



DENTAL

Solstice Dental Benefits

Smiles. We cover those.

The Solstice dental plan is easy to use and cost effective. It covers a wide range of dental services—all designed to keep your smile healthy.

How does the plan work?

You can see any general dentist who is part of our large network. You do not need to choose a primary care dentist. That dentist will provide most of your dental care. If you need to see a specialist, you have two options:

- You can get a pre-authorization (approval prior to receiving services) from us and pay a co-pay. Co-pays are listed in your plan document, which you can find online at myuhc.com[®]. To get a pre-authorization, simply contact us at the number on your ID card.
- If you do not want to get a referral, you may go to a specialist in the Solstice network and receive a 25% discount off the specialist's Usual and Customary charge, which is the average fee dentists in your area charge for a procedure.

If you are traveling outside of Florida and need dental services to relieve pain, you'll need to pay for the service and mail us your receipt and treatment information. We will pay up to \$100 per occurrence. Send the information to:

UnitedHealthcare Dental
Att: Claims Unit
PO Box 30567
Salt Lake City, UT 84130-0567

Say yes to no.

- ✓ No deductibles
- ✓ No annual maximums when you receive services from a network provider
- ✓ No exclusions for pre-existing conditions



**“Highest in Customer
Satisfaction with
Dental Plans,
Two Years in a Row¹”**

Benefits that help you save money and stay healthy

What's covered?

- ✓ **Preventive services covered at 100% on most plans** when you see a dentist in the network. Preventive services include exams, cleanings and bitewing X-rays, as well as sealants for children.
- ✓ **Hundreds of other services at a co-pay**, including fillings, crowns, and cosmetic procedures—such as teeth whitening, bonding, veneers and orthodontia for adults and children. See your plan documents for details.
- ✓ **Extra visits for cleanings and gum treatments during pregnancy and three months following delivery**, as prescribed by the general dentist. Pregnant women are more prone to bacteria that causes tooth decay and gum disease during this time.²
- ✓ **Network dentists provide a 25% discount for services not covered by the plan.** That discount will come directly from the dental office. There are no claims to submit.

A Solstice plan is a smart plan for those who want savings and broad coverage.

Sign up today!

Start receiving the care you need to enjoy better oral health. It's all yours with the Solstice dental plan.



Find a dentist in the network

Use "Find a Dentist" on myuhc.com[®]. Login so you only see dentists in your network, or call the number on your ID card.

Manage your health and your plan online and on the go.



As a member, you can see plan details and learn about oral health on myuhc.com.

- ✓ Review coverage.
- ✓ Find network providers.
- ✓ Check your claims.
- ✓ Estimate costs.
- ✓ View and print your ID cards and more.

¹ UnitedHealthcare received the highest numerical score in the proprietary J.D. Power 2014-2015 Dental Plan Satisfaction ReportsSM. 2015 report measures opinions of consumers with dental plans, includes seven plans, and is based on responses from 2,449 consumers. Proprietary study results are based on experiences and perceptions of consumers surveyed September-October 2015. Your experiences may vary. Visit www.jdpower.com

² http://www.cda.org/Portals/0/Journal/Journal_062010.pdf

Offered by Solstice Benefits, Inc. a Licensed Prepaid Limited Health Service Organization; Chapter 636 F. S., and administered by Dental Benefit Providers, Inc.

MT-991630.1 12/15 © 2015 United HealthCare Services, Inc. 15-0877-I 213-9521



Solstice S700B-SHP/D1058 Dental Plan Schedule of Benefits

Members of the S700B-SHP Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

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

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

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

Members can locate a participating provider at
www.myuhc.com
Member Services Department: 800-955-4137

