

## S50B

# Dental Plan Schedule of Benefits

Members of the S50B 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 and preventive care at no charge
- Cosmetic & orthodontia treatment covered

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

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

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1355	Caries preventive medicament application – per tooth	0	D2543	Onlay - metallic - three surfaces	0
	<b>SPACE MAINTAINERS (PASSIVE APPLIANCES)</b>		D2544	Onlay - metallic - four or more surfaces	0
D1510	*Space maintainer - fixed, unilateral - per quadrant	0	D2610	Inlay - porcelain/ceramic - one surface	0*
D1516	*Space maintainer – fixed – bilateral, maxillary	0	D2620	Inlay - porcelain/ceramic - two surfaces	0*
D1517	*Space maintainer – fixed – bilateral, mandibular	0	D2630	Inlay - porcelain/ceramic - three or more surfaces	0*
D1520	*Space maintainer - removable, unilateral - per quadrant	0	D2642	Onlay - porcelain/ceramic - two surfaces	0*
D1526	*Space maintainer – removable – bilateral, maxillary	0	D2643	Onlay - porcelain/ceramic - three surfaces	0*
D1527	*Space maintainer – removable – bilateral, mandibular	0	D2644	Onlay - porcelain/ceramic - four or more surfaces	0*
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0	D2650	Inlay - resin-based composite - one surface	0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0	D2651	Inlay - resin-based composite - two surfaces	0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	0	D2652	Inlay - resin-based composite - three or more surfaces	0
D1556	Removal of fixed unilateral space maintainer - per quadrant	0	D2662	Onlay - resin-based composite - two surfaces	0
D1557	Removal of fixed bilateral space maintainer - maxillary	0	D2663	Onlay - resin-based composite - three surfaces	0
D1558	Removal of fixed bilateral space maintainer - mandibular	0	D2664	Onlay - resin-based composite - four or more surfaces	0
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant	0		<b>CROWNS - SINGLE RESTORATIONS ONLY</b>	
	<b>AMALGAMS RESTORATIONS (INCLUDING POLISHING)</b>		D2710	*Crown - resin-based composite (indirect)	150
D2140	Amalgam - one surface, primary or permanent	0	D2712	*Crown - ¾ resin-based composite (indirect)	150
D2150	Amalgam - two surfaces, primary or permanent	0	D2720	*Crown - resin with high noble metal	150*
D2160	Amalgam - three surfaces, primary or permanent	0	D2721	*Crown - resin with predominantly base metal	150*
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2722	*Crown - resin with noble metal	150*
	<b>RESIN BASED COMPOSITE RESTORATIONS - DIRECT</b>		D2740	*Crown - porcelain/ceramic	150*
D2330	Resin-based composite - one surface, anterior	0	D2750	*Crown - porcelain fused to high noble metal	150*
D2331	Resin-based composite - two surfaces, anterior	0	D2751	*Crown - porcelain fused to predominantly base metal	150*
D2332	Resin-based composite - three surfaces, anterior	0	D2752	*Crown - porcelain fused to noble metal	150*
D2335	Resin-based composite - four or more surfaces (anterior)	0	D2753	*Crown - porcelain fused to titanium and titanium alloys	150*
D2390	Resin-based composite crown, anterior	0	D2780	*Crown - 3/4 cast high noble metal	150*
D2391	Resin-based composite - one surface, posterior	0	D2781	*Crown - 3/4 cast predominantly base metal	150*
D2392	Resin-based composite - two surfaces, posterior	0	D2782	*Crown - 3/4 cast noble metal	150*
D2393	Resin-based composite - three surfaces, posterior	0	D2783	*Crown - 3/4 porcelain/ceramic	150*
D2394	Resin-based composite - four or more surfaces, posterior	0	D2790	*Crown - full cast high noble metal	150*
	<b>GOLD FOIL RESTORATIONS</b>		D2791	*Crown - full cast predominantly base metal	150*
D2410	Gold foil - one surface	0	D2792	*Crown - full cast noble metal	150*
D2420	Gold foil - two surfaces	0	D2794	*Crown - titanium and titanium alloys	150*
D2430	Gold foil - three surfaces	0	D2799	*Interim crown– further treatment or completion of diagnosis necessary prior to final impression	150
	<b>INLAY/ONLAY RESTORATIONS</b>			<b>OTHER RESTORATIVE SERVICES</b>	
D2510	Inlay - metallic - one surface	0	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0
D2520	Inlay - metallic - two surfaces	0	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	0
D2530	Inlay - metallic - three or more surfaces	0	D2920	Re-cement or re-bond crown	0
D2542	Onlay - metallic - two surfaces	0	D2921	Reattachment of tooth fragment, incisal edge or cusp	0
			D2928	*Prefabricated porcelain/ceramic crown – permanent tooth	0*
			D2929	*Prefabricated porcelain/ceramic crown – primary tooth	0*
			D2930	Prefabricated stainless steel crown - primary tooth	0
			D2931	Prefabricated stainless steel crown - permanent tooth	0

