ACCESS+ S1000A HIGH

SCHEDULE OF BENEFITS

Members of the Solstice ACCCESS+ S1000A HIGH 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
- Out-of-Network Preventive and Diagnostic Reimbursement

The Member copayments listed are offered by a participating in-network provider. The Member receives:

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

Members can choose a participating provider at

www.myuhcdental.com

Member Services Department: 800-955-4137

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 limitation on certain benefits (see "Exclusions/Limitations").

Code	Description	Copay/ Reimbursement
	Appointments	
D0120	*Periodic oral evaluation - established patient	$0/$20
D0140	Limited oral evaluation - problem focused	$0/$20
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0/$25
D0150	*Comprehensive oral evaluation - new or established patient	$0/$30
D0160	*Detailed and extensive oral evaluation - problem focused, by report	$0/$30
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0/$15
D0180	Comprehensive periodontal evaluation - new or established patient	$10/$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$0

Code	Description	Copay/ Reimbursement
D9440	Office visit - after regularly scheduled hours	$30
D9450	Case presentation, detailed and extensive treatment planning	$0
	Radiography / Diagnostic Dentistry	
D0210	*Intraoral - complete series (including bitewings)	$0/$25
D0220	Intraoral - periapical first radiographic images	$0/$4
D0230	Intraoral - periapical each additional radiographic images	$0/$2
D0240	Intraoral - occlusal radiographic images	$0
D0251	*Extra-oral posterior dental radiographic image	$0
D0270	*Bitewing - single radiographic images	$0/$10
D0272	*Bitewings - two radiographic images	$0/$15
D0273	*Bitewings - three radiographic images	$0/$20
D0274	*Bitewings - four radiographic images	$0/$23
D0277	*Vertical bitewings - 7 to 8 radiographic images	$0/$25
D0310	Sialography	$150
D0320	Temporomandibular joint arthrogram, including injection	$250
D0321	Other temporomandibular joint radiographic imagess, by report	$150
D0322	Tomographic survey	$150
D0330	*Panoramic radiographic images	$0/$25
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	$75
D0350	2D oral/facial photographic image obtainedintra-orally or extra-orally	$0/$15
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	$150
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	$140
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	$140
D0367	*Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	$190
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	$140
D0369	*Maxillofacial MRI capture and interpretation	$190
D0370	*Maxillofacial ultrasound capture and interpretation	$170
D0371	*Sialoendoscopy capture and interpretation	$170
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	$150
D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	$140
D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	$140
D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	$190

Code	Description	Copay/ Reimbursement
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	$140
D0385	*Maxillofacial MRI image capture	$170
D0386	*Maxillofacial ultrasound image capture	$170
D0393	*Treatment simulation using 3D image volume	$10
D0394	*Digital subtraction of two or more images or image volumes of the same modality	$10
D0395	*Fusion of two or more 3D image volumes of one or more modalities	$10
D0415	Collection of microorganisms for culture and sensitivity	$0
D0425	Caries susceptibility tests	$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts	$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$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
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	$0
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	$0
D0502	Other oral pathology procedures, by report	$0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	$0
D0601	Caries risk assessment and documentation, with a finding of low risk	$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$0
D0603	Caries risk assessment and documentation, with a finding of high risk	$0
	Preventive Dentistry	
D1110	*Prophylaxis - adult	$0/$35
D1110	Prophylaxis - adult additional	$20
D1120	*Prophylaxis - child	$0/$25
D1120	Prophylaxis - child additional	$20
D1206	Topical fluoride varnish	$0
D1208	*Topical application of fluoride - excluding varnish	$17/$10
D1310	Nutritional counseling for control of dental disease	$0
D1320	Tobacco counseling for the control and prevention of oral disease	$0
D1330	Oral hygiene instructions	$0