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

The following Member co-payments apply when a participating General Dentist performs services. An "*" denotes limitations on certain benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			DIAGNOSTIC IMAGING		
D0120	*Periodic oral evaluation - established patient	0	D0210	*Intraoral - complete series (including bitewings)	0
D0140	Limited oral evaluation - problem focused	0	D0220	Intraoral - periapical first radiographic images	4
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0230	Intraoral - periapical each additional radiographic images	2
D0150	*Comprehensive oral evaluation - new or established patient	0	D0240	Intraoral - occlusal radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0250	Extraoral - first radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0260	Extraoral - each additional radiographic images	0
D0171	Re-evaluation - post-operative office visit	0	D0270	*Bitewing - single radiographic images	0
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0272	*Bitewings - two radiographic images	0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25	D0273	*Bitewings - three radiographic images	0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0274	*Bitewings - four radiographic images	0
D9440	Office visit - after regularly scheduled hours	35	D0277	*Vertical bitewings - 7 to 8 radiographic images	29
D9450	Case presentation, detailed and extensive treatment planning	0	D0290	Posterior-anterior or lateral skull and facial bone survey radiographic images	150
D9986	Missed appointment	25	D0310	Sialography	150

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0320	Temporomandibular joint arthrogram, including injection	250	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	65
D0321	Other temporomandibular joint radiographic images, by report	150	D0460	Pulp vitality tests	0
D0322	Tomographic survey	150	D0470	Diagnostic casts	0
D0330	*Panoramic radiographic images	50	ORAL PATHOLOGY LABORATORY		
D0340	Cephalometric radiographic images	125	D0472	Accession of tissue, gross examination, preparation and transmission of written report	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	20	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	149	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	139	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	139	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0
D0367	*Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	184	D0502	Other oral pathology procedures, by report	0
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	139	D0601	Caries risk assessment and documentation, with a finding of low risk	0
D0369	*Maxillofacial MRI capture and interpretation	189	D0602	Caries risk assessment and documentation, with a finding of moderate risk	0
D0370	*Maxillofacial ultrasound capture and interpretation	169	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0371	*Sialoendoscopy capture and interpretation	169	DENTAL PROPHYLAXIS		
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	149	D1110	*Prophylaxis - adult	0
D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	139	D1110	Additional prophylaxis - adult	20
D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	139	D1120	*Prophylaxis - child	0
D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	184	D1120	Additional prophylaxis - child	20
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	139	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0385	*Maxillofacial MRI image capture	169	D1206	*Topical fluoride varnish	15
D0386	*Maxillofacial ultrasound image capture	169	D1208	*Topical application of fluoride - excluding varnish	0
D0393	*Treatment simulation using 3D image volume	9	D9910	*Application of desensitizing medicament	20
D0394	*Digital subtraction of two or more images or image volumes of the same modality	9	OTHER PREVENTIVE SERVICES		
D0395	*Fusion of two or more 3D image volumes of one or more modalities	9	D1310	Nutritional counseling for control of dental disease	0
TESTS AND EXAMINATIONS			D1320	Tobacco counseling for the control and prevention of oral disease	0
D0415	Collection of microorganisms for culture and sensitivity	0	D1330	Oral hygiene instructions	0
D0425	Caries susceptibility tests	0	D1351	*Sealant - per tooth	0

