATIONS ONLY	
D1110	*Prophylaxis - adult	No charge	D2710	*Crown - resin-based composite (indirect)	195.00
D1110 D1120	Additional prophylaxis - adult *Prophylaxis - child	15.00 No charge	D2712 D2720	*Crown - ¾ resin-based composite (indirect) *Crown- resin with high noble metal	195.00 290.00*
D1120	Additional prophylaxis - child	15.00	D2720 D2721	*Crown - resin with predominantly base metal	290.00*
			D2722	*Crown - resin with noble metal	290.00*
	TOPICAL FLUORIDE TREATMENT		D2740	*Crown - porcelain/ceramic	290.00*
D1206	(OFFICE PROCEDURE) *Topical fluoride varnish	20.00	D2750 D2751	*Crown - porcelain fused to high noble metal *Crown - porcelain fused to	290.00*
D1208	*Topical indoffde varnish *Topical application of fluoride -	20.00	D2/31	predominantly base metal	290.00*
D1200	excluding varnish	No charge	D2752	*Crown - porcelain fused to noble metal	290.00*
D9910	*Application of desensitizing medicament	20.00	D2780	*Crown - 3/4 cast high noble metal	290.00*
	OTHER REPUBLIES SERVICES		D2781	*Crown - 3/4 cast predominantly base metal	290.00*
D1310	OTHER PREVENTIVE SERVICES Nutritional counseling for control		D2782 D2783	*Crown - 3/4 cast noble metal *Crown - 3/4 porcelain/ceramic	290.00* 290.00*
D1310	of dental disease	No charge	D2790	*Crown - full cast high noble metal	290.00*
D1320	Tobacco counseling for the control		D2791	*Crown - full cast predominantly base metal	290.00*
D4220	and prevention of oral disease	No charge	D2792	*Crown - full cast noble metal	290.00*
D1330 D1351	Oral hygiene instructions *Sealant - per tooth	No charge No charge	D2794 D2799	*Crown - titanium *Provisional crown - further treatment or	290.00*
D1351	*Preventive resin restoration in a moderate to	No charge	02/33	completion of diagnosis necessary prior to final	
0.002	high caries risk patient - permanent tooth	No charge		impression	125.00*
D1353	Sealant repair - per tooth	No charge			
D1354	*Interim caries arresting medicament application - per tooth	20.00	D2910	OTHER RESTORATIVE SERVICES Re-cement or re-bond inlay, onlay, veneer, or	
	application - per tooth	20.00	D2910	partial coverage restoration	15.00*
	SPACE MAINTAINERS (PASSIVE APPLIANCES)		D2915	Re-cement or re-bond indirectly fabricated or	. 5.00
D1510	*Space maintainer - fixed - unilateral	No charge		prefabricated post and core	20.00
D1515	*Space maintainer - fixed - bilateral	No charge	D2920	Re-cement or re-bond crown	27.00
D1520 D1525	*Space maintainer - removable - unilateral *Space maintainer - removable - bilateral	No charge No charge	D2921	Reattachment of tooth fragment, incisal edge or cusp	27.00
D1550	Re-cementation or re-bond space maintainer	22.00	D2929	*Prefabricated porcelain/ceramic	27.00
D1555	Removal of fixed space maintainer	22.00		crown - primary tooth	54.00*
D1575	Distal shoe space maintainer – fixed – unilateral	No charge	D2930	Prefabricated stainless steel	F2 00
	AMALGAMS RESTORATIONS		D2931	crown - primary tooth Prefabricated stainless steel	52.00
	(INCLUDING POLISHING)		D2931	crown - permanent tooth	85.00
D2140	Amalgam - one surface, primary or permanent	16.00	D2932	Prefabricated resin crown	95.00
D2150	Amalgam - two surfaces, primary or permanent	22.00	D2933	Prefabricated stainless steel	
D2160	Amalgam - three surfaces, primary or permanen	t 26.00	D2940	crown with resin window	145.00 22.00
D2161	Amalgam - four or more surfaces, primary or permanent	30.00	D2940 D2941	Protective restoration Interim therapeutic restoration - primary dentition	
		20.00	D2949	Restorative foundation for an indirect restoration	20.00

