



Altar Valley School District


Solstice Benefit Booklet

Dental HMO 550B



 1.877.760.2247

 contact@solsticebenefits.com

 www.solsticebenefits.com



550B Dental Plan Schedule of Benefits

Members of the 550B Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting periods
- No deductibles
- No claim forms to submit

The Member Co-payments listed are offered by Network General Dentists. The Member receives:

- Most diagnostic & preventive care at no charge
- Cosmetic & orthodontia treatment covered

Members can locate a participating provider at

www.SolsticeBenefits.com

Member Services Department: 1.877.760.2247

The member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a Network Provider. We urge all of our Members to verify all fees for proposed treatment via the Schedule of Benefits and/or with our Member Services Department prior to treatment.

The following Member Copayments apply when a Participating Dentist who is a General Dentist performs the services. An "*" or a "+" denotes limitations and/or additional fees on certain benefits. See the Limitations and Additional Fees sections below for details.

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	0
D0120	*Periodic oral evaluation - established patient	0	D0251	*Extra-oral posterior dental radiographic image	0
D0140	Limited oral evaluation - problem focused	0	D0270	*Bitewing - single radiographic image	0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0272	*Bitewings - two radiographic images	0
D0150	*Comprehensive oral evaluation - new or established patient	0	D0273	*Bitewings - three radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0274	*Bitewings - four radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0277	*Vertical bitewings - 7 to 8 radiographic images	27.00
D0171	Re-evaluation – post-operative office visit	0	D0310	Sialography	150.00
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0320	Temporomandibular joint arthrogram, including injection	250.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00	D0321	Other temporomandibular joint radiographic images, by report	150.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0322	Tomographic survey	150.00
D9440	Office visit - after regularly scheduled hours	30.00	D0330	*Panoramic radiographic image	45.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	0	D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	100.00
D9986	Missed appointment	25.00	D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	20.00
DIAGNOSTIC IMAGING			D0364	*Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	147.00
D0210	*Intraoral – comprehensive series of radiographic images	0	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	137.00
D0220	Intraoral - periapical first radiographic image	4.00	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	137.00
D0230	Intraoral - periapical each additional radiographic image	2.00	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	182.00
D0240	Intraoral - occlusal radiographic image	0			

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D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	137.00	D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0
D0369	*Maxillofacial MRI capture and interpretation	187.00	D0502	Other oral pathology procedures, by report	0
D0370	*Maxillofacial ultrasound capture and interpretation	167.00	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	0
D0371	*Sialoendoscopy capture and interpretation	167.00	D0601	Caries risk assessment and documentation, with a finding of low risk	0
D0372	*Intraoral tomosynthesis – comprehensive series of radiographic images	0	D0602	Caries risk assessment and documentation, with a finding of moderate risk	0
D0373	*Intraoral tomosynthesis – bitewing radiographic image	0	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0374	Intraoral tomosynthesis – periapical radiographic image	4.00	D0701	*Panoramic radiographic image – image capture only	45.00
D0380	*Cone beam CT image capture with limited field of view – less than one whole jaw	147.00	D0702	*2-D cephalometric radiographic image – image capture only	100.00
D0381	*Cone beam CT image capture with field of view of one full dental arch – mandible	137.00	D0703	*2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	20.00
D0382	*Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	137.00	D0705	*Extra-oral posterior dental radiographic image – image capture only	0
D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium	182.00	D0706	*Intraoral – occlusal radiographic image – image capture only	0
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	137.00	D0707	*Intraoral – periapical radiographic image – image capture only	2.00
D0385	*Maxillofacial MRI image capture	167.00	D0708	*Intraoral – bitewing radiographic image – image capture only	0
D0386	*Maxillofacial ultrasound image capture	167.00	D0709	*Intraoral – comprehensive series of radiographic images – image capture only	0
D0387	*Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D0801	*3D dental surface scan – direct	7.00
D0388	*Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D0802	*3D dental surface scan – indirect	7.00
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	4.00	D0803	*3D facial surface scan – direct	7.00
D0393	*Virtual treatment simulation using 3d image volume or surface scan	7.00	D0804	*3D facial surface scan – indirect	7.00
D0394	*Digital subtraction of two or more images or image volumes of the same modality	7.00		DENTAL PROPHYLAXIS	
D0395	*Fusion of two or more 3d image volumes of one or more modalities	7.00	D1110	*Prophylaxis - adult	0
	TESTS AND EXAMINATIONS		D1110	Additional prophylaxis - adult	15.00
D0415	Collection of microorganisms for culture and sensitivity	0	D1120	*Prophylaxis - child	0
D0425	Caries susceptibility tests	0	D1120	Additional prophylaxis - child	15.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	65.00		TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)	
D0460	Pulp vitality tests	0	D1206	*Topical application of fluoride varnish	10.00
D0470	Diagnostic casts	0	D1208	*Topical application of fluoride – excluding varnish	0
	ORAL PATHOLOGY LABORATORY		D9910	*Application of desensitizing medicament	20.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0		OTHER PREVENTIVE SERVICES	
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0	D1301	Immunization counseling	0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0	D1310	Nutritional counseling for control of dental disease	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0	D1320	Tobacco counseling for the control and prevention of oral disease	0
			D1330	Oral hygiene instructions	0
			D1351	*Sealant - per tooth	0
			D1352	*Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0
			D1353	Sealant repair – per tooth	0
			D1354	*Application of caries arresting medicament – per tooth	20.00
			D1355	Caries preventive medicament application – per tooth	20.00
				SPACE MAINTAINERS (PASSIVE APPLIANCES)	
			D1510	*Space maintainer - fixed, unilateral - per quadrant	0

