



S700B Dental Plan Schedule of Benefits

Members of the S700B 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 a Participating Provider. 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					
D0120	*Periodic oral evaluation - established patient	0	D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	0
D0140	Limited oral evaluation - problem focused	0	D0251	*Extra-oral posterior dental radiographic image	0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0270	*Bitewing - single radiographic image	0
D0150	*Comprehensive oral evaluation - new or established patient	0	D0272	*Bitewings - two radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0273	*Bitewings - three radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0274	*Bitewings - four radiographic images	0
D0171	Re-evaluation – post-operative office visit	0	D0277	*Vertical bitewings - 7 to 8 radiographic images	29
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0310	Sialography	150
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25	D0320	Temporomandibular joint arthrogram, including injection	250
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0321	Other temporomandibular joint radiographic images, by report	150
D9440	Office visit - after regularly scheduled hours	35	D0322	Tomographic survey	150
D9450	Case presentation, detailed and extensive treatment planning	0	D0330	*Panoramic radiographic image	50
D9986	Missed appointment	25	D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	125
DIAGNOSTIC IMAGING			D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	20
D0210	*Intraoral - complete series of radiographic images	0	D0364	*Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	169
D0220	Intraoral - periapical first radiographic image	4	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	149
D0230	Intraoral - periapical each additional radiographic image	2	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	139
D0240	Intraoral - occlusal radiographic image	0	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	139
			D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	184

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D0369	*Maxillofacial MRI capture and interpretation	139	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0370	*Maxillofacial ultrasound capture and interpretation	189	D0701	*Panoramic radiographic image – image capture only	50
D0371	*Sialoendoscopy capture and interpretation	169	D0702	*2-D cephalometric radiographic image – image capture only	125
D0380	*Cone beam CT image capture with limited field of view – less than one whole jaw	169	D0703	*2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	20
D0381	*Cone beam CT image capture with field of view of one full dental arch – mandible	149	D0705	*Extra-oral posterior dental radiographic image – image capture only	0
D0382	*Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	139	D0706	*Intraoral – occlusal radiographic image – image capture only	0
D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium	139	D0707	*Intraoral – periapical radiographic image – image capture only	2
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	184	D0708	*Intraoral – bitewing radiographic image – image capture only	0
D0385	*Maxillofacial MRI image capture	139	D0709	*Intraoral – complete series of radiographic images – image capture only	0
D0386	*Maxillofacial ultrasound image capture	169		DENTAL PROPHYLAXIS	
D0393	*Treatment simulation using 3d image volume	9	D1110	*Prophylaxis - adult	0
D0394	*Digital subtraction of two or more images or image volumes of the same modality	9	D1110	Additional prophylaxis - adult	20
D0395	*Fusion of two or more 3d image volumes of one or more modalities	9	D1120	*Prophylaxis - child	0
	TESTS AND EXAMINATIONS		D1120	Additional prophylaxis - child	20
D0415	Collection of microorganisms for culture and sensitivity	0		TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)	
D0425	Caries susceptibility tests	0	D1206	*Topical application of fluoride varnish	15
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	D1208	*Topical application of fluoride – excluding varnish	0
D0460	Pulp vitality tests	0	D9910	*Application of desensitizing medicament	20
D0470	Diagnostic casts	0		OTHER PREVENTIVE SERVICES	
	ORAL PATHOLOGY LABORATORY		D1310	Nutritional counseling for control of dental disease	0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0	D1330	Oral hygiene instructions	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	D1351	*Sealant - per tooth	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0	D1352	*Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0	D1353	Sealant repair – per tooth	0
D0502	Other oral pathology procedures, by report	0	D1354	*Application of caries arresting medicament – per tooth	20
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	0	D1355	Caries preventive medicament application – per tooth	20
D0601	Caries risk assessment and documentation, with a finding of low risk	0		SPACE MAINTAINERS (PASSIVE APPLIANCES)	
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0	D1510	*Space maintainer - fixed, unilateral - per quadrant	0
			D1516	*Space maintainer – fixed – bilateral, maxillary	0
			D1517	*Space maintainer – fixed – bilateral, mandibular	0
			D1520	*Space maintainer - removable, unilateral - per quadrant	0
			D1526	*Space maintainer – removable – bilateral, maxillary	0
			D1527	*Space maintainer – removable – bilateral, mandibular	0
			D1551	Re-cement or re-bond bilateral space maintainer - maxillary	15
			D1552	Re-cement or re-bond bilateral space maintainer - mandibular	15