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CODE	DESCRIPTION	COPAY	CODE	DESCRIPTION	COPAY
D2950 D2951	Core buildup, including any pins when required Pin retention - per tooth, in addition to restoration	77.00 n 22.00	D3427 D3428	Periradicular surgery without apicoectomy Bone graft in conjunction with	235.00
D2952 D2953	Post and core in addition to crown, indirectly fabricated Each additional indirectly fabricated	97.00	D3429	periradicular surgery - per tooth, single site Bone graft in conjunction with periradicular surgery - each additional	47.00
D2954	post - same tooth Prefabricated post and core in addition to crown	95.00 97.00	D3430	contiguous tooth in the same surgical site Retrograde filling - per root	42.00 82.00
D2955 D2957	Post removal Each additional prefabricated post - same tooth	37.00 30.00	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction	
D2960 D2961 D2962	Labial veneer (resin laminate) - chairside Labial veneer (resin laminate) - laboratory Labial veneer (porcelain laminate) - laboratory	200.00 255.00* 390.00*	D3432	with periradicular surgery Guided tissue regeneration in conjunction with per site, in conjunction with	150.00
D2971	Additional procedures to construct new crown under existing partial denture framework	45.00	D3450	periradicular surgery Root amputation - per root	150.00 170.00
D2975 D2980	Coping Crown repair necessitated by restorative	95.00	D3460 D3470	Endodontic endosseous implant Intentional reimplantation	549.00
D2981	material failure Inlay repair necessitated by restorative material failure	95.00 95.00		(including necessary splinting) OTHER ENDODONTIC PROCEDURES	175.00
D2982	Onlay repair necessitated by restorative material failure	95.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2983	Veneer repair necessitated by restorative material failure	95.00	D3920	Hemisection (including any root removal), not including root canal therapy	112.00
D2990	Resin infiltration of incipient smooth surface lesions	29.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D3110	PULP CAPPING Pulp cap - direct (excluding final restoration)	32.00		SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)	
D3120	Pulp cap - indirect (excluding final restoration)	32.00	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth	
D3220	PULPOTOMY Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the		D4211	bounded spaces per quadrant Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded	182.00
	dentinocemental junction and application of medicament	45.00	D4212	spaces per quadrant Gingivectomy or gingivoplasty to allow	119.00
D3221	Pulpal debridement, primary and permanent teeth	95.00	D4240	access for restorative procedure, per tooth Gingival flap procedure, including root	65.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75.00	D4241	planing - four or more contiguous teeth or tooth bounded spaces per quadrant Gingival flap procedure, including root	217.00
	ENDODONTIC THERAPY ON PRIMARY TEETH	73.00	D4241	planing - one to three contiguous teeth or tooth bounded spaces per quadrant	207.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	65.00	D4245 D4249	Apically positioned flap Clinical crown lengthening - hard tissue	150.00 245.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	57.00	D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth	
	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN,		D4261	bounded spaces per quadrant Osseous surgery (including elevation of a	375.00
D3310	CLINICAL PROCEDURES & FOLLOW-UP CARE) Endodontic therapy, anterior tooth			full thickness flap and closure) – one to three contiguous teeth or tooth	
D3320	(excluding final restoration) Endodontic therapy, premolar tooth	240.00 250.00	D4263	bounded spaces per quadrant Bone replacement graft – retained natural	325.00 450.00
D3330	(excluding final restoration) Endodontic therapy, molar tooth (excluding final restoration)	350.00	D4264	tooth – first site in quadrant Bone replacement graft – retained natural tooth – each additional site in quadrant	325.00
D3331	Treatment of root canal obstruction; non-surgical access	85.00	D4265	Biologic materials to aid in soft and osseous tissue regeneration	325.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D3333	Internal root repair of perforation defects ENDODONTIC RETREATMENT	125.00	D4267 D4268	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal) Surgical revision procedure, per tooth	325.00 No charge
D3346	Retreatment of previous root canal therapy - anterior	375.00	D4270 D4273	Pedicle soft tissue graft procedure Autogenous connective tissue graft	310.00
D3347	Retreatment of previous root canal therapy - premolar	425.00		procedures (including donor and recipient surgical sites) first tooth,	447.00
D3348	Retreatment of previous root canal therapy - molar	500.00	D4274	implant, or edentulous tooth position in graft Mesial/distal wedge procedure, single tooth (when not performed in conjunction	417.00
D3351	APEXIFICATION/RECALCIFICATION PROCEDUR Apexification/recalcification – initial visit	ES		with surgical procedures in the same anatomical area)	132.00
D2252	(apical closure / calcific repair of perforations, root resorption, etc.)	90.00	D4275	Non-autogenous connective tissue graft (including recipient site and donor	
D3352 D3353	Apexification/recalcification - interim medication replacement Apexification/recalcification - final visit	90.00	D4276	material) first tooth, implant, or edentulous tooth position in graft Combined connective tissue and	502.00
دردرم	(includes completed root canal therapy - apical closure/calcific repair of perforations,		D4276 D4277	double pedicle graft, per tooth Free soft tissue graft procedure	65.00
	root resorption, etc.)	90.00	,	(including recipient and donor surgical sites) first tooth, implant, or edentulous	
D3410	APICOECTOMY/PERIRADICULAR SERVICES Apicoectomy - anterior Apicoectomy - promolar (first root)	235.00	D4278	tooth position in graft Free soft tissue graft procedure (including recipient and departurated sites)	215.00
D3421 D3425 D3426	Apicoectomy - premolar (first root) Apicoectomy - molar (first root) Apicoectomy (each additional root)	315.00 347.00 102.00		(including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	75.00
	1		ı	grant site	