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D1516	*Space maintainer – fixed – bilateral, maxillary	0	D2643	Onlay - porcelain/ceramic - three surfaces	365.00
D1517	*Space maintainer – fixed – bilateral, mandibular	0	D2644	Onlay - porcelain/ceramic - four or more surfaces	375.00
D1520	*Space maintainer - removable, unilateral - per quadrant	0	D2650	Inlay - resin-based composite - one surface	195.00
D1526	*Space maintainer – removable – bilateral, maxillary	0	D2651	Inlay - resin-based composite - two surfaces	220.00
D1527	*Space maintainer – removable – bilateral, mandibular	0	D2652	Inlay - resin-based composite - three or more surfaces	255.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	10.00	D2662	Onlay - resin-based composite - two surfaces	230.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	10.00	D2663	Onlay - resin-based composite - three surfaces	250.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	10.00	D2664	Onlay - resin-based composite - four or more surfaces	280.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	10.00	CROWNS - SINGLE RESTORATIONS ONLY		
D1557	Removal of fixed bilateral space maintainer - maxillary	10.00	D2710	*Crown - resin-based composite (indirect)	195.00
D1558	Removal of fixed bilateral space maintainer - mandibular	10.00	D2712	*Crown - ¾ resin-based composite (indirect)	195.00
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant	0	D2720	*Crown - resin with high noble metal	240.00
AMALGAMS RESTORATIONS (INCLUDING POLISHING)			D2721	*Crown - resin with predominantly base metal	240.00
D2140	Amalgam - one surface, primary or permanent	0	D2722	*Crown - resin with noble metal	240.00
D2150	Amalgam - two surfaces, primary or permanent	0	D2740	*Crown - porcelain/ceramic	240.00
D2160	Amalgam - three surfaces, primary or permanent	0	D2750	*Crown - porcelain fused to high noble metal	240.00
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2751	*Crown - porcelain fused to predominantly base metal	240.00
RESIN BASED COMPOSITE RESTORATIONS - DIRECT			D2752	*Crown - porcelain fused to noble metal	240.00
D2330	Resin-based composite - one surface, anterior	25.00	D2753	*Crown - porcelain fused to titanium and titanium alloys	240.00
D2331	Resin-based composite - two surfaces, anterior	35.00	D2780	*Crown - 3/4 cast high noble metal	240.00
D2332	Resin-based composite - three surfaces, anterior	45.00	D2781	*Crown - 3/4 cast predominantly base metal	240.00
D2335	Resin-based composite - four or more surfaces (anterior)	75.00	D2782	*Crown - 3/4 cast noble metal	240.00
D2390	Resin-based composite crown, anterior	105.00	D2783	*Crown - 3/4 porcelain/ceramic	240.00
D2391	Resin-based composite - one surface, posterior	55.00	D2790	*Crown - full cast high noble metal	240.00
D2392	Resin-based composite - two surfaces, posterior	70.00	D2791	*Crown - full cast predominantly base metal	220.00
D2393	Resin-based composite - three surfaces, posterior	85.00	D2792	*Crown - full cast noble metal	220.00
D2394	Resin-based composite - four or more surfaces, posterior	105.00	D2794	*Crown - titanium and titanium alloys	240.00
GOLD FOIL RESTORATIONS			D2799	*Interim crown– further treatment or completion of diagnosis necessary prior to final impression	125.00
D2410	Gold foil - one surface	70.00	OTHER RESTORATIVE SERVICES		
D2420	Gold foil - two surfaces	92.00	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10.00
D2430	Gold foil - three surfaces	120.00	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	10.00
INLAY/ONLAY RESTORATIONS			D2920	Re-cement or re-bond crown	10.00
D2510	Inlay - metallic - one surface	85.00	D2921	Reattachment of tooth fragment, incisal edge or cusp	10.00
D2520	Inlay - metallic - two surfaces	96.00	D2928	*Prefabricated porcelain/ceramic crown – permanent tooth	34.00
D2530	Inlay - metallic - three or more surfaces	120.00	D2929	*Prefabricated porcelain/ceramic crown – primary tooth	34.00
D2542	Onlay - metallic - two surfaces	290.00	D2930	Prefabricated stainless steel crown - primary tooth	40.00
D2543	Onlay - metallic - three surfaces	300.00	D2931	Prefabricated stainless steel crown - permanent tooth	40.00
D2544	Onlay - metallic - four or more surfaces	330.00	D2932	Prefabricated resin crown	92.00
D2610	Inlay - porcelain/ceramic - one surface	250.00	D2933	Prefabricated stainless steel crown with resin window	140.00
D2620	Inlay - porcelain/ceramic - two surfaces	275.00	D2940	Protective restoration	10.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	300.00	D2941	Interim therapeutic restoration – primary dentition	10.00
D2642	Onlay - porcelain/ceramic - two surfaces	335.00	D2949	Restorative foundation for an indirect restoration	20.00
			D2950	Core buildup, including any pins when required	40.00
			D2951	Pin retention - per tooth, in addition to restoration	12.00