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D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	15	D2664	Onlay - resin-based composite - four or more surfaces	283
D1556	Removal of fixed unilateral space maintainer - per quadrant	15		CROWNS - SINGLE RESTORATIONS ONLY	
D1557	Removal of fixed bilateral space maintainer - maxillary	15	D2710	*Crown - resin-based composite (indirect)	195
D1558	Removal of fixed bilateral space maintainer - mandibular	15	D2712	*Crown - ¾ resin-based composite (indirect)	195
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant	0	D2720	*Crown - resin with high noble metal	245*
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)		D2721	*Crown - resin with predominantly base metal	245*
D2140	Amalgam - one surface, primary or permanent	0	D2722	*Crown - resin with noble metal	245*
D2150	Amalgam - two surfaces, primary or permanent	0	D2740	*Crown - porcelain/ceramic	245*
D2160	Amalgam - three surfaces, primary or permanent	0	D2750	*Crown - porcelain fused to high noble metal	245*
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2751	*Crown - porcelain fused to predominantly base metal	245*
	RESIN BASED COMPOSITE RESTORATIONS - DIRECT		D2752	*Crown - porcelain fused to noble metal	245*
D2330	Resin-based composite - one surface, anterior	30	D2753	*Crown - porcelain fused to titanium and titanium alloys	245*
D2331	Resin-based composite - two surfaces, anterior	37	D2780	*Crown - 3/4 cast high noble metal	245*
D2332	Resin-based composite - three surfaces, anterior	50	D2781	*Crown - 3/4 cast predominantly base metal	245*
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	80	D2782	*Crown - 3/4 cast noble metal	245*
D2390	Resin-based composite crown, anterior	115	D2783	*Crown - 3/4 porcelain/ceramic	245*
D2391	Resin-based composite - one surface, posterior	65	D2790	*Crown - full cast high noble metal	245*
D2392	Resin-based composite - two surfaces, posterior	75	D2791	*Crown - full cast predominantly base metal	245*
D2393	Resin-based composite - three surfaces, posterior	90	D2792	*Crown - full cast noble metal	245*
D2394	Resin-based composite - four or more surfaces, posterior	115	D2794	*Crown - titanium and titanium alloys	245*
	GOLD FOIL RESTORATIONS		D2799	*Interim crown– further treatment or completion of diagnosis necessary prior to final impression	125
D2410	Gold foil - one surface	75		OTHER RESTORATIVE SERVICES	
D2420	Gold foil - two surfaces	95	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15
D2430	Gold foil - three surfaces	125	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20
	INLAY/ONLAY RESTORATIONS		D2920	Re-cement or re-bond crown	15
D2510	Inlay - metallic - one surface	225	D2921	Reattachment of tooth fragment, incisal edge or cusp	15
D2520	Inlay - metallic - two surfaces	235	D2928	*Prefabricated porcelain/ceramic crown – permanent tooth	49*
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 when required	70
D2644	Onlay - porcelain/ceramic - four or more surfaces	400*	D2951	Pin retention - per tooth, in addition to restoration	15
D2650	Inlay - resin-based composite - one surface	200	D2952	Post and core in addition to crown, indirectly fabricated	88
D2651	Inlay - resin-based composite - two surfaces	220	D2953	Each additional indirectly fabricated post - same tooth	95
D2652	Inlay - resin-based composite - three or more surfaces	260	D2954	Prefabricated post and core in addition to crown	75
D2662	Onlay - resin-based composite - two surfaces	240	D2955	Post removal	30
D2663	Onlay - resin-based composite - three surfaces	260			