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CODE	DESCRIPTION	COPAY	CODE	DESCRIPTION	COPAY
D4283	Autogenous connective tissue			REPAIRS TO COMPLETE DENTURES	
	graft procedure (including donor and recipient		D5511	*Repair broken complete denture	
	surgical sites) – each additional contiguous tooth, implant or edentulous tooth		D5512	base, mandibular *Repair broken complete denture	57.00*
D4285	position in same graft site Non-autogenous connective tissue	372.00		base, maxillary	57.00*
D4203	graft procedure (including recipient surgical		D5520	*Replace missing or broken teeth - complete denture (each tooth)	42.00*
	site and donor material) – each additional contiguous tooth, implant or edentulous				
	tooth position in same graft site	392.00	D5611	REPAIRS TO COMPLETE DENTURES *Repair resin partial denture base, mandibular	42.00*
	NON-SURGICAL PERIODONTAL SERVICE		D5612 D5621	*Repair resin partial denture base, maxillary	42.00* 57.00*
D4320	Provisional splinting - intracoronal	115.00	D5621	*Repair cast partial framework, mandibular *Repair cast partial framework, maxillary	57.00*
D4321 D4341	Provisional splinting - extracoronal *Periodontal scaling and root planing - four	105.00	D5630 D5640	*Repair or replace broken clasp – per tooth	87.00* 42.00*
	or more teeth per quadrant	80.00†	D5650	*Replace broken teeth - per tooth *Add tooth to existing partial denture	72.00*
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	55.00†	D5660 D5670	*Add clasp to existing partial denture – per too *Replace all teeth and acrylic on cast	th 87.00*
D4346	Scaling in presence of generalized	33.001	D3070	metal framework (maxillary)	205.00*
	moderate or severe gingival inflammation – full mouth, after oral evaluation	65.00	D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	205.00*
D4355	*Full mouth debridement to enable a		D5710	*Rebase complete maxillary denture	187.00*
	comprehensive oral evaluation and diagnosis on a subsequent visit	65.00†	D5711 D5720	*Rebase complete mandibular denture *Rebase maxillary partial denture	187.00* 162.00*
D4381	*Localized delivery of antimicrobial agents		D5721	*Rebase mandibular partial denture	162.00*
	via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	67.00†	D5730 D5731	*Reline complete maxillary denture (chairside) *Reline complete mandibular denture (chairside)	117.00* e) 117.00*
			D5740	*Reline maxillary partial denture (chairside)	102.00*
D4910	OTHER PERIODONTAL SERVICES *Periodontal maintenance	72.00	D5741 D5750	*Reline mandibular partial denture (chairside) *Reline complete maxillary denture (laboratory)	102.00*) 152.00*
D4910 D4920	Additional Periodontal maintenance procedures Unscheduled dressing change	100.00	D5751	*Reline complete mandibular denture (laborato	ory) 152.00*
D4920	(by someone other than treating dentist)	25.00	D5760 D5761	*Reline maxillary partial denture (laboratory) *Reline mandibular partial denture (laboratory)	152.00* 152.00*
D4921 D4999	Gingival irrigation - per quadrant Unspecified periodontal procedure, by report	15.00 No charge	2370.	·	.52.00
לללדט		No charge	D5810	INTERIM PROSTHESIS *Interim Complete denture (maxillary)	250.00*
	COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		D5811	*Interim complete denture (mandibular)	250.00*
D5110	*Complete denture - maxillary	502.00*	D5820 D5821	*Interim partial denture (maxillary) *Interim partial denture (mandibular)	167.00* 167.00*