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D2952	Post and core in addition to crown, indirectly fabricated	85.00	D3348	Retreatment of previous root canal therapy - molar	380.00
D2953	Each additional indirectly fabricated post - same tooth	95.00	APEXIFICATION/RECALCIFICATION PROCEDURES		
D2954	Prefabricated post and core in addition to crown	75.00	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90.00
D2955	Post removal	25.00	D3352	Apexification/recalcification – interim medication replacement	90.00
D2957	Each additional prefabricated post - same tooth	30.00	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	90.00
D2960	Labial veneer (resin laminate) - direct	200.00	APICTOMY/PERIRADICULAR SERVICES		
D2961	Labial veneer (resin laminate) - indirect	225.00	D3410	Apicoectomy - anterior	96.00
D2962	Labial veneer (porcelain laminate) - indirect	350.00	D3421	Apicoectomy - premolar (first root)	305.00
D2971	Additional procedures to construct new crown under existing partial denture framework	45.00	D3425	Apicoectomy - molar (first root)	320.00
D2975	Coping	95.00	D3426	Apicoectomy (each additional root)	80.00
D2980	Crown repair necessitated by restorative material failure	95.00	D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	37.00
D2981	Inlay repair necessitated by restorative material failure	95.00	D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	32.00
D2982	Onlay repair necessitated by restorative material failure	95.00	D3430	Retrograde filling - per root	60.00
D2983	Veneer repair necessitated by restorative material failure	95.00	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150.00
D2989	Excavation of a tooth resulting in the determination of non-restorability	125.00	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	150.00
D2990	Resin infiltration of incipient smooth surface lesions	29.00	D3450	Root amputation - per root	100.00
D2991	Application of hydroxyapatite regeneration medicament – per tooth	0	D3460	Endodontic endosseous implant	542.00
PULP CAPPING			D3470	Intentional reimplantation (including necessary splinting)	175.00
D3110	Pulp cap - direct (excluding final restoration)	20.00	D3471	Surgical repair of root resorption – anterior	96.00
D3120	Pulp cap - indirect (excluding final restoration)	20.00	D3472	Surgical repair of root resorption – premolar	305.00
PULPOTOMY			D3473	Surgical repair of root resorption – molar	320.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	25.00	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	96.00
D3221	Pulpal debridement, primary and permanent teeth	95.00	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	96.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75.00	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	96.00
ENDODONTIC THERAPY ON PRIMARY TEETH			OTHER ENDODONTIC PROCEDURES		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	45.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	40.00	D3920	Hemisection (including any root removal), not including root canal therapy	85.00
ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)			D3921	Decoronation or submergence of an erupted tooth	25.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	185.00	SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	225.00	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175.00
D3331	Treatment of root canal obstruction; non-surgical access	85.00	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	72.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	43.00
D3333	Internal root repair of perforation defects	125.00	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	187.00
ENDODONTIC RETREATMENT					
D3346	Retreatment of previous root canal therapy - anterior	280.00			
D3347	Retreatment of previous root canal therapy - premolar	305.00			

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D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	175.00	D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	35.00
D4245	Apically positioned flap	150.00	D4355	*Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	35.00
D4249	Clinical crown lengthening – hard tissue	175.00	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	45.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375.00		OTHER PERIODONTAL SERVICES	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325.00	D4910	*Periodontal maintenance	45.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	450.00	D4910	Additional Periodontal maintenance procedures	100.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	325.00	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	82.00	D4921	Gingival irrigation with a medical agent – per quadrant	15.00
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	325.00	D4999	Unspecified periodontal procedure, by report	0
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site (includes membrane removal)	325.00		COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
D4268	Surgical revision procedure, per tooth	0	D5110	*Complete denture - maxillary	260.00
D4270	Pedicle soft tissue graft procedure	240.00	D5120	*Complete denture - mandibular	260.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	300.00	D5130	*Immediate denture - maxillary	280.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	120.00	D5140	*Immediate denture - mandibular	280.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	502.00		PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
D4276	Combined connective tissue and pedicle graft, per tooth	65.00	D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	260.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	215.00	D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	260.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	75.00	D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	280.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	268.00	D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	280.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	392.00	D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	280.00
D4286	Removal of non-resorbable barrier	20.00	D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	280.00
	NON SURGICAL PERIODONTAL SERVICE		D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	300.00
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	115.00	D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	300.00
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	105.00	D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	280.00
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	45.00	D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	280.00
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	35.00	D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	280.00
			D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	280.00
			D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	255.00
			D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	255.00