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	0	D2644	Onlay - porcelain/ceramic - four or more surfaces	400*
D1353	Sealant repair - per tooth	0	D2650	Inlay - resin-based composite - one surface	200
	SPACE MAINTAINERS (PASSIVE APPLIANCES)		D2651	Inlay - resin-based composite - two surfaces	220
D1510	*Space maintainer - fixed - unilateral	0	D2652	Inlay - resin-based composite - three or more surfaces	260
D1515	*Space maintainer - fixed - bilateral	0	D2662	Onlay - resin-based composite - two surfaces	240
D1520	*Space maintainer - removable - unilateral	0	D2663	Onlay - resin-based composite - three surfaces	260
D1525	*Space maintainer - removable - bilateral	0	D2664	Onlay - resin-based composite - four or more surfaces	283
D1550	Re-cementation or re-bond space maintainer	15		CROWNS - SINGLE RESTORATIONS ONLY	
D1555	Removal of fixed space maintainer	15	D2710	*Crown - resin-based composite (indirect)	195
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)		D2712	*Crown - ¾ resin-based composite (indirect)	195
D2140	Amalgam - one surface, primary or permanent	0	D2720	*Crown- resin with high noble metal	245*
D2150	Amalgam - two surfaces, primary or permanent	0	D2721	*Crown - resin with predominantly base metal	245*
D2160	Amalgam - three surfaces, primary or permanent	0	D2722	*Crown - resin with noble metal	245*
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2740	*Crown - porcelain/ceramic substrate	245*
	RESIN BASED COMPOSITE RESTORATIONS - DIRECT		D2750	*Crown - porcelain fused to high noble metal	245*
D2330	Resin-based composite - one surface, anterior	30	D2751	*Crown - porcelain fused to predominantly base metal	245*
D2331	Resin-based composite - two surfaces, anterior	37	D2752	*Crown - porcelain fused to noble metal	245*
D2332	Resin-based composite - three surfaces, anterior	50	D2780	*Crown - 3/4 cast high noble metal	245*
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	80	D2781	*Crown - 3/4 cast predominantly base metal	245*
D2390	Resin-based composite crown, anterior	115	D2782	*Crown - 3/4 cast noble metal	245*
D2391	Resin-based composite - one surface, posterior	65	D2783	*Crown - 3/4 porcelain/ceramic	245*
D2392	Resin-based composite - two surfaces, posterior	75	D2790	*Crown - full cast high noble metal	245*
D2393	Resin-based composite - three surfaces, posterior	90	D2791	*Crown - full cast predominantly base metal	245*
D2394	Resin-based composite - four or more surfaces, posterior	115	D2792	*Crown - full cast noble metal	245*
	GOLD FOIL RESOTRATIONS		D2794	*Crown - titanium	245*
D2410	Gold foil - one surface	75	D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	125
D2420	Gold foil - two surfaces	95		OTHER RESTORATIVE SERVICES	
D2430	Gold foil - three surfaces	125	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	15
	INLAY/ONLAY RESTORATIONS		D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20
D2510	Inlay - metallic - one surface	225	D2920	Re-cement or re-bond crown	15
D2520	Inlay - metallic - two surfaces	235	D2921	Reattachment of tooth fragment, incisal edge or cusp	15
D2530	Inlay - metallic - three or more surfaces	245	D2929	*Prefabricated porcelain/ceramic crown - primary tooth	49*
D2542	Onlay - metallic-two surfaces	325	D2930	Prefabricated stainless steel crown - primary tooth	45
D2543	Onlay - metallic-three surfaces	340	D2931	Prefabricated stainless steel crown - permanent tooth	55
D2544	Onlay - metallic-four or more surfaces	350	D2932	Prefabricated resin crown	95
D2610	Inlay - porcelain/ceramic - one surface	275*	D2933	Prefabricated stainless steel crown with resin window	145
D2620	Inlay - porcelain/ceramic - two surfaces	300*	D2940	Protective restoration	15
D2630	Inlay - porcelain/ceramic - three or more surfaces	325*	D2941	Interim therapeutic restoration - primary dentition	15
D2642	Onlay - porcelain/ceramic - two surfaces	360*	D2949	Restorative foundation for an indirect restoration	20
D2643	Onlay - porcelain/ceramic - three surfaces	390*	D2950	Core buildup, including any pins	70

