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## S700A-PBG

### Dental Plan Schedule of Benefits

Members of the S700A-PBG Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting Periods
- No Deductibles or Maximums
- No claim forms to submit

The member co-payments listed are offered by a participating in-network provider. The member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & Orthodontial treatment covered

Members can choose a participating provider at

[www.SolsticeBenefits.com](http://www.SolsticeBenefits.com)

Member Services Department: 1.877.760.2247

The patient/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 General Dentist performs services. An "\*" denotes limitations on certain benefits (see "Exclusions/Limitations").

| CODE                             | DESCRIPTION   | MEMBER COPAY | CODE                      | DESCRIPTION  | MEMBER COPAY |
|----------------------------------|---|--------------|---------------------------|--|--------------|
| <b>CLINICAL ORAL EVALUATIONS</b> |   |              | <b>DIAGNOSTIC IMAGING</b> |  |              |
| D0120                            | *Periodic oral evaluation - established patient   | 0            | D0210                     | *Intraoral - complete series (including bitewings)                             | 0            |
| D0140                            | Limited oral evaluation - problem focused   | 20           | D0220                     | Intraoral - periapical first radiographic images                               | 0            |
| D0145                            | *Oral evaluation for a patient under three years of age and counseling with primary caregiver                 | 0            | D0230                     | Intraoral - periapical each additional radiographic images                     | 0            |
| D0150                            | *Comprehensive oral evaluation - new or established patient   | 0            | D0240                     | Intraoral - occlusal radiographic images                                       | 0            |
| D0160                            | *Detailed and extensive oral evaluation - problem focused, by report  | 10           | D0250                     | Extraoral - first radiographic images  | 0            |
| D0170                            | Re-evaluation - limited, problem focused (established patient; not post-operative visit)                      | 10           | D0260                     | Extraoral - each additional radiographic images                                | 0            |
| D0171                            | Re-evaluation - post-operative office visit   | 0            | D0270                     | *Bitewing - single radiographic images   | 0            |
| D0180                            | *Comprehensive periodontal evaluation - new or established patient  | 10           | D0272                     | *Bitewings - two radiographic images   | 0            |
| D9310                            | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 60           | D0273                     | *Bitewings - three radiographic images   | 0            |
| D9430                            | Office visit for observation (during regularly scheduled hours) - no other services performed                 | 0            | D0274                     | *Bitewings - four radiographic images  | 0            |
| D9440                            | Office visit - after regularly scheduled hours  | 35           | D0277                     | *Vertical bitewings - 7 to 8 radiographic images                               | 0            |
| D9450                            | Case presentation, detailed and extensive treatment planning  | 0            | D0290                     | Posterior-anterior or lateral skull and facial bone survey radiographic images | 150          |
| D9986                            | Missed appointment  | 25           | D0310                     | Sialography  | 150          |

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|-------------------------------|--|-----------------|--|---|-----------------|
| D0320                         | Temporomandibular joint arthrogram, including injection  | 250             | D0431  | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | 65              |
| D0321                         | Other temporomandibular joint radiographic images, by report   | 150             | D0460  | Pulp vitality tests   | 0               |
| D0322                         | Tomographic survey   | 150             | D0470  | Diagnostic casts  | 0               |
| D0330                         | *Panoramic radiographic images   | 0               | <b>ORAL PATHOLOGY LABORATORY</b>                     |   |                 |
| D0340                         | Cephalometric radiographic images  | 125             | D0472  | Accession of tissue, gross examination, preparation and transmission of written report  | 0               |
| D0350                         | 2D oral/facial photographic image obtained intra-orally or extra-orally  | 20              | D0473  | Accession of tissue, gross and microscopic examination, preparation and transmission of written report  | 0               |
| D0364                         | *Cone beam CT capture and interpretation with limited field of view - less than one whole jaw                          | 149             | D0474  | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report  | 0               |
| D0365                         | *Cone beam CT capture and interpretation with field of view of one full dental arch - mandible                         | 139             | D0480  | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report  | 0               |
| D0366                         | *Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium | 139             | D0486  | Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report  | 0               |
| D0367                         | *Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium                      | 184             | D0502  | Other oral pathology procedures, by report  | 0               |
| D0368                         | *Cone beam CT capture and interpretation for TMJ series including two or more exposures                                | 139             | D0601  | Caries risk assessment and documentation, with a finding of low risk  | 0               |
| D0369                         | *Maxillofacial MRI capture and interpretation  | 189             | D0602  | Caries risk assessment and documentation, with a finding of moderate risk   | 0               |
| D0370                         | *Maxillofacial ultrasound capture and interpretation   | 169             | D0603  | Caries risk assessment and documentation, with a finding of high risk   | 0               |
| D0371                         | *Sialoendoscopy capture and interpretation   | 169             | <b>DENTAL PROPHYLAXIS</b>                            |   | 0               |
| D0380                         | *Cone beam CT image capture with limited field of view - less than one whole jaw                                       | 149             | D1110  | *Prophylaxis - adult  | 0               |
| D0381                         | *Cone beam CT image capture with field of view of one full dental arch - mandible                                      | 139             | D1110  | Additional prophylaxis - adult  | 20              |
| D0382                         | *Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium              | 139             | D1120  | *Prophylaxis - child  | 0               |
| D0383                         | *Cone beam CT image capture with field of view of both jaws, with or without cranium                                   | 184             | D1120  | Additional prophylaxis - child  | 20              |
| D0384                         | *Cone beam CT image capture for TMJ series including two or more exposures   | 139             | <b>TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)</b> |   |                 |
| D0385                         | *Maxillofacial MRI image capture   | 169             | D1206  | *Topical fluoride varnish   | 15              |
| D0386                         | *Maxillofacial ultrasound image capture  | 169             | D1208  | *Topical application of fluoride - excluding varnish  | 0               |
| D0393                         | *Treatment simulation using 3D image volume  | 9               | D9910  | *Application of desensitizing medicament  | 20              |
| D0394                         | *Digital subtraction of two or more images or image volumes of the same modality                                       | 9               | <b>OTHER PREVENTIVE SERVICES</b>                     |   | 0               |
| D0395                         | *Fusion of two or more 3D image volumes of one or more modalities  | 9               | D1310  | Nutritional counseling for control of dental disease  | 0               |
| <b>TESTS AND EXAMINATIONS</b> |  |                 | D1320  | Tobacco counseling for the control and prevention of oral disease   | 0               |
| D0415                         | Collection of microorganisms for culture and sensitivity   | 0               | D1330  | Oral hygiene instructions   | 0               |
| D0425                         | Caries susceptibility tests  | 0               | D1351  | *Sealant - per tooth  | 10              |