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2932	Prefabricated resin crown	0	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	125
D2933	Prefabricated stainless steel crown with resin window	0	D3330	Endodontic therapy, molar tooth (excluding final restoration)	150
D2940	Protective restoration	0	D3331	Treatment of root canal obstruction; non-surgical access	0
D2941	Interim therapeutic restoration – primary dentition	0	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	0
D2949	Restorative foundation for an indirect restoration	0	D3333	Internal root repair of perforation defects	0
D2950	Core buildup, including any pins when required	0	<b>ENDODONTIC RETREATMENT</b>		
D2951	Pin retention - per tooth, in addition to restoration	0	D3346	Retreatment of previous root canal therapy - anterior	0
D2952	Post and core in addition to crown, indirectly fabricated	0	D3347	Retreatment of previous root canal therapy - premolar	0
D2953	Each additional indirectly fabricated post - same tooth	0	D3348	Retreatment of previous root canal therapy - molar	0
D2954	Prefabricated post and core in addition to crown	0	<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>		
D2955	Post removal	0	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0
D2957	Each additional prefabricated post - same tooth	0	D3352	Apexification/recalcification – interim medication replacement	0
D2960	Labial veneer (resin laminate) - direct	0	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	0
D2961	Labial veneer (resin laminate) - indirect	0*	<b>APICTOMY/PERIRADICULAR SERVICES</b>		
D2962	Labial veneer (porcelain laminate) - indirect	0*	D3410	Apicoectomy - anterior	0
D2971	Additional procedures to construct new crown under existing partial denture framework	0	D3421	Apicoectomy - premolar (first root)	0
D2975	Coping	0	D3425	Apicoectomy - molar (first root)	0
D2980	Crown repair necessitated by restorative material failure	0	D3426	Apicoectomy (each additional root)	0
D2981	Inlay repair necessitated by restorative material failure	0	D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	0
D2982	Onlay repair necessitated by restorative material failure	0	D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	0
D2983	Veneer repair necessitated by restorative material failure	0	D3430	Retrograde filling - per root	0
D2989	Excavation of a tooth resulting in the determination of non-restorability	125.00	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	0
D2990	Resin infiltration of incipient smooth surface lesions	0	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	0
D2991	Application of hydroxyapatite regeneration medicament – per tooth	0	D3450	Root amputation - per root	0
<b>PULP CAPPING</b>			D3460	Endodontic endosseous implant	0
D3110	Pulp cap - direct (excluding final restoration)	0	D3470	Intentional reimplantation (including necessary splinting)	0
D3120	Pulp cap - indirect (excluding final restoration)	0	D3471	Surgical repair of root resorption – anterior	0
<b>PULPOTOMY</b>			D3472	Surgical repair of root resorption – premolar	0
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0	D3473	Surgical repair of root resorption – molar	0
D3221	Pulpal debridement, primary and permanent teeth	0	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	0
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	0
<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>			D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	0
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0	<b>OTHER ENDODONTIC PROCEDURES</b>		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0	D3910	Surgical procedure for isolation of tooth with rubber dam	0
<b>ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES &amp; FOLLOW-UP CARE)</b>					
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	75			

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D3920	Hemisection (including any root removal), not including root canal therapy	0	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	0
D3921	Decoronation or submergence of an erupted tooth	10			
D3950	Canal preparation and fitting of preformed dowel or post	0	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	0
	<b>SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)</b>				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0	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	0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0	D4286	Removal of non-resorbable barrier	20.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0		<b>NON SURGICAL PERIODONTAL SERVICE</b>	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0	D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0	D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	0
D4245	Apically positioned flap	0	D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	0†
D4249	Clinical crown lengthening – hard tissue	0	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	0†
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	0	D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0†
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	0	D4355	*Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	0†
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	0	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	0†
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	0		<b>OTHER PERIODONTAL SERVICES</b>	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	0	D4910	*Periodontal maintenance	0
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	0	D4910	Additional Periodontal maintenance procedures	0
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site (includes membrane removal)	0	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	0
D4268	Surgical revision procedure, per tooth	0	D4921	Gingival irrigation with a medical agent – per quadrant	0
D4270	Pedicle soft tissue graft procedure	0	D4999	Unspecified periodontal procedure, by report	0
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	0		<b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	0	D5110	*Complete denture - maxillary	0*
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	0	D5120	*Complete denture - mandibular	0*
D4276	Combined connective tissue and pedicle graft, per tooth	0	D5130	*Immediate denture - maxillary	0*
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	0	D5140	*Immediate denture - mandibular	0*
				<b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>	
			D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0*
			D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0*
			D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	0*
			D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	0*