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2951	Pin retention - per tooth, in addition to restoration	15		ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)	
D2952	Post and core in addition to crown, indirectly fabricated	88	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110
D2953	Each additional indirectly fabricated post - same tooth	95	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	195
D2954	Prefabricated post and core in addition to crown	75	D3330	Endodontic therapy, molar (excluding final restoration)	245
D2955	Post removal	30	D3331	Treatment of root canal obstruction; non-surgical access	85
D2957	Each additional prefabricated post - same tooth	30	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75
D2960	Labial veneer (resin laminate) - chairside	200	D3333	Internal root repair of perforation defects	125
D2961	Labial veneer (resin laminate) - laboratory	255*		ENDODONTIC RETREATMENT	
D2962	Labial veneer (porcelain laminate) - laboratory	390*	D3346	Retreatment of previous root canal therapy - anterior	300
D2970	Temporary crown (fractured tooth)	75	D3347	Retreatment of previous root canal therapy - bicuspid	350
D2971	Additional procedures to construct new crown under existing partial denture framework	45	D3348	Retreatment of previous root canal therapy - molar	440
D2975	Coping	95		APEXIFICATION/RECALCIFICATION PROCEDURES	
D2980	Crown repair necessitated by restorative material failure	95	D3351	Apexification/recalcification	90
D2981	Inlay repair necessitated by restorative material failure	95	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	90
D2982	Onlay repair necessitated by restorative material failure	95	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	90
D2983	Veneer repair necessitated by restorative material failure	95		APICTOMY/PERIRADICULAR SERVICES	
D2990	Resin infiltration of incipient smooth surface lesions	29	D3410	Apicoectomy - anterior	100
	PULP CAPPING		D3421	Apicoectomy - bicuspid (first root)	315
D3110	Pulp cap - direct (excluding final restoration)	25	D3425	Apicoectomy - molar (first root)	340
D3120	Pulp cap - indirect (excluding final restoration)	25	D3426	Apicoectomy (each additional root)	95
	PULPOTOMY		D3427	Periradicular surgery without apicoectomy	100
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	47
D3221	Pulpal debridement, primary and permanent teeth	95	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	42
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75	D3430	Retrograde filling - per root	75
	ENDODONTIC THERAPY ON PRIMARY TEETH		D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50	D3432	Guided tissue regeneration in conjunction with periradicular	150
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50	D3450	Root amputation - per root	110
			D3460	Endodontic endosseous implant	545
			D3470	Intentional reimplantation (including necessary splinting)	175

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	OTHER ENDODONTIC PROCEDURES		D4275	Soft tissue allograft	502
D3910	Surgical procedure for isolation of tooth with rubber dam	95	D4276	Combined connective tissue and double pedicle graft, per tooth	65
D3920	Hemisection (including any root removal), not including root canal therapy	90	D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	215
D3950	Canal preparation and fitting of preformed dowel or post	75	D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	75
	SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			NON SURGICAL PERIODONTAL SERVICE	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175	D4320	Provisional splinting - intracoronal	115
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	81	D4321	Provisional splinting - extracoronal	105
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	49	D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	50†
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	195	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	43†
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185	D4355	*Full mouth debridement to enable comprehensive evaluation and diagnosis	50†
D4245	Apically positioned flap	150	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	60†
D4249	Clinical crown lengthening - hard tissue	230		OTHER PERIODONTAL SERVICES	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375	D4910	*Periodontal maintenance	50
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D4910	Additional periodontal maintenance	100
D4263	Bone replacement graft - first site in quadrant	450	D4920	Unscheduled dressing change (by someone other than treating dentist)	25
D4264	Bone replacement graft - each additional site in quadrant	325	D4921	Gingival irrigation - per quadrant	15
D4265	Biologic materials to aid in soft and osseous tissue regeneration	325	D4999	Unspecified periodontal procedure, by report	0
D4266	Guided tissue regeneration - resorbable barrier, per site	325		COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
D4267	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D5110	*Complete denture - maxillary	325*
D4268	Surgical revision procedure, per tooth	0	D5120	*Complete denture - mandibular	325*
D4270	Pedicle soft tissue graft procedure	250	D5130	*Immediate denture - maxillary	350*
D4273	Subepithelial connective tissue graft procedures, per tooth	335	D5140	*Immediate denture - mandibular	350*
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	125		PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
			D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	400*