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|-------|---|-----------------|-------|---|-----------------|
| D1352 | *Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | 0               | D2644 | Onlay - porcelain/ceramic - four or more surfaces   | 400*            |
| D1353 | Sealant repair - per tooth  | 0               | D2650 | Inlay - resin-based composite - one surface   | 255             |
|       | <b>SPACE MAINTAINERS (PASSIVE APPLIANCES)</b>   |                 | D2651 | Inlay - resin-based composite - two surfaces  | 240             |
| D1510 | *Space maintainer - fixed - unilateral  | 0               | D2652 | Inlay - resin-based composite - three or more surfaces  | 270             |
| D1515 | *Space maintainer - fixed - bilateral   | 0               | D2662 | Onlay - resin-based composite - two surfaces  | 245             |
| D1520 | *Space maintainer - removable - unilateral  | 0               | D2663 | Onlay - resin-based composite - three surfaces  | 265             |
| D1525 | *Space maintainer - removable - bilateral   | 0               | D2664 | Onlay - resin-based composite - four or more surfaces   | 285             |
| D1550 | Re-cementation or re-bond space maintainer  | 15              |       | <b>CROWNS - SINGLE RESTORATIONS ONLY</b>  |                 |
| D1555 | Removal of fixed space maintainer   | 15              | D2710 | *Crown - resin-based composite (indirect)   | 195             |
|       | <b>AMALGAMS RESTORATIONS (INCLUDING POLISHING)</b>  |                 | D2712 | *Crown - ¾ resin-based composite (indirect)   | 195             |
| D2140 | Amalgam - one surface, primary or permanent   | 5               | D2720 | *Crown- resin with high noble metal   | 255*            |
| D2150 | Amalgam - two surfaces, primary or permanent  | 10              | D2721 | *Crown - resin with predominantly base metal  | 255*            |
| D2160 | Amalgam - three surfaces, primary or permanent  | 25              | D2722 | *Crown - resin with noble metal   | 255*            |
| D2161 | Amalgam - four or more surfaces, primary or permanent                                     | 40              | D2740 | *Crown - porcelain/ceramic substrate  | 255*            |
|       | <b>RESIN BASED COMPOSITE RESTORATIONS - DIRECT</b>  |                 | D2750 | *Crown - porcelain fused to high noble metal  | 255*            |
| D2330 | Resin-based composite - one surface, anterior   | 30              | D2751 | *Crown - porcelain fused to predominantly base metal  | 255*            |
| D2331 | Resin-based composite - two surfaces, anterior  | 37              | D2752 | *Crown - porcelain fused to noble metal   | 255*            |
| D2332 | Resin-based composite - three surfaces, anterior  | 50              | D2780 | *Crown - 3/4 cast high noble metal  | 255*            |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior)       | 65              | D2781 | *Crown - 3/4 cast predominantly base metal  | 255*            |
| D2390 | Resin-based composite crown, anterior   | 115             | D2782 | *Crown - 3/4 cast noble metal   | 255*            |
| D2391 | Resin-based composite - one surface, posterior  | 60              | D2783 | *Crown - 3/4 porcelain/ceramic  | 255*            |
| D2392 | Resin-based composite - two surfaces, posterior   | 70              | D2790 | *Crown - full cast high noble metal   | 255*            |
| D2393 | Resin-based composite - three surfaces, posterior   | 80              | D2791 | *Crown - full cast predominantly base metal   | 255*            |
| D2394 | Resin-based composite - four or more surfaces, posterior                                  | 110             | D2792 | *Crown - full cast noble metal  | 255*            |
|       | <b>GOLD FOIL RESOTRATIONS</b>   |                 | D2794 | *Crown - titanium   | 255*            |
| D2410 | Gold foil - one surface   | 75              | D2799 | *Provisional crown - further treatment or completion of diagnosis necessary prior to final impression | 125             |
| D2420 | Gold foil - two surfaces  | 95              |       | <b>OTHER RESTORATIVE SERVICES</b>   |                 |
| D2430 | Gold foil - three surfaces  | 125             | D2910 | Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration                            | 15              |
|       | <b>INLAY/ONLAY RESTORATIONS</b>   |                 | D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core                             | 20              |
| D2510 | Inlay - metallic - one surface  | 100             | D2920 | Re-cement or re-bond crown  | 15              |
| D2520 | Inlay - metallic - two surfaces   | 120             | D2921 | Reattachment of tooth fragment, incisal edge or cusp  | 15              |
| D2530 | Inlay - metallic - three or more surfaces   | 150             | D2929 | *Prefabricated porcelain/ceramic crown - primary tooth  | 49*             |
| D2542 | Onlay - metallic-two surfaces   | 210             | D2930 | Prefabricated stainless steel crown - primary tooth   | 60              |
| D2543 | Onlay - metallic-three surfaces   | 220             | D2931 | Prefabricated stainless steel crown - permanent tooth   | 60              |
| D2544 | Onlay - metallic-four or more surfaces  | 220             | D2932 | Prefabricated resin crown   | 95              |
| D2610 | Inlay - porcelain/ceramic - one surface   | 200*            | D2933 | Prefabricated stainless steel crown with resin window   | 145             |
| D2620 | Inlay - porcelain/ceramic - two surfaces  | 210*            | D2940 | Protective restoration  | 15              |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces  | 220*            | D2941 | Interim therapeutic restoration - primary dentition   | 15              |
| D2642 | Onlay - porcelain/ceramic - two surfaces  | 360*            | D2949 | Restorative foundation for an indirect restoration  | 20              |
| D2643 | Onlay - porcelain/ceramic - three surfaces  | 390*            | D2950 | Core buildup, including any pins  | 70              |