D5120 D5130	*Complete denture - mandibular *Immediate denture – maxillary	502.00* 485.00*		•	
D5140	*Immediate denture – mandibular	485.00*	D5850	OTHER REMOVABLE PROSTHESIS Tissue conditioning, maxillary	50.00
	PARTIAL DENTURES		D5851	Tissue conditioning, mandibular	50.00
	(INCLUDING ROUTINE POST-DELIVERY CARE)		D5862 D5899	Precision attachment, by report Unspecified removable prosthodontic	150.00
D5211	*Maxillary partial denture - resin base (including any conventional			procedure, by report	No charge
DF212	clasps, rests and teeth)	407.00*		NON-CLINICAL PROCEDURES	
D5212	*Mandibular partial denture - resin base (including any conventional clasps,		D5982 D5987	Surgical stent Commissure splint	155.00* 155.00*
DE212	rests and teeth)	407.00*	D5988	Surgical splint	155.00*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases			PRE-SURGICAL SERVICES	
	(including any conventional clasps, rests and teeth)	507.00*	D6190	Radiographic/surgical implant index, by report	235.00
D5214	*Mandibular partial denture - cast metal	307.00		SURGICAL SERVICES	
	framework with resin denture bases (including any conventional		D6010	*Surgical placement of implant body	1050.00
	clasps, rests and teeth)	507.00*	D6012	*Surgical placement of interim body for transitional prosthesis	1050.00
D5221	*Immediate maxillary partial denture – resin base (including any conventional		D6100	Implant removal, by report	700.00
	clasps, rests and teeth)	427.00*		IMPLANT SUPPORTED PROSTHETICS	
D5222	*Immediate mandibular partial denture – resin base (including any conventional		D6056	*Prefabricated Abutment	475.00
	clasps, rests and teeth)	427.00*	D6057 D6058	*Custom Abutment *Abutment supported	595.00
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture		Dento	porcelain/ceramic crown	795.00
	bases (including any conventional		D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	795.00
D5224	clasps, rests and teeth) *Immediate mandibular partial denture – cast	527.00*	D6060	*Abutment supported porcelain fused	705.00
DJLL!	metal framework with resin denture		D6061	to metal crown (predominantly base metal) *Abutment supported porcelain fused	795.00
	bases (including any conventional clasps, rests and teeth)	527.00*	Denes	to metal crown (noble metal)	795.00
D5225	*Maxillary partial denture - flexible base		D6062	*Abutment supported cast metal crown (high noble metal)	795.00
D5226	(including any clasps, rests and teeth) *Mandibular partial denture - flexible base	507.00*	D6063	*Abutment supported cast metal	795.00
	(including any clasps, rests and teeth)	507.00*	D6064	crown (predominantly base metal) *Abutment supported cast metal	
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth	260.00*	D6065	crown (noble metal) *Implant supported porcelain/ceramic crown	795.00 795.00
			D6065 D6066	*Implant supported porcelain fused to metal	1 22.00
D5410	ADJUSTMENTS TO DENTURES Adjust complete denture - maxillary	19.00		crown (titanium, titanium alloy, high noble metal)	795.00
D5411	Adjust complete denture - mandibular	19.00	D6067	*Implant supported metal crown	
D5421 D5422	Adjust partial denture - maxillary Adjust partial denture - mandibular	19.00 19.00	D6068	(titanium, titanium alloy, high noble metal) *Abutment supported retainer	795.00
			50000	for porcelain/ceramic FPD	795.00