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	400*	D5761	*Reline mandibular partial denture (laboratory)	85*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425*		INTERIM PROSTHESIS	
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425*	D5810	*Interim Complete denture (maxillary)	250*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	425*	D5811	*Interim complete denture (mandibular)	250*
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	425*	D5820	*Interim partial denture (maxillary)	175*
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	245*	D5821	*Interim partial denture (mandibular)	175*
	ADJUSTMENTS TO DENTURES			OTHER REMOVABLE PROSTHESIS	
D5410	Adjust complete denture - maxillary	15	D5850	Tissue conditioning, maxillary	20
D5411	Adjust complete denture - mandibular	15	D5851	Tissue conditioning, mandibular	20
D5421	Adjust partial denture - maxillary	15	D5862	Precision attachment, by report	150
D5422	Adjust partial denture - mandibular	15	D5899	Unspecified removable prosthodontic procedure, by report	0
	REPAIRS TO COMPLETE DENTURES			NON-CLINICAL PROCEDURES	
D5510	*Repair broken complete denture base	35*	D5982	Surgical stent	150*
D5520	*Replace missing or broken teeth - complete denture (each tooth)	35*	D5987	Commissure splint	150*
	REPAIRS TO PARTIAL DENTURES		D5988	Surgical splint	150*
D5610	*Repair resin denture base	35*		PRE-SURGICAL SERVICES	
D5620	*Repair cast framework	35*	D6190	Radiographic/surgical implant index, by report	235
D5630	*Repair or replace broken clasp	35*		SURGICAL SERVICES	
D5640	*Replace broken teeth - per tooth	35*	D6010	*Surgical placement of implant body	1010
D5650	*Add tooth to existing partial denture	35*	D6012	*Surgical placement of interim body for transitional prosthesis	1010
D5660	*Add clasp to existing partial denture	35*	D6100	Implant removal, by report	700
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	155*		IMPLANT SUPPORTED PROSTHETICS	
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	155*	D6056	*Prefabricated Abutment	440
D5710	*Rebase complete maxillary denture	135*	D6057	*Custom Abutment	550
D5711	*Rebase complete mandibular denture	135*	D6058	*Abutment supported porcelain/ceramic crown	750
D5720	*Rebase maxillary partial denture	155*	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	750
D5721	*Rebase mandibular partial denture	155*	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	750
D5730	*Reline complete maxillary denture (chairside)	65*	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	750
D5731	*Reline complete mandibular denture (chairside)	65*	D6062	*Abutment supported cast metal crown (high noble metal)	750
D5740	*Reline maxillary partial denture (chairside)	65*	D6063	*Abutment supported cast metal crown (predominantly base metal)	750
D5741	*Reline mandibular partial denture (chairside)	65*	D6064	*Abutment supported cast metal crown (noble metal)	750
D5750	*Reline complete maxillary denture (laboratory)	85*	D6065	*Implant supported porcelain/ceramic crown	750
D5751	*Reline complete mandibular denture (laboratory)	85*	D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	750
D5760	*Reline maxillary partial denture (laboratory)	85*	D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	750