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| D2951 | Pin retention - per tooth, in addition to restoration   | 15              |       | <b>ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES &amp; FOLLOW-UP CARE)</b>  |                 |
| D2952 | Post and core in addition to crown, indirectly fabricated   | 88              | D3310 | Endodontic therapy, anterior tooth (excluding final restoration)  | 130             |
| D2953 | Each additional indirectly fabricated post - same tooth   | 95              | D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration)  | 195             |
| D2954 | Prefabricated post and core in addition to crown  | 75              | D3330 | Endodontic therapy, molar (excluding final restoration)   | 245             |
| D2955 | Post removal  | 30              | D3331 | Treatment of root canal obstruction; non-surgical access  | 85              |
| D2957 | Each additional prefabricated post - same tooth   | 30              | D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth  | 75              |
| D2960 | Labial veneer (resin laminate) - chairside  | 200             | D3333 | Internal root repair of perforation defects   | 125             |
| D2961 | Labial veneer (resin laminate) - laboratory   | 255*            |       | <b>ENDODONTIC RETREATMENT</b>   |                 |
| D2962 | Labial veneer (porcelain laminate) - laboratory   | 315*            | D3346 | Retreatment of previous root canal therapy - anterior   | 325             |
| D2970 | Temporary crown (fractured tooth)   | 75              | D3347 | Retreatment of previous root canal therapy - bicuspid   | 385             |
| D2971 | Additional procedures to construct new crown under existing partial denture framework   | 45              | D3348 | Retreatment of previous root canal therapy - molar  | 460             |
| D2975 | Coping  | 95              |       | <b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>   |                 |
| D2980 | Crown repair necessitated by restorative material failure   | 25              | D3351 | Apexification/recalcification   | 90              |
| D2981 | Inlay repair necessitated by restorative material failure   | 95              | D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | 90              |
| D2982 | Onlay repair necessitated by restorative material failure   | 95              | D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)     | 90              |
| D2983 | Veneer repair necessitated by restorative material failure  | 95              |       | <b>APICOECTOMY/PERIRADICULAR SERVICES</b>   |                 |
| D2990 | Resin infiltration of incipient smooth surface lesions  | 29              | D3410 | Apicoectomy - anterior  | 100             |
|       | <b>PULP CAPPING</b>   |                 | D3421 | Apicoectomy - bicuspid (first root)   | 155             |
| D3110 | Pulp cap - direct (excluding final restoration)   | 15              | D3425 | Apicoectomy - molar (first root)  | 205             |
| D3120 | Pulp cap - indirect (excluding final restoration)   | 10              | D3426 | Apicoectomy (each additional root)  | 95              |
|       | <b>PULPOTOMY</b>  |                 | D3427 | Periradicular surgery without apicoectomy   | 100             |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 35              | D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site   | 47              |
| D3221 | Pulpal debridement, primary and permanent teeth   | 95              | D3429 | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site   | 42              |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development   | 75              | D3430 | Retrograde filling - per root   | 35              |
|       | <b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>  |                 | D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery   | 150             |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)   | 50              | D3432 | Guided tissue regeneration in conjunction with periradicular  | 150             |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  | 55              | D3450 | Root amputation - per root  | 70              |
|       |   |                 | D3460 | Endodontic endosseous implant   | 545             |
|       |   |                 | D3470 | Intentional reimplantation (including necessary splinting)  | 175             |