		MEMBER			MEMBER
CODE	DESCRIPTION	COPAY	CODE	DESCRIPTION	COPAY
D6069	*Abutment supported retainer for porcelain	705.00	D6603	Retainer inlay - cast high noble metal, three	200.00*
D6070	fused to metal FPD (high noble metal) *Abutment supported retainer for porcelain	795.00	D6604	or more surfaces Retainer inlay - cast predominantly base metal,	290.00*
	fused to metal FPD (predominantly base metal)	795.00		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	705.00	D6606	Retainer inlay - cast noble metal, two surfaces	290.00*
D6073	FPD (high noble metal) *Abutment supported retainer for cast metal	795.00	D6607	Retainer inlay - cast noble metal, three or more surfaces	290.00*
D6074	FPD (predominantly base metal)	795.00	D6608	Retainer onlay - porcelain/ceramic, two surfaces	290.00*
D6074	*Abutment supported retainer for cast metal FPD (noble metal)	795.00	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	290.00*
D6075 D6076	*Implant supported retainer for ceramic FPD	795.00	D6610	Retainer onlay - cast high noble	200.00*
D6076	*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium		D6611	metal, two surfaces Retainer onlay - cast high noble	290.00*
D6077	alloy, or high noble metal) *Implant supported retainer for cast metal	795.00	D6612	metal, three or more surfaces Retainer onlay - cast predominantly	290.00*
D0077	FPD (titanium, titanium alloy,			base metal, two surfaces	290.00*
D6081	or high noble metal) Scaling and debridement in the presence	795.00	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	290.00*
D0001	of inflammation or mucositis of a single		D6614	Retainer onlay - cast noble metal, two surfaces	290.00*
	implant, including cleaning of the implant surfaces, without flap entry and closure	80.00	D6615	Retainer onlay - cast noble metal, three or more surfaces	290.00*
D6085	Provisional implant crown	125.00	D6624	Retainer inlay - titanium	290.00*
D6094 D6110	*Abutment supported crown - (titanium) *Implant /abutment supported removable	795.00	D6634	Retainer onlay - titanium	290.00*
	denture for edentulous arch – maxillary	1300.00		FIXED PARTIAL DENTURE RETAINERS - CROW	
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1300.00	D6710 D6720	*Retainer crown - indirect resin based composite *Retainer crown - resin with high noble metal	e 290.00* 290.00*
D6112	*Implant /abutment supported removable		D6721	*Retainer crown - resin with predominantly	
D6113	denture for partially edentulous arch – maxillary *Implant /abutment supported removable	1040.00	D6722	base metal *Retainer crown - resin with noble metal	290.00* 290.00*
D0113	denture for partially edentulous		D6740	*Retainer crown - porcelain/ceramic	290.00*
D6114	arch – mandibular *Implant /abutment supported fixed denture	1040.00	D6750	*Retainer crown - porcelain fused to high noble metal	290.00*
	for edentulous arch – maxillary	3900.00	D6751	*Retainer crown - porcelain fused to	
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3900.00	D6752	predominantly base metal *Retainer crown - porcelain fused to noble meta	290.00* d 290.00*
D6116	*Implant /abutment supported fixed denture		D6780	*Retainer crown - 3/4 cast high noble metal	290.00*
D6117	for partially edentulous arch – maxillary *Implant /abutment supported fixed denture	2300.00	D6781	*Retainer crown - 3/4 cast predominantly base metal	290.00*
	for partially edentulous arch – mandibular	2300.00	D6782	*Retainer crown - 3/4 cast noble metal	290.00*