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6068	*Abutment supported retainer for porcelain/ceramic FPD	750	D6241	*Pontic - porcelain fused to predominantly base metal	245*
D6069	*Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	750	D6242	*Pontic - porcelain fused to noble metal	245*
D6070	*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	750	D6245	*Pontic - porcelain/ceramic	245*
D6071	*Abutment supported retainer for porcelain fused to metal FPD (noble metal)	750	D6250	*Pontic - resin with high noble metal	245*
D6072	*Abutment supported retainer for cast metal FPD (high noble metal)	750	D6251	*Pontic - resin with predominantly base metal	245*
D6073	*Abutment supported retainer for cast metal FPD (predominantly base metal)	750	D6252	*Pontic - resin with noble metal	245*
D6074	*Abutment supported retainer for cast metal FPD (noble metal)	750	D6253	*Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6075	*Implant supported retainer for ceramic FPD	750	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6076	*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	750	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180
D6077	*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	750	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225*
D6094	*Abutment supported crown - (titanium)	750	D6600	Inlay - porcelain/ceramic, two surfaces	245*
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1255	D6601	Inlay - porcelain/ceramic, three or more surfaces	245*
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1255	D6602	Inlay - cast high noble metal, two surfaces	245*
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	995	D6603	Inlay - cast high noble metal, three or more surfaces	245*
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	995	D6604	Inlay - cast predominantly base metal, two surfaces	245*
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3855	D6605	Inlay - cast predominantly base metal, three or more surfaces	245*
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3855	D6606	Inlay - cast noble metal, two surfaces	245*
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2255	D6607	Inlay - cast noble metal, three or more surfaces	245*
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2255	D6608	Onlay -porcelain/ceramic, two surfaces	245*
OTHER IMPLANT SERVICES			D6609	Onlay - porcelain/ceramic, three or more surfaces	245*
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis, and abutments and reinsertion of prosthesis	180	D6610	Onlay - cast high noble metal, two surfaces	245*
D6090	Repair implant supported prosthesis, by report	400	D6611	Onlay - cast high noble metal, three or more surfaces	245*
D6092	Recement implant/abutment supported crown	45	D6612	Onlay - cast predominantly base metal, two surfaces	245*
D6093	Recement implant/abutment supported fixed partial denture	65	D6613	Onlay - cast predominantly base metal, three or more surfaces	245*
D6095	Repair implant abutment, by report	220	D6614	Onlay - cast noble metal, two surfaces	245*
FIXED PARTIAL DENTURE PONTICS			D6615	Onlay - cast noble metal, three or more surfaces	245*
D6205	*Pontic - indirect resin based composite	750	D6624	Inlay - titanium	245*
D6210	*Pontic - cast high noble metal	245*	D6634	Onlay - titanium	245*
D6211	*Pontic - cast predominantly base metal	245*	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6212	*Pontic - cast noble metal	245*	D6710	*Crown - indirect resin based composite	245*
D6214	*Pontic - titanium	245*	D6720	*Crown - resin with high noble metal	245*
D6240	*Pontic - porcelain fused to high noble metal	245*	D6721	*Crown - resin with predominantly base metal	245*

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6722	*Crown - resin with noble metal	245*	D7261	Primary closure of a sinus perforation	275
D6740	*Crown - porcelain/ceramic	245*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50
D6750	*Crown - porcelain fused to high noble metal	245*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100
D6751	*Crown - porcelain fused to predominantly base metal	245*	D7280	Surgical access of an unerupted tooth	125
D6752	*Crown - porcelain fused to noble metal	245*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125
D6780	*Crown - 3/4 cast high noble metal	245*	D7283	Placement of device to facilitate eruption of impacted tooth	80
D6781	*Crown - 3/4 cast predominantly base metal	245*	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	125
D6782	*Crown - 3/4 cast noble metal	245*	D7286	Incisional biopsy of oral tissue-soft	85
D6783	*Crown - 3/4 porcelain/ceramic	245*	D7287	Exfoliative cytological sample collection	75
D6790	*Crown - full cast high noble metal	245*	D7288	Brush biopsy - transepithelial sample collection	25
D6791	*Crown - full cast predominantly base metal	245*	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40
D6792	*Crown - full cast noble metal	245*		ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE	
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125	D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	40
D6794	*Crown - titanium	245*	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40
	OTHER FIXED PARTIAL DENTURE SERVICES		D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	60
D6930	Re-cement or re-bond fixed partial denture	15	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	60
D6940	Stress breaker	125		VESTIBULOPLASTY	
D6950	Precision attachment	195	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370
D6980	Fixed partial denture repair necessitated by restorative material failure	80	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990
	EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			SURGICAL EXCISION OF SOFT TISSUE LESIONS	
D7111	Extraction, coronal remnants - deciduous tooth	50	D7410	Excision of benign lesion up to 1.25 cm	25
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20	D7411	Excision of benign lesion greater than 1.25 cm	50
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	30	D7412	Excision of benign lesion, complicated	55
	OTHER SURGICAL PROCEDURES			SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D7220	Removal of impacted tooth - soft tissue	50	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65
D7230	Removal of impacted tooth - partially bony	65	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95
D7240	Removal of impacted tooth - completely bony	80		EXCISION OF BONE TISSUE	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135	D7471	Removal of lateral exostosis (maxilla or mandible)	95
D7250	Surgical removal of residual tooth roots (cutting procedure)	40	D7472	Removal of torus palatinus	95
D7251	Coronectomy - intentional partial tooth removal	270	D7473	Removal of torus mandibularis	95
D7260	Oroantral fistula closure	160	D7485	Surgical reduction of osseous tuberosity	95