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D2957	Each additional prefabricated post - same tooth	30	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90
D2960	Labial veneer (resin laminate) - direct	200	D3352	Apexification/recalcification – interim medication replacement	90
D2961	Labial veneer (resin laminate) - indirect	255*	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	90
D2962	Labial veneer (porcelain laminate) - indirect	390*		APICOECTOMY/PERIRADICULAR SERVICES	
D2971	Additional procedures to construct new crown under existing partial denture framework	45	D3410	Apicoectomy - anterior	100
D2975	Coping	95	D3421	Apicoectomy - premolar (first root)	315
D2980	Crown repair necessitated by restorative material failure	95	D3425	Apicoectomy - molar (first root)	340
D2981	Inlay repair necessitated by restorative material failure	95	D3426	Apicoectomy (each additional root)	95
D2982	Onlay repair necessitated by restorative material failure	95	D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	47
D2983	Veneer repair necessitated by restorative material failure	95	D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	42
D2990	Resin infiltration of incipient smooth surface lesions	29	D3430	Retrograde filling - per root	75
	PULP CAPPING		D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150
D3110	Pulp cap - direct (excluding final restoration)	25	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	150
D3120	Pulp cap - indirect (excluding final restoration)	25	D3450	Root amputation - per root	110
	PULPOTOMY		D3460	Endodontic endosseous implant	545
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30	D3470	Intentional reimplantation (including necessary splinting)	175
D3221	Pulpal debridement, primary and permanent teeth	95	D3471	Surgical repair of root resorption – anterior	100
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75	D3472	Surgical repair of root resorption – premolar	315
	ENDODONTIC THERAPY ON PRIMARY TEETH		D3473	Surgical repair of root resorption – molar	340
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	100
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	100
	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)		D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	100
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110		OTHER ENDODONTIC PROCEDURES	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	195	D3910	Surgical procedure for isolation of tooth with rubber dam	95
D3330	Endodontic therapy, molar tooth (excluding final restoration)	245	D3920	Hemisection (including any root removal), not including root canal therapy	90
D3331	Treatment of root canal obstruction; non-surgical access	85	D3921	Decoronation or submergence of an erupted tooth	30
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75	D3950	Canal preparation and fitting of preformed dowel or post	75
D3333	Internal root repair of perforation defects	125		SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)	
	ENDODONTIC RETREATMENT		D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175
D3346	Retreatment of previous root canal therapy - anterior	300	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	81
D3347	Retreatment of previous root canal therapy - premolar	350	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	49
D3348	Retreatment of previous root canal therapy - molar	440	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	195
	APEXIFICATION/RECALCIFICATION PROCEDURES				

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D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	43†
D4245	Apically positioned flap	150	D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	50†
D4249	Clinical crown lengthening – hard tissue	230	D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50†
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	60†
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	OTHER PERIODONTAL SERVICES		
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	450	D4910	*Periodontal maintenance	50
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	325	D4910	Additional Periodontal maintenance procedures	100
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	82	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25
D4266	Guided tissue regeneration - resorbable barrier, per site	325	D4921	Gingival irrigation – per quadrant	15
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	325	D4999	Unspecified periodontal procedure, by report	0
D4268	Surgical revision procedure, per tooth	0	COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		
D4270	Pedicle soft tissue graft procedure	250	D5110	*Complete denture - maxillary	325*
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	335	D5120	*Complete denture - mandibular	325*
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	125	D5130	*Immediate denture - maxillary	350*
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	502	D5140	*Immediate denture - mandibular	350*
D4276	Combined connective tissue and pedicle graft, per tooth	65	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	215	D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	400*
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	D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	400*
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	299	D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	425*
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	D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	425*
NON SURGICAL PERIODONTAL SERVICE			D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	420*
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	115	D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	420*
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	105	D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	445*
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	50†	D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	445*
			D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425*
			D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425*
			D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	425*
			D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	425*