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1840.00	D6783 D6790	*Retainer crown - 3/4 porcelain/ceramic *Retainer crown - full cast high noble metal	290.00* 290.00*
D6119	*Implant/abutment supported interim fixed		D6791	*Retainer crown - full cast predominantly	
	denture for edentulous arch – maxillary	1840.00	D6792	base metal *Retainer crown - full cast noble metal	290.00* 290.00*
D.C.0.0.0	OTHER IMPLANT SERVICES		D6793	*Provisional retainer crown - further treatment	
D6080	Implant maintenance procedures, including removal	180.00		or completion of diagnosis necessary prior to final impression	125.00
D6090	Repair implant supported prosthesis,	400.00	D6794	*Retainer crown - titanium	290.00*
06092	by report Recement implant/abutment crown	400.00 45.00		OTHER FIXED PARTIAL DENTURE SERVICES	
D6093	Recement implant/abutment supported fixed partial denture	65.00	D6930 D6940	Re-cement or re-bond fixed partial denture Stress breaker	30.00 125.00
06095	Repair implant abutment, by report	220.00	D6950	Precision attachment	195.00
D6096	Remove broken implant retaining screw	500.00	D6980	Fixed partial denture repair necessitated by restorative material failure	80.00
	FIXED PARTIAL DENTURE PONTICS			by restorative material failure	80.00
D6205 D6210	*Pontic - indirect resin based composite *Pontic - cast high noble metal	795.00 290.00*		EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING,	
D6211	*Pontic - cast predominantly base metal	290.00*		IF NEEDED, AND ROUTINE POST OPERATIVE (
D6212 D6214	*Pontic - cast noble metal *Pontic - titanium	290.00* 290.00*	D7111 D7140	Extraction, coronal remnants - primary tooth Extraction, erupted tooth or exposed root	65.00
D6240	*Pontic - porcelain fused to high noble metal	290.00*		(elevation and/or forceps removal)	35.00
06241	*Pontic - porcelain fused to predominantly base metal	290.00*	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and	
D6242	*Pontic - porcelain fused to noble metal	290.00*		including elevation of mucoperiosteal	
D6245 D6250	*Pontic - porcelain/ceramic *Pontic - resin with high noble metal	290.00* 290.00*		flap if indicated	105.00
D6251	*Pontic - resin with predominantly base metal	290.00*		OTHER SURGICAL PROCEDURES	
D6252 D6253	*Pontic - resin with noble metal *Provisional Pontic - further treatment or	290.00*	D7220 D7230	Removal of impacted tooth - soft tissue Removal of impacted tooth - partially bony	102.00 107.00
D0233	completion of diagnosis necessary		D7240	Removal of impacted tooth - completely bony	162.00
	prior to final impression	No charge	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	157.00
	FIXED PARTIAL DENTURE RETAINERS -		D7250	Removal of residual tooth roots	
D6545	INLAYS/ONLAYS Retainer - cast metal for resin bonded		D7251	(cutting procedure) Coronectomy - intentional partial tooth removal	40.00 I 270.00
	fixed prosthesis	180.00	D7260	Oroantral fistula closure	160.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*	D7261 D7270	Primary closure of a sinus perforation Tooth reimplantation and/or stabilization	275.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	290.00*		of accidentally evulsed or displaced tooth	95.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	290.00*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting	
D6602	Retainer inlay - cast high noble metal,			and/or stabilization)	100.00
	two surfaces	290.00*	D7280 D7282	Exposure of an unerupted tooth Mobilization of erupted or malpositioned	125.00
CH-1-0-NY	1117		5,202	tooth to aid eruption	125.00