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| <b>OTHER ENDODONTIC PROCEDURES</b>                            |   |                 | <b>D4276</b>  | Combined connective tissue and double pedicle graft, per tooth  | <b>65</b>       |
| <b>D3910</b>  | Surgical procedure for isolation of tooth with rubber dam   | <b>95</b>       | <b>D4277</b>  | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft                                | <b>215</b>      |
| <b>D3920</b>  | Hemisection (including any root removal), not including root canal therapy  | <b>80</b>       | <b>D4278</b>  | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | <b>75</b>       |
| <b>D3950</b>  | Canal preparation and fitting of preformed dowel or post  | <b>75</b>       | <b>NON SURGICAL PERIODONTAL SERVICE</b>                         |   |                 |
| <b>SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)</b> |   |                 | <b>D4320</b>  | Provisional splinting - intracoronal  | <b>80</b>       |
| <b>D4210</b>  | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant  | <b>120</b>      | <b>D4321</b>  | Provisional splinting - extracoronal  | <b>75</b>       |
| <b>D4211</b>  | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant  | <b>65</b>       | <b>D4341</b>  | *Periodontal scaling and root planing - four or more teeth per quadrant   | <b>50†</b>      |
| <b>D4212</b>  | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth  | <b>49</b>       | <b>D4342</b>  | *Periodontal scaling and root planing - one to three teeth per quadrant   | <b>30†</b>      |
| <b>D4240</b>  | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant                            | <b>140</b>      | <b>D4355</b>  | *Full mouth debridement to enable comprehensive evaluation and diagnosis  | <b>60†</b>      |
| <b>D4241</b>  | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant                            | <b>100</b>      | <b>D4381</b>  | *Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report                | <b>65†</b>      |
| <b>D4245</b>  | Apically positioned flap  | <b>150</b>      | <b>OTHER PERIODONTAL SERVICES</b>                               |   |                 |
| <b>D4249</b>  | Clinical crown lengthening - hard tissue  | <b>240</b>      | <b>D4910</b>  | *Periodontal maintenance  | <b>40</b>       |
| <b>D4260</b>  | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | <b>350</b>      | <b>D4910</b>  | Additional periodontal maintenance  | <b>100</b>      |
| <b>D4261</b>  | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | <b>203</b>      | <b>D4920</b>  | Unscheduled dressing change (by someone other than treating dentist)  | <b>25</b>       |
| <b>D4263</b>  | Bone replacement graft - first site in quadrant   | <b>450</b>      | <b>D4921</b>  | Gingival irrigation - per quadrant  | <b>15</b>       |
| <b>D4264</b>  | Bone replacement graft - each additional site in quadrant   | <b>325</b>      | <b>D4999</b>  | Unspecified periodontal procedure, by report  | <b>0</b>        |
| <b>D4265</b>  | Biologic materials to aid in soft and osseous tissue regeneration   | <b>325</b>      | <b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b> |   |                 |
| <b>D4266</b>  | Guided tissue regeneration - resorbable barrier, per site   | <b>325</b>      | <b>D5110</b>  | *Complete denture - maxillary   | <b>295*</b>     |
| <b>D4267</b>  | osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | <b>325</b>      | <b>D5120</b>  | *Complete denture - mandibular  | <b>350*</b>     |
| <b>D4268</b>  | Surgical revision procedure, per tooth  | <b>0</b>        | <b>D5130</b>  | *Immediate denture - maxillary  | <b>375*</b>     |
| <b>D4270</b>  | Pedicle soft tissue graft procedure   | <b>250</b>      | <b>D5140</b>  | *Immediate denture - mandibular   | <b>375*</b>     |
| <b>D4273</b>  | Subepithelial connective tissue graft procedures, per tooth   | <b>335</b>      | <b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>  |   |                 |
| <b>D4274</b>  | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)                     | <b>125</b>      | <b>D5211</b>  | *Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)  | <b>350*</b>     |
| <b>D4275</b>  | Soft tissue allograft   | <b>502</b>      | <b>D5212</b>  | *Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)   | <b>350*</b>     |