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	SURGICAL INCISION		D8670	Periodic orthodontic treatment visit	0
D7510	Incision and drainage of abscess - intraoral soft tissue	20	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	0
D7520	Incision and drainage of abscess - extraoral soft tissue	20	D8999	Unspecified orthodontic procedure, by report	250
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20		UNCLASSIFIED TREATMENT	
	REPAIR OF TRAUMATIC WOUNDS		D9110	Palliative (emergency) treatment of dental pain - minor procedure	0
D7910	Suture of recent small wounds up to 5 cm	35	D9120	Fixed partial denture sectioning	0
	OTHER REPAIR PROCEDURES	#N/A		ANESTHESIA	
D7921	Collection and application of autologous blood concentrate product	125	D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	350	D9211	Regional block anesthesia	0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800	D9212	Trigeminal division block anesthesia	0
D7952	Sinus augmentation via a vertical approach	350	D9215	Local anesthesia	0
D7953	Bone replacement graft for ridge preservation – per site	100	D9220	Deep sedation/general anesthesia - first 30 minutes	125
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	105	D9221	Deep sedation/general anesthesia – each additional 15 minutes	15
D7963	Frenuloplasty	105	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20
D7970	Excision of hyperplastic tissue - per arch	140	D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes	125
D7971	Excision of Pericoronal Gingiva	102	D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	55
D7972	Surgical reduction of fibrous tuberosity	125	D9248	Non-intravenous moderate (conscious) sedation	15
	LIMITED ORTHODONTIC TREATMENT			DRUGS	
D8010	Limited orthodontic treatment of the primary dentition	1000	D9610	Therapeutic parenteral drug, single administration	15
D8020	Limited orthodontic treatment of the transitional dentition	1000	D9630	Other drugs and/or medicaments, by report	15
D8030	Limited orthodontic treatment of the adolescent dentition	1000		MISCELLANEOUS SERVICES	
D8040	Limited orthodontic treatment of the adult dentition	1350	D9910	*Application of desensitizing medicament	20
	COMPREHENSIVE ORTHODONTIC TREATMENT		D9910	*Application of desensitizing medicament	20
D8070	Comprehensive orthodontic treatment of the transitional dentition	2200	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2250	D9931	Cleaning and inspection of a removable appliance	0
D8090	Comprehensive orthodontic treatment of the adult dentition	2350	D9940	*Occlusal guard, by report	250
	MINOR TREATMENT TO CONTROL HARMFUL HABITS		D9942	Repair and/or relin of Occlusal guard	40
D8210	Removable appliance therapy	103	D9950	Occlusion analysis - mounted case	75
D8220	Fixed appliance therapy	103	D9951	Occlusal adjustment - limited	30
	OTHER ORTHODONTIC SERVICES		D9952	Occlusal adjustment - complete	100
D8660	Pre-orthodontic treatment examination to monitor growth and development	35	D9973	External bleaching - per tooth	30
			D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240

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.
- 6 Members seeking implant treatment should refer to their participating implantologist, a select network of providers. Not all providers perform the implant procedures at the copay listed on the Schedule of Benefits.

Exclusions

- 1 Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
- 2 Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
- 3 Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
- 4 Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
- 6 Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
- 7 Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetic.

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 for children under the age of 16.
- 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.

Limitations Continued

- 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 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.