Code	Description	Copay/ Reimbursement
D1351	*Sealant - per tooth	$5/$20
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	$0
D1354	*Interim caries arresting medicament application	$15
D1510	*Space maintainer - fixed - unilateral	$45/$50
D1515	*Space maintainer - fixed - bilateral	$45/$75
D1520	*Space maintainer - removable - unilateral	$85/$50
D1525	*Space maintainer - removable - bilateral	$85/$75
D1550	*Re-cementation or re-bond space maintainer	$5
D1555	Removal of fixed space maintainer	$5
D1575	Distal shoe space maintainer – fixed – unilateral	$0
	Restorative Dentistry	
D2140	Amalgam - one surface, primary or permanent	$0
D2150	Amalgam - two surfaces, primary or permanent	$0
D2160	Amalgam - three surfaces, primary or permanent	$0
D2161	Amalgam - four or more surfaces, primary or permanent	$0
D2330	Resin-based composite - one surface, anterior	$35
D2331	Resin-based composite - two surfaces, anterior	$40
D2332	Resin-based composite - three surfaces, anterior	$50
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$55
D2390	Resin-based composite crown, anterior	$70
D2391	Resin-based composite - one surface, posterior	$60
D2392	Resin-based composite - two surfaces, posterior	$80
D2393	Resin-based composite - three surfaces, posterior	$90
D2394	Resin-based composite - four or more surfaces, posterior	$120
D2410	Gold foil - one surface	$65
D2420	Gold foil - two surfaces	$90
D2430	Gold foil - three surfaces	$120
D2510	Inlay - metallic - one surface	$95
D2520	Inlay - metallic - two surfaces	$105
D2530	Inlay - metallic - three or more surfaces	$130
D2542	Onlay - metallic-two surfaces	$230
D2543	Onlay - metallic-three surfaces	$230
D2544	Onlay - metallic-four or more surfaces	$230
D2610	Inlay - porcelain/ceramic - one surface	$230*
D2620	Inlay - porcelain/ceramic - two surfaces	$230*
D2630	Inlay - porcelain/ceramic - three or more surfaces	$230*

Code	Description	Copay/ Reimbursement
D2642	Onlay - porcelain/ceramic - two surfaces	$230*
D2643	Onlay - porcelain/ceramic - three surfaces	$230*
D2644	Onlay - porcelain/ceramic - four or more surfaces	$230*
D2650	Inlay - resin-based composite - one surface	$230
D2651	Inlay - resin-based composite - two surfaces	$230
D2652	Inlay - resin-based composite - three or more surfaces	$230
D2662	Onlay - resin-based composite - two surfaces	$230
D2663	Onlay - resin-based composite - three surfaces	$230
D2664	Onlay - resin-based composite - four or more surfaces	$230
D2710	*Crown - resin-based composite (indirect)	$230
D2712	*Crown - ¾ resin-based composite (indirect)	$230
D2720	*Crown- resin with high noble metal	$230*
D2721	*Crown - resin with predominantly base metal	$230*
D2722	*Crown - resin with noble metal	$230*
D2740	*Crown - porcelain/ceramic substrate	$280*
D2750	*Crown - porcelain fused to high noble metal	$280*
D2751	*Crown - porcelain fused to predominantly base metal	$280*
D2752	*Crown - porcelain fused to noble metal	$280*
D2780	*Crown - 3/4 cast high noble metal	$230*
D2781	*Crown - 3/4 cast predominantly base metal	$230*
D2782	*Crown - 3/4 cast noble metal	$230*
D2783	*Crown - 3/4 porcelain/ceramic	$230*
D2790	*Crown - full cast high noble metal	$280*
D2791	*Crown - full cast predominantly base metal	$280*
D2792	*Crown - full cast noble metal	$280*
D2794	*Crown - titanium	$230*
D2799	Provisional Crown - further treatment or completion of diagnosis necessary prior to final impression	$0
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	$10
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0
D2920	Re-cement or re-bond crown	$10
D2921	Reattachment of tooth fragment, incisal edge or cusp	$15
D2929	Prefabricated porcelain/ceramic crown - primary tooth	$50*
D2930	Prefabricated stainless steel crown - primary tooth	$25
D2931	Prefabricated stainless steel crown - permanent tooth	$25
D2932	Prefabricated resin crown	$35
D2933	Prefabricated stainless steel crown with resin window	$35
D2940	Protective restoration	$10