CODE		MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D7283	Placement of device to facilitate eruption		D8030	Limited orthodontic treatment of the	
D7285	of impacted tooth Incisional biopsy of oral tissue-hard (bone, tooth)	80.00 155.00	D8040	adolescent dentition Limited orthodontic treatment of	1375.00
D7286	Incisional biopsy of oral tissue-soft	100.00	500 10	the adult dentition	1800.00
D7287 D7288	Exfoliative cytological sample collection Brush biopsy - transepithelial sample collection	85.00 25.00		COMPREHENSIVE ORTHODONTIC TREATMEN	т
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40.00	D8070	Comprehensive orthodontic treatment of the transitional dentition	2650.00
		40.00	D8080	Comprehensive orthodontic treatment	
	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE		D8090	of the adolescent dentition Comprehensive orthodontic treatment	2775.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or			of the adult dentition	2875.00
	tooth spaces, per quadrant	40.00		MINOR TREATMENT TO CONTROL	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or		D8210	HARMFUL HABITS Removable appliance therapy	103.00
D7320	tooth spaces, per quadrant	40.00	D8220	Fixed appliance therapy	103.00
D/320	Alveoloplasty not in conjunction with extractions –four or more teeth or			OTHER ORTHODONTIC SERVICES	
D7321	tooth spaces, per quadrant Alveoloplasty not in conjunction	157.00	D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00
	with extractions - one to three teeth	157.00	D8670 D8680	Periodic orthodontic treatment visit	No charge
	or tooth spaces, per quadrant	157.00		Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300.00
D7340	VESTIBULOPLASTY Vestibuloplasty - ridge extension		D8681 D8693	Removable orthodontic retainer adjustment Rebonding or recementing; and/or	No charge
	(secondary epithelialization)	370.00		repair, as required, of fixed retainers	No charge
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment	,	D8999	Unspecified orthodontic procedure, by report	250.00
	revision of soft tissue attachment and management of hypertrophied		D9110	UNCLASSIFIED TREATMENT Palliative (emergency) treatment of	
	and hyperplastic tissue)	990.00		dental pain - minor procedure	No charge
	SURGICAL EXCISION OF SOFT TISSUE LESIOINS		D9120	Fixed partial denture sectioning	No charge
D7410 D7411	Excision of benign lesion up to 1.25 cm Excision of benign lesion greater than 1.25 cm	25.00 50.00	D9210	ANESTHESIA Local anesthesia not in conjunction with	
D7411	Excision of benign lesion, complicated	55.00		operative or surgical procedures	No charge
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIO	NS	D9211 D9212	Regional block anesthesia Trigeminal division block anesthesia	No charge No charge
D7450	Removal of benign odontogenic cyst or	65.00	D9215 D9222	Local anesthesia Deep sedation/general anesthesia – first	No charge
	tumor - lesion diameter up to 1.25 cm	05.00		15 minutes	50.00
D7471	EXCISION OF BONE TISSUE Removal of lateral exostosis (maxilla or mandible)	95.00	D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	50.00
D7472 D7473	Removal of torus palatinus	65.00	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	
D7473 D7485	Removal of torus mandibularis Reduction of osseous tuberosity	95.00 95.00	D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	65.00
	SURGICAL INCISION		D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent	
D7510	Incision and drainage of abscess -	20.00	D0240	15-minute increment	65.00
D7511	intraoral soft tissue Incision and drainage of abscess -	20.00	D9248	Non-intravenous conscious sedation	15.00
	intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D9610	DRUGS Therapeutic parenteral drug, single administrati	on 15.00
D7520	Incision and drainage of abscess -		D9630	Drugs or medicaments dispensed in the	
D7521	extraoral soft tissue Incision and drainage of abscess - extraoral	20.00		office for home use	15.00
	soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D9910	MISCELLANEOUS SERVICES *Application of desensitizing medicament	20.00
		20.00	D9930	Treatment of complications	20.00
D7910	REPAIR OF TRAUMATIC WOUNDS Suture of recent small wounds up to 5 cm	35.00		(post-surgical) - unusual circumstances, by report	No charge