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|-------|--|-----------------|-------|--|-----------------|
| D5213 | *Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  | 380*            | D5821 | *Interim partial denture (mandibular)  | 175*            |
| D5214 | *Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 380*            |       | <b>OTHER REMOVABLE PROSTHESIS</b>  |                 |
| D5225 | *Maxillary partial denture - flexible base (including any clasps, rests and teeth)   | 425*            | D5850 | Tissue conditioning, maxillary   | 20              |
| D5226 | *Mandibular partial denture - flexible base (including any clasps, rests and teeth)  | 425*            | D5851 | Tissue conditioning, mandibular  | 20              |
| D5281 | *Removable unilateral partial denture - one piece cast metal (including clasps and teeth)  | 245*            | D5862 | Precision attachment, by report  | 150             |
|       | <b>ADJUSTMENTS TO DENTURES</b>   |                 | D5899 | Unspecified removable prosthodontic procedure, by report   | 0               |
| D5410 | Adjust complete denture - maxillary  | 15              |       | <b>NON-CLINICAL PROCEDURES</b>   |                 |
| D5411 | Adjust complete denture - mandibular   | 15              | D5982 | Surgical stent   | 150*            |
| D5421 | Adjust partial denture - maxillary   | 15              | D5987 | Commissure splint  | 150*            |
| D5422 | Adjust partial denture - mandibular  | 15              | D5988 | Surgical splint  | 150*            |
|       | <b>REPAIRS TO COMPLETE DENTURES</b>  |                 |       | <b>FIXED PARTIAL DENTURE PONTICS</b>   |                 |
| D5510 | *Repair broken complete denture base   | 30*             | D6205 | *Pontic - indirect resin based composite   | 750             |
| D5520 | *Replace missing or broken teeth - complete denture (each tooth)   | 35*             | D6210 | *Pontic - cast high noble metal  | 255*            |
|       | <b>REPAIRS TO PARTIAL DENTURES</b>   |                 | D6211 | *Pontic - cast predominantly base metal  | 255*            |
| D5610 | *Repair resin denture base   | 35*             | D6212 | *Pontic - cast noble metal   | 255*            |
| D5620 | *Repair cast framework   | 35*             | D6214 | *Pontic - titanium   | 255*            |
| D5630 | *Repair or replace broken clasp  | 35*             | D6240 | *Pontic - porcelain fused to high noble metal  | 255*            |
| D5640 | *Replace broken teeth - per tooth  | 35*             | D6241 | *Pontic - porcelain fused to predominantly base metal  | 255*            |
| D5650 | *Add tooth to existing partial denture   | 35*             | D6242 | *Pontic - porcelain fused to noble metal   | 255*            |
| D5660 | *Add clasp to existing partial denture   | 45*             | D6245 | *Pontic - porcelain/ceramic  | 350*            |
| D5670 | *Replace all teeth and acrylic on cast metal framework (maxillary)   | 155*            | D6250 | *Pontic - resin with high noble metal  | 250*            |
| D5671 | *Replace all teeth and acrylic on cast metal framework (mandibular)  | 155*            | D6251 | *Pontic - resin with predominantly base metal  | 255*            |
| D5710 | *Rebase complete maxillary denture   | 155*            | D6252 | *Pontic - resin with noble metal   | 255*            |
| D5711 | *Rebase complete mandibular denture  | 155*            | D6253 | *Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression | 0               |
| D5720 | *Rebase maxillary partial denture  | 155*            |       | <b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>   |                 |
| D5721 | *Rebase mandibular partial denture   | 60*             | D6545 | Retainer - cast metal for resin bonded fixed prosthesis  | 140             |
| D5730 | *Reline complete maxillary denture (chairside)   | 60*             | D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis   | 255*            |
| D5731 | *Reline complete mandibular denture (chairside)  | 60*             | D6600 | Inlay - porcelain/ceramic, two surfaces  | 255*            |
| D5740 | *Reline maxillary partial denture (chairside)  | 60*             | D6601 | Inlay - porcelain/ceramic, three or more surfaces  | 255*            |
| D5741 | *Reline mandibular partial denture (chairside)   | 85*             | D6602 | Inlay - cast high noble metal, two surfaces  | 255*            |
| D5750 | *Reline complete maxillary denture (laboratory)  | 85*             | D6603 | Inlay - cast high noble metal, three or more surfaces  | 255*            |
| D5751 | *Reline complete mandibular denture (laboratory)   | 85*             | D6604 | Inlay - cast predominantly base metal, two surfaces  | 255*            |
| D5760 | *Reline maxillary partial denture (laboratory)   | 85*             | D6605 | Inlay - cast predominantly base metal, three or more surfaces  | 255*            |
| D5761 | *Reline mandibular partial denture (laboratory)  | 85*             | D6606 | Inlay - cast noble metal, two surfaces   | 255*            |
|       | <b>INTERIM PROSTHESIS</b>  |                 | D6607 | Inlay - cast noble metal, three or more surfaces   | 255*            |
| D5810 | *Interim Complete denture (maxillary)  | 250*            | D6608 | Onlay -porcelain/ceramic, two surfaces   | 255*            |
| D5811 | *Interim complete denture (mandibular)   | 250*            | D6609 | Onlay - porcelain/ceramic, three or more surfaces  | 255*            |
| D5820 | *Interim partial denture (maxillary)   | 175*            | D6610 | Onlay - cast high noble metal, two surfaces  | 255*            |
|       |  |                 | D6611 | Onlay - cast high noble metal, three or more surfaces  | 255*            |