Code	Description	Copay/ Reimbursement
D2941	Interim therapeutic restoration - primary dentition	$15
D2949	Restorative foundation for an indirect restoration	$20
D2950	Core buildup, including any pins	$45
D2951	Pin retention - per tooth, in addition to restoration	$10
D2952	Post and core in addition to crown, indirectly fabricated	$60
D2953	Each additional indirectly fabricated post - same tooth	$60
D2954	Prefabricated post and core in addition to crown	$60
D2955	Post removal	$10
D2957	Each additional prefabricated post - same tooth	$30
D2960	Labial veneer (resin laminate) - chairside	$250
D2961	Labial veneer (resin laminate) - laboratory	$300*
D2962	Labial veneer (porcelain laminate) - laboratory	$350*
D2971	Additional procedures to construct new crown under existing partial denture framework	$50
D2975	Coping	$100
D2980	Crown repair necessitated by restorative material failure	$0
D2981	Inlay repair necessitated by restorative material failure	$100
D2982	Onlay repair necessitated by restorative material failure	$100
D2983	Veneer repair necessitated by restorative material failure	$100
D2990	Resin infiltration of incipient smooth surface lesions	$30
	Endodontic Services	
D3110	Pulp cap - direct (excluding final restoration)	$0
D3120	Pulp cap - indirect (excluding final restoration)	$0
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$10
D3221	Pulpal debridement, primary and permanent teeth	$45
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$80
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$30
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$35
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$80
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	$115
D3330	Endodontic therapy, molar (excluding final restoration)	$200
D3331	Treatment of root canal obstruction; non-surgical access	$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$70
D3333	Internal root repair of perforation defects	$85
D3346	Retreatment of previous root canal therapy - anterior	$135

Code	Description	Copay/ Reimbursement
D3347	Retreatment of previous root canal therapy - bicuspid	$175
D3348	Retreatment of previous root canal therapy - molar	$275
D3351	Apexification/recalcification	$65
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	$65
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$65
D3410	Apicoectomy - anterior	$95
D3421	Apicoectomy - bicuspid (first root)	$95
D3425	Apicoectomy - molar (first root)	$95
D3426	Apicoectomy (each additional root)	$60
D3427	Periradicular surgery without apicoectomy	$100
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	$50
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	$45
D3430	Retrograde filling - per root	$40
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	$150
D3432	Guided tissue regeneration in conjunction with periradicular	$150
D3450	Root amputation - per root	$95
D3460	Endodontic endosseous implant	$550
D3470	Intentional reimplantation (including necessary splinting)	$175
D3910	Surgical procedure for isolation of tooth with rubber dam	$19
D3920	Hemisection (including any root removal), not including root canal therapy	$90
D3950	Canal preparation and fitting of preformed dowel or post	$15
	Periodontic Services	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$125
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$40
D4212	Gingivectormy or gingivoplasty to allow access for restorative procedure, per tooth	$50
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$150
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$113
D4245	Apically positioned flap	$165
D4249	Clinical crown lengthening - hard tissue	$120
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$295
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one	$210

Code	Description	Copay/ Reimbursement
	to three contiguous teeth or tooth bounded spaces per quadrant	
D4263	Bone replacement graft -retained natural tooth - first site in quadrant	$180
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	$95
D4266	Guided tissue regeneration - resorbable barrier, per site	$215
D4267	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$255
D4268	Surgical revision procedure, per tooth	$0
D4270	Pedicle soft tissue graft procedure	$245
D4273	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$75
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$70
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$380
D4276	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	$70
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	$220
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	$80
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	$67
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	$297
D4320	Provisional splinting - intracoronal	$95
D4321	Provisional splinting - extracoronal	$85
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$40†
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$30†
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	$40
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	$40†
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	$45†
D4910	*Periodontal maintenance	$55
D4910	Periodontal maintenance Additional	$30
D4920	Unscheduled dressing change (by someone other than treating dentist)	$20
D4921	Gingival irrigation - per quadrant	$15
D4999	Unspecified periodontal procedure, by report	$0