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	ADJUSTMENTS TO DENTURES		D5988	Surgical splint	100.00
D5410	Adjust complete denture - maxillary	10.00		PRE-SURGICAL SERVICES	
D5411	Adjust complete denture - mandibular	10.00	D6190	Radiographic/surgical implant index, by report	235.00
D5421	Adjust partial denture - maxillary	15.00	D6198	Remove interim implant component	700.00
D5422	Adjust partial denture - mandibular	15.00		SURGICAL SERVICES	
	REPAIRS TO COMPLETE DENTURES		D6010	*Surgical placement of implant body: endosteal implant	1000.00
D5511	*Repair broken complete denture base, mandibular	15.00	D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1000.00
D5512	*Repair broken complete denture base, maxillary	15.00	D6100	Surgical removal of implant body	700.00
D5520	*Replace missing or broken teeth - complete denture (each tooth)	10.00		IMPLANT SUPPORTED PROSTHETICS	
	REPAIRS TO PARTIAL DENTURES		D6056	*Prefabricated abutment – includes modification and placement	435.00
D5611	*Repair resin partial denture base, mandibular	15.00	D6057	*Custom fabricated abutment – includes placement	545.00
D5612	*Repair resin partial denture base, maxillary	15.00	D6058	*Abutment supported porcelain/ceramic crown	745.00
D5621	*Repair cast partial framework, mandibular	30.00	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	745.00
D5622	*Repair cast partial framework, maxillary	30.00	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	745.00
D5630	*Repair or replace broken retentive clasping materials – per tooth	15.00	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	745.00
D5640	*Replace broken teeth - per tooth	10.00	D6062	*Abutment supported cast metal crown (high noble metal)	745.00
D5650	*Add tooth to existing partial denture	30.00	D6063	*Abutment supported cast metal crown (predominantly base metal)	745.00
D5660	*Add clasp to existing partial denture - per tooth	30.00	D6064	*Abutment supported cast metal crown (noble metal)	745.00
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	100.00	D6065	*Implant supported porcelain/ceramic crown	745.00
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	100.00	D6066	*Implant supported crown - porcelain fused to high noble alloys	745.00
D5710	*Rebase complete maxillary denture	75.00	D6067	*Implant supported crown - high noble alloys	745.00
D5711	*Rebase complete mandibular denture	75.00	D6068	*Abutment supported retainer for porcelain/ceramic fpd	745.00
D5720	*Rebase maxillary partial denture	75.00	D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	745.00
D5721	*Rebase mandibular partial denture	75.00	D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	745.00
D5725	*Rebase hybrid prosthesis	75.00	D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	745.00
D5730	*Reline complete maxillary denture (direct)	45.00	D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	745.00
D5731	*Reline complete mandibular denture (direct)	45.00	D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	745.00
D5740	*Reline maxillary partial denture (direct)	45.00	D6074	*Abutment supported retainer for cast metal fpd (noble metal)	745.00
D5741	*Reline mandibular partial denture (direct)	45.00	D6075	*Implant supported retainer for ceramic fpd	745.00
D5750	*Reline complete maxillary denture (indirect)	35.00	D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	745.00
D5751	*Reline complete mandibular denture (indirect)	35.00	D6077	*Implant supported retainer for metal FPD - high noble alloys	745.00
D5760	*Reline maxillary partial denture (indirect)	35.00	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	45.00
D5761	*Reline mandibular partial denture (indirect)	35.00	D6082	*Implant supported crown - porcelain fused to predominantly base alloys	745.00
D5765	*Soft liner for complete or partial removable denture – indirect	69.00	D6083	*Implant supported crown - porcelain fused to noble alloys	745.00
	INTERIM PROSTHESIS		D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	745.00
D5810	*Interim complete denture (maxillary)	250.00			
D5811	*Interim complete denture (mandibular)	250.00			
D5820	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary	250.00			
D5821	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), mandibular	250.00			
	OTHER REMOVABLE PROSTHESIS				
D5850	Tissue conditioning, maxillary	25.00			
D5851	Tissue conditioning, mandibular	25.00			
D5862	Precision attachment, by report	150.00			
D5899	Unspecified removable prosthodontic procedure, by report	0			
	NON-CLINICAL PROCEDURES				
D5982	Surgical stent	100.00			
D5987	Commissure splint	100.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6085	Interim implant crown	125.00	D6095	Repair implant abutment, by report	220.00
D6086	*Implant supported crown - predominantly base alloys	745.00	D6096	Remove broken implant retaining screw	500.00
D6087	*Implant supported crown - noble alloys	745.00	FIXED PARTIAL DENTURE PONTICS		
D6088	*Implant supported crown - titanium and titanium alloys	745.00	D6205	*Pontic - indirect resin based composite	745.00
D6089	Accessing and retorquing loose implant screw - per screw	50.00	D6210	*Pontic - cast high noble metal	220.00
D6094	*Abutment supported crown - titanium and titanium alloys	745.00	D6211	*Pontic - cast predominantly base metal	220.00
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	745.00	D6212	*Pontic - cast noble metal	220.00
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	745.00	D6214	*Pontic - titanium and titanium alloys	240.00
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	745.00	D6240	*Pontic - porcelain fused to high noble metal	240.00
D6105	Removal of implant body not requiring bone removal nor flap elevation	700.00	D6241	*Pontic - porcelain fused to predominantly base metal	240.00