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D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	245*		OTHER REMOVABLE PROSTHESIS	
D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	245*	D5850	Tissue conditioning, maxillary	20
	ADJUSTMENTS TO DENTURES		D5851	Tissue conditioning, mandibular	20
D5410	Adjust complete denture - maxillary	15	D5862	Precision attachment, by report	150
D5411	Adjust complete denture - mandibular	15	D5899	Unspecified removable prosthodontic procedure, by report	0
D5421	Adjust partial denture - maxillary	15		NON-CLINICAL PROCEDURES	
D5422	Adjust partial denture - mandibular	15	D5982	Surgical stent	150*
	REPAIRS TO COMPLETE DENTURES		D5987	Commissure splint	150*
D5511	*Repair broken complete denture base, mandibular	35*	D5988	Surgical splint	150*
D5512	*Repair broken complete denture base, maxillary	35*		PRE-SURGICAL SERVICES	
D5520	*Replace missing or broken teeth - complete denture (each tooth)	35*	D6190	Radiographic/surgical implant index, by report	235
	REPAIRS TO PARTIAL DENTURES		D6198	Remove interim implant component	700
D5611	*Repair resin partial denture base, mandibular	35*		SURGICAL SERVICES	
D5612	*Repair resin partial denture base, maxillary	35*	D6010	*Surgical placement of implant body: endosteal implant	1010
D5621	*Repair cast partial framework, mandibular	35*	D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1010
D5622	*Repair cast partial framework, maxillary	35*	D6100	Surgical removal of implant body	700
D5630	*Repair or replace broken retentive clasping materials – per tooth	35*		IMPLANT SUPPORTED PROSTHETICS	
D5640	*Replace broken teeth - per tooth	35*	D6056	*Prefabricated abutment – includes modification and placement	440
D5650	*Add tooth to existing partial denture	35*	D6057	*Custom fabricated abutment – includes placement	550
D5660	*Add clasp to existing partial denture - per tooth	35*	D6058	*Abutment supported porcelain/ceramic crown	750
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	155*	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	750
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	155*	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	750
D5710	*Rebase complete maxillary denture	135*	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	750
D5711	*Rebase complete mandibular denture	135*	D6062	*Abutment supported cast metal crown (high noble metal)	750
D5720	*Rebase maxillary partial denture	155*	D6063	*Abutment supported cast metal crown (predominantly base metal)	750
D5721	*Rebase mandibular partial denture	155*	D6064	*Abutment supported cast metal crown (noble metal)	750
D5725	*Rebase hybrid prosthesis	155*	D6065	*Implant supported porcelain/ceramic crown	750
D5730	*Reline complete maxillary denture (direct)	65*	D6066	*Implant supported crown - porcelain fused to high noble alloys	750
D5731	*Reline complete mandibular denture (direct)	65*	D6067	*Implant supported crown - high noble alloys	750
D5740	*Reline maxillary partial denture (direct)	65*	D6068	*Abutment supported retainer for porcelain/ceramic fpd	750
D5741	*Reline mandibular partial denture (direct)	65*	D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	750
D5750	*Reline complete maxillary denture (indirect)	85*	D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	750
D5751	*Reline complete mandibular denture (indirect)	85*	D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	750
D5760	*Reline maxillary partial denture (indirect)	85*	D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	750
D5761	*Reline mandibular partial denture (indirect)	85*	D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	750
D5765	*Soft liner for complete or partial removable denture – indirect	69*	D6074	*Abutment supported retainer for cast metal fpd (noble metal)	750
	INTERIM PROSTHESIS		D6075	*Implant supported retainer for ceramic fpd	750
D5810	*Interim complete denture (maxillary)	250*			
D5811	*Interim complete denture (mandibular)	250*			
D5820	*Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	175*			
D5821	*Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	175*			

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D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	750		OTHER IMPLANT SERVICES	
D6077	*Implant supported retainer for metal FPD - high noble alloys	750	D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	180
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	50†	D6090	Repair implant supported prosthesis, by report	400
D6082	*Implant supported crown - porcelain fused to predominantly base alloys	750	D6092	Re-cement or re-bond implant/abutment supported crown	45
D6083	*Implant supported crown - porcelain fused to noble alloys	750	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65
D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	750	D6095	Repair implant abutment, by report	220
D6085	Interim implant crown	125	D6096	Remove broken implant retaining screw	500
D6086	*Implant supported crown - predominantly base alloys	750		FIXED PARTIAL DENTURE PONTICS	
D6087	*Implant supported crown - noble alloys	750	D6205	*Pontic - indirect resin based composite	750
D6088	*Implant supported crown - titanium and titanium alloys	750	D6210	*Pontic - cast high noble metal	245*
D6094	*Abutment supported crown - titanium and titanium alloys	750	D6211	*Pontic - cast predominantly base metal	245*
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	750	D6212	*Pontic - cast noble metal	245*
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	750	D6214	*Pontic - titanium and titanium alloys	245*
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	750	D6240	*Pontic - porcelain fused to high noble metal	245*
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1255	D6241	*Pontic - porcelain fused to predominantly base metal	245*
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1255	D6242	*Pontic - porcelain fused to noble metal	245*
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	995	D6243	*Pontic - porcelain fused to titanium and titanium alloys	245*
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	995	D6245	*Pontic - porcelain/ceramic	245*
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3855	D6250	*Pontic - resin with high noble metal	245*
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3855	D6251	*Pontic - resin with predominantly base metal	245*
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2255	D6252	*Pontic - resin with noble metal	245*
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2255	D6253	*Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1804		FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS	
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1804	D6545	Retainer - cast metal for resin bonded fixed prosthesis	390
D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	750	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225*
D6121	*Implant supported retainer for metal FPD – predominantly base alloys	750	D6600	Retainer inlay - porcelain/ceramic, two surfaces	245*
D6122	*Implant supported retainer for metal FPD – noble alloys	750	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	245*
D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	750	D6602	Retainer inlay - cast high noble metal, two surfaces	245*
			D6603	Retainer inlay - cast high noble metal, three or more surfaces	245*
			D6604	Retainer inlay - cast predominantly base metal, two surfaces	245*
			D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	245*
			D6606	Retainer inlay - cast noble metal, two surfaces	245*
			D6607	Retainer inlay - cast noble metal, three or more surfaces	245*
			D6608	Retainer onlay - porcelain/ceramic, two surfaces	245*
			D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	245*
			D6610	Retainer onlay - cast high noble metal, two surfaces	245*
			D6611	Retainer onlay - cast high noble metal, three or more surfaces	245*