	OTHER REPAIR PROCEDURES		D9932	Cleaning and inspection of removable complete denture, maxillary	No charge
D7921	Collection and application of autologous		D9933	Cleaning and inspection of removable	
D7950	blood concentrate product Osseous, osteoperiosteal, or cartilage graft	125.00	D9934	complete denture, mandibular Cleaning and inspection of removable	No charge
	of the mandible or maxilla - autogenous or	250.00		partial denture, maxillary	No charge
D7951	non-autogenous, by report Sinus augmentation with bone or bone	350.00	D9935	Cleaning and inspection of removable partial denture, mandibular	No charge
D7952	substitutes via a lateral open approach Sinus augmentation via a vertical approach	800.00 350.00	D9940 D9942	*Occlusal guard, by report Repair and/or reline of Occlusal guard	250.00 40.00
D7953	Bone replacement graft for ridge		D9943	Occlusal guard adjustment	25.00
D7960	preservation – per site Frenulectomy (frenectomy or frenotomy) -	100.00	D9950 D9951	Occlusion analysis - mounted case Occlusal adjustment - limited	75.00 30.00
D7963	separate procedure Frenuloplasty	112.00 112.00	D9952 D9973	Occlusal adjustment - complete External bleaching - per tooth	137.00 30.00
D7970	Excision of hyperplastic tissue - per arch	140.00	D9975	External bleaching for home application,	50.00
D7971 D7972	Excision of Pericoronal Gingiva Surgical reduction of fibrous tuberosity	102.00 125.00		per arch; includes materials and fabrication of custom trays	240.00
	LIMITED ORTHODONTIC TREATMENT		D9991	Dental case management – addressing appointment compliance barriers	No charge
D8010	Limited orthodontic treatment of the	4277.00	D9992	Dental case management – care coordination	No charge
D8020	primary dentition Limited orthodontic treatment of the	1375.00	D9993	Dental case management – motivational interviewing	No charge
-	transitional dentition	1375.00	D9994	Dental case management – patient education	
SCH-1-0-NY	' 1117			to improve oral health literacy	No charge

ADDITIONAL FEES

- 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

- The Schedule of Benefits applies when listed Dental Services are performed by a Participating General Dentist, unless otherwise authorized by
- 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%.
- 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.
- 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
- 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.
- 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

- Services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice.

 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.
- otherwise specified as an orthodontic benefit on the Schedule of Benefits.

 We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational.

 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.

 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and preauthorization from Solstice.

 Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.

 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.

- 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.
- All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
- 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. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.
- 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.
- Space maintainers and all adjustments are limited to children under the age of 16.
- Harmful habit appliances are limited to one (1) time per person under the age of 16.
- General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 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.

- Copayments for endodontic procedures do not include the cost of the infair restoration.
 Copayments marked by "t" are not eligible at a specialist.
 Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
 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.
 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.

- 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. Occlural Guard(s) is limited to one (1) time that one (1) time that the payroose of habitual grinding/Brusism.
- 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.