D6106	*Guided tissue regeneration – resorbable barrier, per implant	325.00	D6242	*Pontic - porcelain fused to noble metal	240.00
D6106	*Guided tissue regeneration – resorbable barrier, per implant	325.00	D6243	*Pontic - porcelain fused to titanium and titanium alloys	240.00
D6107	*Guided tissue regeneration – non-resorbable barrier, per implant	325.00	D6245	*Pontic - porcelain/ceramic	240.00
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1250.00	D6250	*Pontic - resin with high noble metal	240.00
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1250.00	D6251	*Pontic - resin with predominantly base metal	240.00
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	990.00	D6252	*Pontic - resin with noble metal	240.00
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	990.00	D6253	*Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3850.00	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS		
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3850.00	D6545	Retainer - cast metal for resin bonded fixed prosthesis	235.00
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2250.00	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2250.00	D6600	Retainer inlay - porcelain/ceramic, two surfaces	240.00
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1800.00	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	240.00
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1800.00	D6602	Retainer inlay - cast high noble metal, two surfaces	240.00
D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	745.00	D6603	Retainer inlay - cast high noble metal, three or more surfaces	240.00
D6121	*Implant supported retainer for metal FPD – predominantly base alloys	745.00	D6604	Retainer inlay - cast predominantly base metal, two surfaces	240.00
D6122	*Implant supported retainer for metal FPD – noble alloys	745.00	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	240.00
D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	745.00	D6606	Retainer inlay - cast noble metal, two surfaces	240.00
OTHER IMPLANT SERVICES			D6607	Retainer inlay - cast noble metal, three or more surfaces	240.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	180.00	D6608	Retainer onlay - porcelain/ceramic, two surfaces	240.00
D6090	Repair implant supported prosthesis, by report	400.00	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	240.00
D6092	Re-cement or re-bond implant/abutment supported crown	45.00	D6610	Retainer onlay - cast high noble metal, two surfaces	240.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65.00	D6611	Retainer onlay - cast high noble metal, three or more surfaces	240.00
			D6612	Retainer onlay - cast predominantly base metal, two surfaces	240.00
			D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	240.00
			D6614	Retainer onlay - cast noble metal, two surfaces	240.00
			D6615	Retainer onlay - cast noble metal, three or more surfaces	240.00
			D6624	Retainer inlay - titanium	240.00
			D6634	Retainer onlay - titanium	240.00
			FIXED PARTIAL DENTURE RETAINERS - CROWNS		
			D6710	*Retainer crown - indirect resin based composite	240.00
			D6720	*Retainer crown - resin with high noble metal	240.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6721	*Retainer crown - resin with predominantly base metal	240.00	D7283	Placement of device to facilitate eruption of impacted tooth	80.00
D6722	*Retainer crown - resin with noble metal	240.00	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	115.00
D6740	*Retainer crown - porcelain/ceramic	240.00	D7286	Incisional biopsy of oral tissue-soft	75.00
D6750	*Retainer crown - porcelain fused to high noble metal	240.00	D7287	Exfoliative cytological sample collection	65.00
D6751	*Retainer crown - porcelain fused to predominantly base metal	240.00	D7288	Brush biopsy - transepithelial sample collection	25.00
D6752	*Retainer crown - porcelain fused to noble metal	240.00	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30.00
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	240.00		ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE	
D6780	*Retainer crown - 3/4 cast high noble metal	240.00	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	20.00
D6781	*Retainer crown - 3/4 cast predominantly base metal	240.00	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20.00
D6782	*Retainer crown - 3/4 cast noble metal	240.00	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50.00
D6783	*Retainer crown - 3/4 porcelain/ceramic	240.00	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50.00
D6784	*Retainer crown ¾ - titanium and titanium alloys	240.00		VESTIBULOPLASTY	
D6790	*Retainer crown - full cast high noble metal	220.00	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370.00
D6791	*Retainer crown - full cast predominantly base metal	220.00	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990.00
D6792	*Retainer crown - full cast noble metal	220.00		SURGICAL EXCISION OF SOFT TISSUE LESIONS	
D6793	*Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125.00	D7410	Excision of benign lesion up to 1.25 cm	25.00
D6794	*Retainer crown - titanium and titanium alloys	240.00	D7411	Excision of benign lesion greater than 1.25 cm	50.00
	OTHER FIXED PARTIAL DENTURE SERVICES		D7412	Excision of benign lesion, complicated	55.00
D6930	Re-cement or re-bond fixed partial denture	10.00		SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D6940	Stress breaker	125.00	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00
D6950	Precision attachment	195.00	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95.00