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6612	Retainer onlay - cast predominantly base metal, two surfaces	245*	D7240	Removal of impacted tooth - completely bony	80
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	245*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135
D6614	Retainer onlay - cast noble metal, two surfaces	245*	D7250	Removal of residual tooth roots (cutting procedure)	40
D6615	Retainer onlay - cast noble metal, three or more surfaces	245*	D7251	Coronectomy – intentional partial tooth removal	270
D6624	Retainer inlay - titanium	245*	D7260	Oroantral fistula closure	160
D6634	Retainer onlay - titanium	245*	D7261	Primary closure of a sinus perforation	275
FIXED PARTIAL DENTURE RETAINERS - CROWNS			D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50
D6710	*Retainer crown - indirect resin based composite	245*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100
D6720	*Retainer crown - resin with high noble metal	245*	D7280	Exposure of an unerupted tooth	125
D6721	*Retainer crown - resin with predominantly base metal	245*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125
D6722	*Retainer crown - resin with noble metal	245*	D7283	Placement of device to facilitate eruption of impacted tooth	80
D6740	*Retainer crown - porcelain/ceramic	245*	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	125
D6750	*Retainer crown - porcelain fused to high noble metal	245*	D7286	Incisional biopsy of oral tissue-soft	85
D6751	*Retainer crown - porcelain fused to predominantly base metal	245*	D7287	Exfoliative cytological sample collection	75
D6752	*Retainer crown - porcelain fused to noble metal	245*	D7288	Brush biopsy - transepithelial sample collection	25
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	245*	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40
D6780	*Retainer crown - 3/4 cast high noble metal	245*	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE		
D6781	*Retainer crown - 3/4 cast predominantly base metal	245*	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40
D6782	*Retainer crown - 3/4 cast noble metal	245*	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40
D6783	*Retainer crown - 3/4 porcelain/ceramic	245*	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60
D6784	*Retainer crown ¾ - titanium and titanium alloys	245*	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	60
D6790	*Retainer crown - full cast high noble metal	245*	VESTIBULOPLASTY		
D6791	*Retainer crown - full cast predominantly base metal	245*	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370
D6792	*Retainer crown - full cast noble metal	245*	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990
D6793	*Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125	SURGICAL EXCISION OF SOFT TISSUE LESIONS		
D6794	*Retainer crown - titanium and titanium alloys	245*	D7410	Excision of benign lesion up to 1.25 cm	25
OTHER FIXED PARTIAL DENTURE SERVICES			D7411	Excision of benign lesion greater than 1.25 cm	50
D6930	Re-cement or re-bond fixed partial denture	15	D7412	Excision of benign lesion, complicated	55
D6940	Stress breaker	125	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D6950	Precision attachment	195	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65
D6980	Fixed partial denture repair necessitated by restorative material failure	80	EXCISION OF BONE TISSUE		
EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			D7471	Removal of lateral exostosis (maxilla or mandible)	95
D7111	Extraction, coronal remnants – primary tooth	50	D7472	Removal of torus palatinus	95
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20	D7473	Removal of torus mandibularis	95
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30	D7485	Reduction of osseous tuberosity	95
OTHER SURGICAL PROCEDURES			SURGICAL INCISION		
D7220	Removal of impacted tooth - soft tissue	50	D7510	Incision and drainage of abscess - intraoral soft tissue	20
D7230	Removal of impacted tooth - partially bony	65			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D8999	Unspecified orthodontic procedure, by report	250
D7520	Incision and drainage of abscess - extraoral soft tissue	20		UNCLASSIFIED TREATMENT	
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D9110	Palliative (emergency) treatment of dental pain - minor procedure	0
	REPAIR OF TRAUMATIC WOUNDS		D9120	Fixed partial denture sectioning	0
D7910	Suture of recent small wounds up to 5 cm	35		ANESTHESIA	
	OTHER REPAIR PROCEDURES		D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D7921	Collection and application of autologous blood concentrate product	125	D9211	Regional block anesthesia	0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	350	D9212	Trigeminal division block anesthesia	0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800	D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D7952	Sinus augmentation via a vertical approach	350	D9222	Deep sedation/general anesthesia – first 15 minutes	50