Code	Description	Copay/ Reimbursement
	Prosthodontics Removable	
D5110	*Complete denture - maxillary	$210*
D5120	*Complete denture - mandibular	$210*
D5130	*Immediate denture - maxillary	$225*
D5140	*Immediate denture - mandibular	$225*
D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$240*
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$240*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$260*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$260*
D5221	*Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	$260*
D5222	*Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	$260*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$280*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$280*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$365*
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$365*
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth	$250*
D5410	Adjust complete denture - maxillary	$0
D5411	Adjust complete denture - mandibular	$0
D5421	Adjust partial denture - maxillary	$0
D5422	Adjust partial denture - mandibular	$0
D5510	*Repair broken complete denture base	$15*
D5520	*Replace missing or broken teeth - complete denture (each tooth)	$15*
D5610	*Repair resin denture base	$15*
D5620	*Repair cast framework	$30*
D5630	*Repair or replace broken clasp – per tooth	$15*
D5640	*Replace broken teeth - per tooth	$15*
D5650	*Add tooth to existing partial denture	$30*
D5660	*Add clasp to existing partial denture – per tooth	$35*
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	$165*
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	$165*
D5710	*Rebase complete maxillary denture	$60*
D5711	*Rebase complete mandibular denture	$60*

Code	Description	Copay/ Reimbursement
D5720	*Rebase maxillary partial denture	$60*
D5721	*Rebase mandibular partial denture	$60*
D5730	*Reline complete maxillary denture (chairside)	$35*
D5731	*Reline complete mandibular denture (chairside)	$35*
D5740	*Reline maxillary partial denture (chairside)	$35*
D5741	*Reline mandibular partial denture (chairside)	$35*
D5750	*Reline complete maxillary denture (laboratory)	$35*
D5751	*Reline complete mandibular denture (laboratory)	$35*
D5760	*Reline maxillary partial denture (laboratory)	$35*
D5761	*Reline mandibular partial denture (laboratory)	$35*
D5810	*Interim Complete denture (maxillary)	$230*
D5811	*Interim complete denture (mandibular)	$230*
D5820	*Interim partial denture (maxillary)	$60*
D5821	*Interim partial denture (mandibular)	$60*
D5850	Tissue conditioning, maxillary	$30
D5851	Tissue conditioning, mandibular	$30
D5862	Precision attachment, by report	$160
D5899	Unspecified removable prosthodontic procedure, by report	$0
D5982	Surgical stent	$150*
D5987	Commissure splint	$150*
D5988	Surgical splint	$150*
	Implant Supported Prosthetics	
D6190	Radiographic/surgical implant index, by report	$235
D6010	*Surgical placement of implant body; endosteal implant	$950
D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	$950
D6100	Implant removal, by report	$700
D6056	*Prefabricated abutment – includes placement	$400
D6057	*Customer abutment – includes placement	$600
D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	$950
D6055	Dental implant supported connecting bar	$1,800
D6053	*Implant/abutment supported removable denture for completely edentulous arch	$1,200
D6054	*Implant/abutment supported removable denture for partially edentulous arch	$940
D6078	*Implant/abutment supported fixed denture for completely edentulous arch	$3,800
D6079	*Implant/abutment supported fixed denture for partially edentulous arch	$2,200
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of	$180