| CODE   | DESCRIPTION  | MEMBER<br>COPAY | CODE   | DESCRIPTION   | MEMBER<br>COPAY |
|--|--|-----------------|--|---|-----------------|
| D6612  | Onlay - cast predominantly base metal, two surfaces  | 255*            | <b>OTHER SURGICAL PROCEDURES</b>                     |   |                 |
| D6613  | Onlay - cast predominantly base metal, three or more surfaces  | 255*            | D7220  | Removal of impacted tooth - soft tissue   | 63              |
| D6614  | Onlay - cast noble metal, two surfaces   | 255*            | D7230  | Removal of impacted tooth - partially bony  | 72              |
| D6615  | Onlay - cast noble metal, three or more surfaces   | 255*            | D7240  | Removal of impacted tooth - completely bony   | 98              |
| D6624  | Inlay - titanium   | 255*            | D7241  | Removal of impacted tooth - completely bony, with unusual surgical complications  | 135             |
| D6634  | Onlay - titanium   | 255*            | D7250  | Surgical removal of residual tooth roots (cutting procedure)  | 40              |
| <b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>  |  |                 | D7251  | Cronectomy - intentional partial tooth removal  | 270             |
| D6710  | *Crown - indirect resin based composite  | 255*            | D7260  | Oroantral fistula closure   | 160             |
| D6720  | *Crown - resin with high noble metal   | 255*            | D7261  | Primary closure of a sinus perforation  | 270             |
| D6721  | *Crown - resin with predominantly base metal   | 255*            | D7270  | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth  | 50              |
| D6722  | *Crown - resin with noble metal  | 255*            | D7272  | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)   | 100             |
| D6740  | *Crown - porcelain/ceramic   | 255*            | D7280  | Surgical access of an unerupted tooth   | 85              |
| D6750  | *Crown - porcelain fused to high noble metal   | 255*            | D7282  | Mobilization of erupted or malpositioned tooth to aid eruption  | 125             |
| D6751  | *Crown - porcelain fused to predominantly base metal   | 255*            | D7283  | Placement of device to facilitate eruption of impacted tooth  | 80              |
| D6752  | *Crown - porcelain fused to noble metal  | 255*            | D7285  | Incisional biopsy of oral tissue-hard (bone, tooth)   | 145             |
| D6780  | *Crown - 3/4 cast high noble metal   | 255*            | D7286  | Incisional biopsy of oral tissue-soft   | 95              |
| D6781  | *Crown - 3/4 cast predominantly base metal   | 255*            | D7287  | Exfoliative cytological sample collection   | 75              |
| D6782  | *Crown - 3/4 cast noble metal  | 255*            | D7288  | Brush biopsy - transepithelial sample collection  | 25              |
| D6783  | *Crown - 3/4 porcelain/ceramic   | 255*            | D7291  | Transseptal fiberotomy/supra crestal fiberotomy, by report  | 40              |
| D6790  | *Crown - full cast high noble metal  | 255*            | <b>ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE</b> |   |                 |
| D6791  | *Crown - full cast predominantly base metal  | 255*            | D7310  | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant  | 40              |
| D6792  | *Crown - full cast noble metal   | 255*            | D7311  | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant  | 40              |
| D6793  | *Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression           | 125             | D7320  | Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant   | 125             |
| D6794  | *Crown - titanium  | 255*            | D7321  | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant  | 60              |
| <b>OTHER FIXED PARTIAL DENTURE SERVICES</b>  |  |                 | <b>VESTIBULOPLASTY</b>                               |   |                 |
| D6930  | Re-cement or re-bond fixed partial denture   | 15              | D7340  | Vestibuloplasty - ridge extension (secondary epithelialization)   | 370             |
| D6940  | Stress breaker   | 125             | D7350  | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | 990             |
| D6950  | Precision attachment   | 195             | <b>SURGICAL EXCISION OF SOFT TISSUE LESIONS</b>      |   |                 |
| D6980  | Fixed partial denture repair necessitated by restorative material failure  | 45              | D7410  | Excision of benign lesion up to 1.25 cm   | 25              |
| <b>EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)</b> |  |                 | D7411  | Excision of benign lesion greater than 1.25 cm  | 50              |
| D7111  | Extraction, coronal remnants - deciduous tooth   | 20              | D7412  | Excision of benign lesion, complicated  | 55              |
| D7140  | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)   | 15              | <b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>    |   |                 |
| D7210  | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | 48              | D7450  | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm   | 65              |