D7953	Bone replacement graft for ridge preservation - per site	100	D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	50
D7961	Buccal / labial frenectomy (frenulectomy)	105	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	20
D7962	Lingual frenectomy (frenulectomy)	105	D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	65
D7963	Frenuloplasty	105	D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	65
D7970	Excision of hyperplastic tissue - per arch	140	D9248	Non-intravenous conscious sedation	15
D7971	Excision of pericoronal gingiva	102		DRUGS	
D7972	Surgical reduction of fibrous tuberosity	125	D9610	Therapeutic parenteral drug, single administration	15
	LIMITED ORTHODONTIC TREATMENT		D9630	Drugs or medicaments dispensed in the office for home use	15
D8010	Limited orthodontic treatment of the primary dentition	1000		MISCELLANEOUS SERVICES	
D8020	Limited orthodontic treatment of the transitional dentition	1000	D9910	*Application of desensitizing medicament	20
D8030	Limited orthodontic treatment of the adolescent dentition	1000	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	0
D8040	Limited orthodontic treatment of the adult dentition	1350	D9912	Pre-visit patient screening	0
	COMPREHENSIVE ORTHODONTIC TREATMENT		D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8070	Comprehensive orthodontic treatment of the transitional dentition	2200	D9932	Cleaning and inspection of removable complete denture, maxillary	0
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2250	D9933	Cleaning and inspection of removable complete denture, mandibular	0
D8090	Comprehensive orthodontic treatment of the adult dentition	2350	D9934	Cleaning and inspection of removable partial denture, maxillary	0
	MINOR TREATMENT TO CONTROL HARMFUL HABITS		D9935	Cleaning and inspection of removable partial denture, mandibular	0
D8210	*Removable appliance therapy	103	D9942	Repair and/or reline of occlusal guard	40
D8220	*Fixed appliance therapy	103	D9943	Occlusal guard adjustment	25
	OTHER ORTHODONTIC SERVICES		D9944	*Occlusal guard – hard appliance, full arch	250
D8660	Pre-orthodontic treatment examination to monitor growth and development	35	D9945	*Occlusal guard – soft appliance, full arch	250
D8670	Periodic orthodontic treatment visit	0	D9946	*Occlusal guard – hard appliance, partial arch	250
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300	D9947	Custom sleep apnea appliance fabrication and placement	1900
D8681	Removable orthodontic retainer adjustment	0	D9948	Adjustment of custom sleep apnea appliance	85
D8698	Re-cement or re-bond fixed retainer – maxillary	0	D9949	Repair of custom sleep apnea appliance	88
D8699	Re-cement or re-bond fixed retainer – mandibular	0	D9950	Occlusion analysis - mounted case	75
			D9951	Occlusal adjustment - limited	30
			D9952	Occlusal adjustment - complete	100
			D9973	External bleaching - per tooth	30

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
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			
D9997	Dental case management - patients with special health care needs	0			

ADDITIONAL FEES

Copayments marked by '*' do not include the cost of material and laboratory fees. Additional cost to patient is as follows:

- High noble metal (precious) up to \$145.00
- Titanium metal up to \$120 (covered with proof of allergy to other metals)
- Noble metal (semi-precious) up to \$120.00
- Predominantly base metal (non-precious) up to \$55.00
- Crown laboratory fees up to \$155.00
- Laboratory fees on dentures up to \$225.00
- Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
- Denture repair laboratory fees up to \$50.00
- All ceramic and/or porcelain crown material fees up to \$155.00

SPECIALTY SERVICES

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 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 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 a Specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care by going directly to a Participating Specialist with no referral and receive a 25% reduction off the Provider's usual and customary fee.
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 Network Specialty Dentist with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
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. Unless it is a dental emergency, services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice are excluded.
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.

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. 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 for endodontic procedures do not include the cost of the final restoration.
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. A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
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 upgraded treatment in place of traditional Orthodontic treatment, and would pay the difference of the listed member Ortho co-pay 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.