D6980	Fixed partial denture repair necessitated by restorative material failure	80.00	D7509	Marsupialization of odontogenic cyst	65.00
	EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			EXCISION OF BONE TISSUE	
D7111	Extraction, coronal remnants – primary tooth	45.00	D7471	Removal of lateral exostosis (maxilla or mandible)	95.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10.00	D7472	Removal of torus palatinus	95.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	25.00	D7473	Removal of torus mandibularis	95.00
	OTHER SURGICAL PROCEDURES		D7485	Reduction of osseous tuberosity	95.00
D7220	Removal of impacted tooth - soft tissue	40.00		SURGICAL INCISION	
D7230	Removal of impacted tooth - partially bony	60.00	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D7240	Removal of impacted tooth - completely bony	75.00	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	128.00	D7520	Incision and drainage of abscess - extraoral soft tissue	20.00
D7250	Removal of residual tooth roots (cutting procedure)	25.00	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	270.00		REPAIR OF TRAUMATIC WOUNDS	
D7260	Oroantral fistula closure	160.00	D7910	Suture of recent small wounds up to 5 cm	35.00
D7261	Primary closure of a sinus perforation	275.00		OTHER REPAIR PROCEDURES	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50.00	D7921	Collection and application of autologous blood concentrate product	125.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100.00	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	350.00
D7280	Exposure of an unerupted tooth	125.00			
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800.00	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	20.00
D7952	Sinus augmentation via a vertical approach	350.00	D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	65.00
D7953	Bone replacement graft for ridge preservation - per site	100.00	D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	65.00
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	325.00	D9248	Non-intravenous conscious sedation	15.00
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	325.00		DRUGS	
D7961	Buccal / labial frenectomy (frenulectomy)	90.00	D9610	Therapeutic parenteral drug, single administration	15.00
D7962	Lingual frenectomy (frenulectomy)	90.00	D9630	Drugs or medicaments dispensed in the office for home use	15.00
D7963	Frenuloplasty	90.00		MISCELLANEOUS SERVICES	
D7970	Excision of hyperplastic tissue - per arch	140.00	D9910	*Application of desensitizing medicament	20.00
D7971	Excision of pericoronal gingiva	102.00	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	0
D7972	Surgical reduction of fibrous tuberosity	125.00	D9912	Pre-visit patient screening	0
	LIMITED ORTHODONTIC TREATMENT		D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8010	Limited orthodontic treatment of the primary dentition	1000.00	D9932	Cleaning and inspection of removable complete denture, maxillary	0
D8020	Limited orthodontic treatment of the transitional dentition	1000.00	D9933	Cleaning and inspection of removable complete denture, mandibular	0
D8030	Limited orthodontic treatment of the adolescent dentition	1000.00	D9934	Cleaning and inspection of removable partial denture, maxillary	0
D8040	Limited orthodontic treatment of the adult dentition	1350.00	D9935	Cleaning and inspection of removable partial denture, mandibular	0
	COMPREHENSIVE ORTHODONTIC TREATMENT		D9942	Repair and/or reline of occlusal guard	40.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	3500.00	D9943	Occlusal guard adjustment	25.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3500.00	D9944	*Occlusal guard – hard appliance, full arch	250.00
D8090	Comprehensive orthodontic treatment of the adult dentition	3750.00	D9945	*Occlusal guard – soft appliance, full arch	250.00
	MINOR TREATMENT TO CONTROL HARMFUL HABITS		D9946	*Occlusal guard – hard appliance, partial arch	250.00
D8210	*Removable appliance therapy	103.00	D9947	Custom sleep apnea appliance fabrication and placement	1900.00
D8220	*Fixed appliance therapy	103.00	D9948	Adjustment of custom sleep apnea appliance	85.00
	OTHER ORTHODONTIC SERVICES		D9949	Repair of custom sleep apnea appliance	88.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00	D9950	Occlusion analysis - mounted case	75.00
D8670	Periodic orthodontic treatment visit	0	D9951	Occlusal adjustment - limited	25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300.00	D9952	Occlusal adjustment - complete	95.00
D8681	Removable orthodontic retainer adjustment	0	D9953	Reline custom sleep apnea appliance (indirect)	45.00
D8698	Re-cement or re-bond fixed retainer – maxillary	0	D9972	External bleaching - per arch - performed in office	150.00
D8699	Re-cement or re-bond fixed retainer – mandibular	0	D9973	External bleaching - per tooth	30.00
D8999	Unspecified orthodontic procedure, by report	250.00	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240.00
	UNCLASSIFIED TREATMENT		D9991	Dental case management – addressing appointment compliance barriers	0
D9110	Palliative treatment of dental pain - per visit	0	D9992	Dental case management – care coordination	0
D9120	Fixed partial denture sectioning	0	D9993	Dental case management – motivational interviewing	0
	ANESTHESIA		D9994	Dental case management – patient education to improve oral health literacy	0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0	D9997	Dental case management - patients with special health care needs	0
D9211	Regional block anesthesia	0			
D9212	Trigeminal division block anesthesia	0			
D9215	Local anesthesia in conjunction with operative or surgical procedures	0			
D9222	Deep sedation/general anesthesia – first 15 minutes	50.00			
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	50.00			