Code	Description	Copay/ Reimbursement
	prosthesis, and abutments and reinsertion of prosthesis	
D6090	Repair implant supported prosthesis, by report	$400
D6095	Repair implant abutment, by report	$220
D6092	Recement implant/abutment supported crown	$45
D6093	Recement implant/abutment supported fixed partial denture	$65
	Prosthodontics Fixed	
D6205	Pontic - indirect resin based composite	$750
D6210	*Pontic - cast high noble metal	$280*
D6211	*Pontic - cast predominantly base metal	$280*
D6212	*Pontic - cast noble metal	$280*
D6214	*Pontic - titanium	$280*
D6240	*Pontic - porcelain fused to high noble metal	$280*
D6241	*Pontic - porcelain fused to predominantly base metal	$280*
D6242	*Pontic - porcelain fused to noble metal	$280*
D6245	*Pontic - porcelain/ceramic	$280*
D6250	*Pontic - resin with high noble metal	$250*
D6251	*Pontic - resin with predominantly base metal	$230*
D6252	*Pontic - resin with noble metal	$230*
D6253	Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	No charge
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$200*
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	$375*
D6600	Retainer inlay - porcelain/ceramic, two surfaces	$230*
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	$230*
D6602	Retainer inlay - cast high noble metal, two surfaces	$230*
D6603	Retainer inlay - cast high noble metal, three or more surfaces	$230*
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$230*
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$230*
D6606	Retainer inlay - cast noble metal, two surfaces	$230*
D6607	Retainer inlay - cast noble metal, three or more surfaces	$230*
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$230*
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$230*
D6610	Retainer onlay - cast high noble metal, two surfaces	$230*
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$230*
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$230*
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$230*
D6614	Retainer onlay - cast noble metal, two surfaces	$230*
D6615	Retainer onlay - cast noble metal, three or more surfaces	$230*

Code	Description	Copay/ Reimbursement
D6624	*Retainer inlay - titanium	$250*
D6634	*Retainer onlay - titanium	$250*
D6710	*Retainer crown - indirect resin based composite	$230*
D6720	*Retainer crown - resin with high noble metal	$230*
D6721	*Retainer crown - resin with predominantly base metal	$230*
D6722	*Retainer crown - resin with noble metal	$230*
D6740	*Retainer crown - porcelain/ceramic	$230*
D6750	*Retainer crown - porcelain fused to high noble metal	$230*
D6751	*Retainer crown - porcelain fused to predominantly base metal	$230*
D6752	*Retainer crown - porcelain fused to noble metal	$230*
D6780	*Retainer crown - 3/4 cast high noble metal	$230*
D6781	*Retainer crown - 3/4 cast predominantly base metal	$230*
D6782	*Retainer crown - 3/4 cast noble metal	$230*
D6783	*Retainer crown - 3/4 porcelain/ceramic	$230*
D6790	*Retainer crown - full cast high noble metal	$230*
D6791	*Retainer crown - full cast predominantly base metal	$230*
D6792	*Retainer crown - full cast noble metal	$230*
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	$130
D6794	*Retainer crown - titanium	$230*
D6930	Re-cement or re-bond fixed partial denture	$0
D6940	Stress breaker	$110
D6950	Precision attachment	$195
D6980	Fixed partial denture repair necessitated by restorative material failure	$45
	Oral Surgery	
D7111	Extraction, coronal remnants - deciduous tooth	$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$30
D7220	Removal of impacted tooth - soft tissue	$45
D7230	Removal of impacted tooth - partially bony	$65
D7240	Removal of impacted tooth - completely bony	$80
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$100
D7250	Removal of residual tooth roots (cutting procedure)	$35
D7251	Cronectomy - intentional partial tooth removal	$270
D7260	Oroantral fistula closure	$140
D7261	Primary closure of a sinus perforation	$280
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced	$50

Code	Description	Copay/ Reimbursement
	tooth	
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$100
D7280	Exposure of an unerupted tooth	$85
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	$90
D7283	Placement of device to facilitate eruption of impacted tooth	$90
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$0
D7286	Incisional biopsy of oral tissue-soft	$0
D7287	Exfoliative cytological sample collection	$50
D7288	Brush biopsy - transepithelial sample collection	$50
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$40
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$35
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$25
D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	$70
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$65
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	$370
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$990
D7410	Excision of benign lesion up to 1.25 cm	$30
D7411	Excision of benign lesion greater than 1.25 cm	$50
D7412	Excision of benign lesion, complicated	$60
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$65
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$95
D7471	Removal of lateral exostosis (maxilla or mandible)	$80
D7472	Removal of torus palatinus	$60
D7473	Removal of torus mandibularis	$60
D7485	Reduction of osseous tuberosity	$60
D7510	Incision and drainage of abscess - intraoral soft tissue	$25
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$30
D7520	Incision and drainage of abscess - extraoral soft tissue	$30
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$30
D7910	Suture of recent small wounds up to 5 cm	$25
D7921	Collection and application of autologous blood concentrate product	$130
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla -	$350