| CODE         | DESCRIPTION   | MEMBER<br>COPAY | CODE         | DESCRIPTION  | MEMBER<br>COPAY |
|--------------|---|-----------------|--------------|--|-----------------|
|              | <b>EXCISION OF BONE TISSUE</b>  |                 | <b>D7451</b> | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm       | 95              |
| <b>D7471</b> | Removal of lateral exostosis (maxilla or mandible)  | 95              |              |  |                 |
| <b>D7472</b> | Removal of torus palatinus  | 95              |              |  |                 |
| <b>D7473</b> | Removal of torus mandibularis   | 95              |              |  |                 |
| <b>D7485</b> | Surgical reduction of osseous tuberosity  | 95              |              |  |                 |
|              | <b>SURGICAL INCISION</b>  |                 |              |  |                 |
| <b>D7510</b> | Incision and drainage of abscess - intraoral soft tissue  | 20              |              |  |                 |
| <b>D7511</b> | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 20              |              |  |                 |
| <b>D7520</b> | Incision and drainage of abscess - extraoral soft tissue  | 20              |              |  |                 |
| <b>D7521</b> | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 20              |              |  |                 |
|              | <b>REPAIR OF TRAUMATIC WOUNDS</b>   |                 |              |  |                 |
| <b>D7910</b> | Suture of recent small wounds up to 5 cm  | 35              |              |  |                 |
|              | <b>OTHER REPAIR PROCEDURES</b>  |                 |              |  |                 |
| <b>D7921</b> | Collection and application of autologous blood concentrate product  | 125             |              |  |                 |
| <b>D7950</b> | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report    | 350             |              |  |                 |
| <b>D7951</b> | Sinus augmentation with bone or bone substitutes via a lateral open approach  | 800             |              |  |                 |
| <b>D7952</b> | Sinus augmentation via a vertical approach  | 350             |              |  |                 |
| <b>D7953</b> | Bone replacement graft for ridge preservation – per site  | 100             |              |  |                 |
| <b>D7960</b> | Frenulectomy (frenectomy or frenotomy) - separate procedure   | 110             |              |  |                 |
| <b>D7963</b> | Frenuloplasty   | 105             |              |  |                 |
| <b>D7970</b> | Excision of hyperplastic tissue - per arch  | 140             |              |  |                 |
| <b>D7971</b> | Excision of Pericoronal Gingiva   | 102             |              |  |                 |
| <b>D7972</b> | Surgical reduction of fibrous tuberosity  | 125             |              |  |                 |
|              | <b>LIMITED ORTHODONTIC TREATMENT</b>  |                 |              |  |                 |
| <b>D8010</b> | Limited orthodontic treatment of the primary dentition  | 1000            |              |  |                 |
| <b>D8020</b> | Limited orthodontic treatment of the transitional dentition   | 1000            |              |  |                 |
| <b>D8030</b> | Limited orthodontic treatment of the adolescent dentition   | 1000            |              |  |                 |
| <b>D8040</b> | Limited orthodontic treatment of the adult dentition  | 1350            |              |  |                 |
|              | <b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>  |                 |              |  |                 |
| <b>D8070</b> | Comprehensive orthodontic treatment of the transitional dentition   | 2000            |              |  |                 |
| <b>D8080</b> | Comprehensive orthodontic treatment of the adolescent dentition   | 2000            |              |  |                 |
| <b>D8090</b> | Comprehensive orthodontic treatment of the adult dentition  | 2200            |              |  |                 |
|              | <b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>  |                 |              |  |                 |
| <b>D8210</b> | Removable appliance therapy   | 103             |              |  |                 |
|              |   |                 |              | <b>OTHER ORTHODONTIC SERVICES</b>  |                 |
|              |   |                 | <b>D8660</b> | Pre-orthodontic treatment examination to monitor growth and development                  | 35              |
|              |   |                 | <b>D8670</b> | Periodic orthodontic treatment visit   | 0               |
|              |   |                 | <b>D8680</b> | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | 250             |
|              |   |                 | <b>D8693</b> | Rebonding or recementing; and/or repair, as required, of fixed retainers                 | 20              |
|              |   |                 | <b>D8999</b> | Unspecified orthodontic procedure, by report   | 250             |
|              |   |                 |              | <b>UNCLASSIFIED TREATMENT</b>  |                 |
|              |   |                 | <b>D9110</b> | Palliative (emergency) treatment of dental pain - minor procedure                        | 0               |
|              |   |                 | <b>D9120</b> | Fixed partial denture sectioning   | 0               |
|              |   |                 |              | <b>ANESTHESIA</b>  |                 |
|              |   |                 | <b>D9210</b> | Local anesthesia not in conjunction with operative or surgical procedures                | 0               |
|              |   |                 | <b>D9211</b> | Regional block anesthesia  | 0               |
|              |   |                 | <b>D9212</b> | Trigeminal division block anesthesia   | 0               |
|              |   |                 | <b>D9215</b> | Local anesthesia   | 0               |
|              |   |                 | <b>D9220</b> | Deep sedation/general anesthesia - first 30 minutes                                      | 125             |
|              |   |                 | <b>D9221</b> | Deep sedation/general anesthesia – each additional 15 minutes                            | 15              |
|              |   |                 | <b>D9230</b> | Analgesia, anxiolysis, inhalation of nitrous oxide                                       | 15              |
|              |   |                 | <b>D9241</b> | Intravenous moderate (conscious) sedation/analgesia – first 30 minutes                   | 125             |
|              |   |                 | <b>D9242</b> | Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes         | 30              |
|              |   |                 | <b>D9248</b> | Non-intravenous moderate (conscious) sedation  | 15              |
|              |   |                 |              | <b>DRUGS</b>   |                 |
|              |   |                 | <b>D9610</b> | Therapeutic parenteral drug, single administration                                       | 15              |
|              |   |                 | <b>D9630</b> | Other drugs and/or medicaments, by report  | 15              |
|              |   |                 |              | <b>MISCELLANEOUS SERVICES</b>  |                 |
|              |   |                 | <b>D9910</b> | *Application of desensitizing medicament   | 20              |
|              |   |                 | <b>D9910</b> | *Application of desensitizing medicament   | 20              |
|              |   |                 | <b>D9930</b> | Treatment of complications (post-surgical) - unusual circumstances, by report            | 0               |
|              |   |                 | <b>D9931</b> | Cleaning and inspection of a removable appliance   | 0               |
|              |   |                 | <b>D9940</b> | *Occlusal guard, by report   | 70              |
|              |   |                 | <b>D9942</b> | Repair and/or relines of Occlusal guard  | 40              |
|              |   |                 | <b>D9950</b> | Occlusion analysis - mounted case  | 75              |
|              |   |                 | <b>D9951</b> | Occlusal adjustment - limited  | 30              |
|              |   |                 | <b>D9952</b> | Occlusal adjustment - complete   | 125             |
|              |   |                 | <b>D9973</b> | External bleaching - per tooth   | 30              |