Certain dental procedures that the provider may consider and propose as an upgraded procedure, may require additional costs of material and laboratory fees in addition to the stated copayment.

Specialty Services

- 1 The Schedule of Benefits applies when listed Dental Services are performed by a Participating General Dentist, unless otherwise authorized by Solstice.
- 2 Procedures not covered on the Schedule of Benefits that are performed by a participating Dentist will be charged at the participating Dentist's usual and customary fee less 25%.
- 3 The Participating General Dentist you select may not perform all Dental Procedures listed. The Copayments shown apply to Participating Dentists who do perform these Dental Services. Therefore, you are encouraged to secure availability of the scheduled Dental Services with your Participating General Dentist
- 4 Should the services of an Orthodontist be necessary, you may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
- 5 Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at www.solsticebenefits.com under "Locate A Provider."

Exclusions

- 1 Services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice.
- 2 Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
- 3 We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational.
- 4 We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and preauthorization from Solstice.
- 6 Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
- 7 Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.

Limitations

- 1 Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation
- 2 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
- 3 The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
- 4 Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.
- 5 Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
- 6 Harmful habit appliances are limited to one (1) time per person under the age of 16.
- 7 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 8 New dentures include one (1) reline within the first six (6) months
- 9 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years. These restorative services will be provided more frequently if medically necessary.
- 10 When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 11 Copayments for endodontic procedures do not include the cost of the final restoration.
- 12 Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 13 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.
- 14 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 15 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.
- 16 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 17 A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
- 18 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.
- 19 Member may choose upgraded treatment in place of traditional Orthodontic treatment, and would pay the difference of the listed member Ortho co-pay for the enhanced treatment.
- 20 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
- 21 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.
- 22 Diagnostic and restorative services will be provided more frequently if determined to be medically necessary .

Specialty Services

1. This Member Schedule of Benefits applies when listed dental services are performed by a Network 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 Network General Dentist's Usual and Customary fee less 25%.
3. The Network General Dentist you select may not perform all procedures listed. The Co-payments shown apply to Network General Dentists.
4. Should the services of a Network Specialty Dentist (NSD) (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 NSD 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 a NSD at the listed Co-payments. Please refer to the Specialty Care Referral Policy in your Member handbook.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
6. Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at www.solsticebenefits.com under "Locate A Provider."

Exclusions

1. Services performed by a 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 Provider.
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 Service or treatment unable to be performed in the Dental Office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the Dental Office, or allergy to commonly utilized local anesthetics.

Limitations

1. Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent or evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
2. All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.
5. Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
9. New dentures include one (1) reline within the first six (6) months.
10. Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
11. When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
12. Copayments 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
13. Copayments marked by "+" are not eligible at a specialist.
14. Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
15. Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
16. D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
17. All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
18. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
19. 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.
20. 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.
21. Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
22. 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.

Solstice HealthPlans, Inc. is a licensed Prepaid Limited Health Service Organization pursuant to Part I of Chapter 636, F.S.

www.solsticebenefits.com

**FIND A
PROVIDER**

Available at our award-winning website
SolsticeBenefits.com

SEARCH. SCHEDULE. SAVE.

Finding a Solstice network Provider is easier than ever with our new, improved Provider Search. Simply visit www.SolsticeBenefits.com and follow these four easy steps.

The screenshot shows the SolsticeBenefits.com homepage. At the top, there is a navigation menu with links for Home, About, Plans, Providers, News, Resources, Service Areas, Careers, Contact, and a Blog icon. A search bar is located in the top right corner. The main banner features a family photo and the text "COMPLETE COVERAGE" followed by "From orthodontia, to dental implants, to LASIK vision surgery - our DENTAL + VISION plans offer more than just basic care for EMPLOYER GROUPS and INDIVIDUALS." Below the banner are four tabs: INDIVIDUALS, GROUPS, PROVIDERS, and BROKERS. The PROVIDERS tab is highlighted. Below the tabs are two sections: "MEMBER CORNER" and "BROKER CORNER". The "Locate a Provider" form is visible on the right side of the page, with a blue arrow pointing to the "Select Product*" dropdown menu.

LOCATE A SOLSTICE PROVIDER

STEP ONE

Select Dental as your product.

STEP TWO

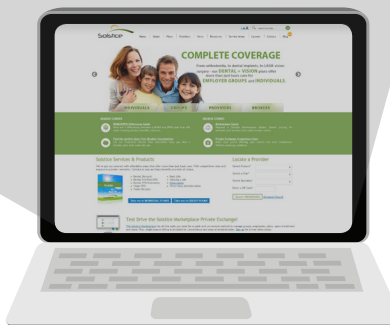
Select 550B as your plan

STEP THREE

Select the type of provider specialty you need to visit.

STEP FOUR

Enter your ZIP code, then hit SEARCH.





Dental care is just a call away!



Solstice is now offering a free teledentistry service that allows Solstice providers to care for you from the safety and comfort of your home.



How does Solstice's teledentistry work?