Code	Description	Copay/ Reimbursement
	autogeneous or nonautogeneous, by report	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$800
D7952	Sinus augmentation via a vertical approach	$350
D7953	Bone replacement graft for ridge preservation – per site	$100
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	$40
D7963	Frenuloplasty	$40
D7970	Excision of hyperplastic tissue - per arch	$55
D7971	Excision of Pericoronal Gingiva	$35
D7972	Surgical reduction of fibrous tuberosity	$130
	Orthodontic	
D8010	Limited orthodontic treatment of the primary dentition	$1000
D8020	Limited orthodontic treatment of the transitional dentition	$1000
D8030	Limited orthodontic treatment of the adolescent dentition	$1000
D8040	Limited orthodontic treatment of the adult dentition	$1000
D8070	Comprehensive orthodontic treatment of the transitional dentition	$1800
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$1800
D8090	Comprehensive orthodontic treatment of the adult dentition	$1800
D8210	Removable appliance therapy	$103
D8220	Fixed appliance therapy	$103
D8660	Pre-orthodontic treatment examination to monitor growth and development	$0
D8670	Periodic orthodontic treatment visit	$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$300
D8681	Removable orthodontic retainer adjustment	$0
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	$0
D8999	Unspecified orthodontic procedure, by report	$250
	Miscellaneous	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$10
D9120	Fixed partial denture sectioning	$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$0
D9211	Regional block anesthesia	$0
D9212	Trigeminal division block anesthesia	$0
D9215	Local anesthesia	$0
D9223	Deep sedation/general anesthesia – each 15-minute increment	$50
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	$15
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15-minute increment	$65
D9248	Non-intravenous conscious sedation	$15

Code	Description	Copay/ Reimbursement
D9610	Therapeutic parenteral drug, single administration	$15
D9630	Other drugs and/or medicaments, by report	$15
D9910	Application of desensitizing medicament	$15
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	$0
D9932	Cleaning and inspection of removable complete denture, maxillary	$0
D9933	Cleaning and inspection of removable complete denture, mandibular	$0
D9934	Cleaning and inspection of removable partial denture, maxillary	$0
D9935	Cleaning and inspection of removable partial denture, mandibular	$0
D9940	*Occlusal guard, by report	$85
D9942	Repair and/or reline of Occlusal guard	$40
D9943	Occlusal guard adjustment	$25
D9950	Occlusion analysis - mounted case	$75
D9951	Occlusal adjustment - limited	$25
D9952	Occlusal adjustment - complete	$100
D9972	External bleaching - per arch - performed in office	$125
D9973	External bleaching - per tooth	$30
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	$240
D9991	Dental case management – addressing appointment compliance barriers	$0
D9992	Dental case management – care coordination	$0
D9993	Dental case management – motivational interviewing	$0
D9994	Dental case management – patient education to improve oral health literacy	$0

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.

4 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.

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 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.

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 anesthetics.

8 D9972 Excludes bleaching material for home use.

LIMITATIONS

1 Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.

2 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.

3 The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.

4 Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.

5 Sealants 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 or D0330 are reimbursable one (1) time every five (5) consecutive years.

15 Copies of X-rays can be obtained for $2 per periapical image up to a maximum of $30. Panoramic X-ray can be obtained for a $15 fee.

16 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.

17 All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.

18 Emergency treatment is available for palliative treatment for the abatement of pain up to $100.00 per occurrence.

19 A broken appointment fee up to $20 may be charged by the dental office if 24 hour prior notice is not given.

20 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.

21 Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.

22 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.

23 D0364-D0395 is limited to one (1) time per sixty(60) months, covered only in a dental setting and not in a radiographic imaging center