**Specialty Services**

- 1 This Member 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 procedures listed. The copayments shown apply to participating General Dentists. Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member handbook.
- 4 Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a participating specialist 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-pay.
- 5

**Exclusions**

- 1 Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
- 2 Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
- 3 Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
- 4 Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
- 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 anesthetic:

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  
2 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  
3 customary fee without a frequency limitation.  
4 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.  
5 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  
6 D1110 and D4910 Member copayments as listed in the Schedule of Benefits.  
7 Fluoride (D1206, D1208, D9910) treatment is limited to one (1) in any twelve (12) consecutive month period.  
8 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  
9 for children under the age of 16.  
10 Space maintainers and all adjustments are limited to children under the age of 16.  
11 Harmful habit appliances are limited to one (1) time per person under the age of 16.  
12 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.  
13 New dentures include one (1) relines within the first six (6) months  
14 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.  
15 When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.  
16 Copayments marked by "\*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:  
17 - High noble metal (precious) up to \$145.00  
18 - Titanium metal up to \$120 (covered with proof of allergy to other metals)  
19 - Noble metal (semi-precious) up to \$120.00  
20 - Predominantly base metal (non-precious) up to \$55.00  
21 - Crown laboratory fees up to \$155.00  
22 - Laboratory fees on dentures up to \$225.00  
23 - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00  
24 - Denture repair laboratory fees up to \$50.00  
25 - All ceramic and/or porcelain crown material fees up to \$155.00  
26 Copayments marked by "+" are not eligible at a specialist.  
27 Either D0210 or D0330 are reimbursable one (1) time every five (5) consecutive years.  
28 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.  
29 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.  
30 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  
31 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.  
32 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be  
33 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  
34 for the enhanced treatment.  
35 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.  
36 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.

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