It's easy! This new remote/consultative service makes it possible for you to schedule visits as well as follow-ups with a dentist. Our team connects you with a dentist in your area and schedules a virtual (phone or video) appointment on your behalf. During the call, the dentist can answer questions, review and diagnose symptoms, and possibly prescribe medicine.



To schedule your appointment today, call us at **1-877-724-9982** anytime Monday through Friday, from 8:00 AM to 8:00 PM ET or chat with us online at www.solsticebenefits.com.

All consultations follow HIPAA and PHI guidelines, so you get the care you need, and your information stays safe.

———— SOLSTICE ————

PHARMACY PLAN

Our prescription drug benefit offers **substantial savings** on brand name prescriptions and generic drugs.

Through a network of over **65,000 retail pharmacies** nationwide, including major retail chains and through mail service for home delivery.

Your physician's choice of prescribed medications and your preference for brand or generic prescriptions will always be honored.



Savings on 99% of all commonly prescribed medications!



Save an average of **50% on generic medication** when you order by mail.



Save an average of **20% on brand and generic medication** at a pharmacy.



You and your family may use the discount drug program any time your prescription is **not covered by insurance**.



There are **no restrictions and no limits** on how many times you may use your card.



Plus, you can use this plan for some of your pet's medication as well!

Visit www.solsticebenefits.com and click on Discount Prescription Drug Plan to check drug costs, locate a participating pharmacy, order or refill mail order prescriptions, and much more!

Administered by CVS/Caremark. Accepted at more than 65,000 retail pharmacies nationally, including all major retail chains. This plan is not insurance. Savings are only available at participating pharmacies.



HEARING AID SAVINGS PLAN

HEARING CARE BEYOND COMPARE.

Hearing loss affects almost **40 million Americans**.

In other words, you're not alone. As a Solstice member, you have a hearing aid savings plan at no extra charge. The plan offers a complimentary hearing screening, a comprehensive exam for \$29, and savings up to 40% on retail prices on hearing aids.

Here are the advantages of the hearing aid savings plan:



- Complimentary hearing screening
- 3-year warranty and 1-year battery supply with hearing aid purchase
- 1-year follow-up care at no cost
- 10% off at www.hearingshop.com with code EARUSA

If you'd like more information, call us any time at 1-877-760-2247 or visit our website at www.solsticebenefits.com.

Please note this savings plan is not insurance.



PRENATAL CARE PROGRAM

IMPORTANCE OF ORAL CARE DURING PREGNANCY



Periodontal disease during pregnancy could lead to an **increased risk** of pre-term and very pre-term delivery.*



A UNC study indicates that pregnant women with gum disease may be **twice as likely** to be at risk for pre-term.**



In Florida, **10.3%** of live births were born pre-term in 2018.**

As a pregnant Solstice member with a dental plan (**second or third trimester**), you are eligible to take advantage of the **Solstice oral health benefits** that are particularly essential to maintaining good periodontal health, at no cost to you.



KEY COST SAVINGS

- No out-of-pocket costs for network services.
- No waiting periods apply if services are required by an in-network dentist
- No referral needed
- Fees and expenses will be **waived** for:
 - Cleanings
 - Deep scaling
 - Debridement
 - Periodontal maintenance



HOW DOES IT WORK?

- At your next visit, tell your dentist that you are pregnant.
- Provide the stage of your pregnancy and due date.
- Make sure the dentist takes note of your physician's or obstetrician's name.

*Baby Steps to a Healthy Pregnancy and On-time Delivery, American Academy of Periodontology, 2005.

**National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats

***American Dental Association, Today's News, (www.ada.org), March 28, 2002, "Study bolsters connection between periodontal disease, premature birth."

———— SOLSTICE ————

MYSMILE365 BENEFITS PORTAL

mysmile365.com/solstice

As a Solstice member, you and your family will be able to securely log into the MySmile365 portal and have complete access to your benefits.

Take a look at a few of the capabilities the portal offers:



Access your plan benefits information



Use the provider search tool to find a provider in your area



View any previously filed claims or outstanding claim statuses



And more!

Not using your MySmile365 Portal yet?

Sign up - it's easy!

1. Visit www.mysmile365.com/solstice and click “register.”
2. The system will display the member verification page.
3. Enter your membership information and click “continue.”
4. The system will display your account creation page to create your username and password. Enter your information.
5. Once complete review and select that you agree to terms and conditions and click enter account.

Need help? We're here for you! Contact our customer care team at **1-877-760-2247**
Monday through Friday from 8:00 am – 8:00 pm ET



QUESTIONS?

Can't find what you're looking for or have questions about your plan?

Our **Member Services Team** is here to help.

 **1-877-760-2247**

- Call us Monday — Friday from 8:00 a.m. to 8:00 p.m. ET
- Online chat, Monday — Friday from 8:00 a.m. to 8:00 p.m. ET
- Support in several languages
- Toll-free teletypewriter (TTY) service for hearing impaired members
- 4.7 **GOOGLE** Ratings



 1.877.760.2247

 contact@solsticebenefits.com

 www.solsticebenefits.com