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D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	0*	D5721	*Rebase mandibular partial denture	0*
D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	0*	D5725	*Rebase hybrid prosthesis	0*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0*	D5730	*Reline complete maxillary denture (direct)	0*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0*	D5731	*Reline complete mandibular denture (direct)	0*
D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0*	D5740	*Reline maxillary partial denture (direct)	0*
D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0*	D5741	*Reline mandibular partial denture (direct)	0*
D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	0*	D5750	*Reline complete maxillary denture (indirect)	0*
D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	0*	D5751	*Reline complete mandibular denture (indirect)	0*
D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	0*	D5760	*Reline maxillary partial denture (indirect)	0*
D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	0*	D5761	*Reline mandibular partial denture (indirect)	0*
	<b>ADJUSTMENTS TO DENTURES</b>		D5765	*Soft liner for complete or partial removable denture – indirect	0*
D5410	Adjust complete denture - maxillary	0		<b>INTERIM PROSTHESIS</b>	
D5411	Adjust complete denture - mandibular	0	D5810	*Interim complete denture (maxillary)	0*
D5421	Adjust partial denture - maxillary	0	D5811	*Interim complete denture (mandibular)	0*
D5422	Adjust partial denture - mandibular	0	D5820	*Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	0*
	<b>REPAIRS TO COMPLETE DENTURES</b>		D5821	*Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	0*
D5511	*Repair broken complete denture base, mandibular	0*		<b>OTHER REMOVABLE PROSTHESIS</b>	
D5512	*Repair broken complete denture base, maxillary	0*	D5850	Tissue conditioning, maxillary	0
D5520	*Replace missing or broken teeth - complete denture (each tooth)	0*	D5851	Tissue conditioning, mandibular	0
	<b>REPAIRS TO PARTIAL DENTURES</b>		D5862	Precision attachment, by report	0
D5611	*Repair resin partial denture base, mandibular	0*	D5899	Unspecified removable prosthodontic procedure, by report	0
D5612	*Repair resin partial denture base, maxillary	0*		<b>NON-CLINICAL PROCEDURES</b>	
D5621	*Repair cast partial framework, mandibular	0*	D5982	Surgical stent	0*
D5622	*Repair cast partial framework, maxillary	0*	D5987	Commissure splint	0*
D5630	*Repair or replace broken retentive clasping materials – per tooth	0*	D5988	Surgical splint	0*
D5640	*Replace broken teeth - per tooth	0*		<b>PRE-SURGICAL SERVICES</b>	
D5650	*Add tooth to existing partial denture	0*	D6190	Radiographic/surgical implant index, by report	235
D5660	*Add clasp to existing partial denture - per tooth	0*	D6198	Remove interim implant component	700
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	0*		<b>SURGICAL SERVICES</b>	
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	0*	D6010	*Surgical placement of implant body: endosteal implant	950
D5710	*Rebase complete maxillary denture	0*	D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	950
D5711	*Rebase complete mandibular denture	0*	D6100	Surgical removal of implant body	700
D5720	*Rebase maxillary partial denture	0*		<b>IMPLANT SUPPORTED PROSTHETICS</b>	
			D6056	*Prefabricated abutment – includes modification and placement	385
			D6057	*Custom fabricated abutment – includes placement	495
			D6058	*Abutment supported porcelain/ceramic crown	695
			D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	695
			D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	695
			D6061	*Abutment supported porcelain fused to metal crown (noble metal)	695
			D6062	*Abutment supported cast metal crown (high noble metal)	695
			D6063	*Abutment supported cast metal crown (predominantly base metal)	695

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6064	*Abutment supported cast metal crown (noble metal)	695	D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1200
D6065	*Implant supported porcelain/ceramic crown	695	D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	940
D6066	*Implant supported crown - porcelain fused to high noble alloys	695	D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	940
D6067	*Implant supported crown - high noble alloys	695	D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3800
D6068	*Abutment supported retainer for porcelain/ceramic fpd	695	D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3800
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	695	D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2200
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	695	D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2200
D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	695	D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1760
D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	695	D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1760
D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	695	D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	695
D6074	*Abutment supported retainer for cast metal fpd (noble metal)	695	D6121	*Implant supported retainer for metal FPD – predominantly base alloys	695
D6075	*Implant supported retainer for ceramic fpd	695	D6122	*Implant supported retainer for metal FPD – noble alloys	695
D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	695	D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	695
D6077	*Implant supported retainer for metal FPD - high noble alloys	695	<b>OTHER IMPLANT SERVICES</b>		
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	36†	D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	180
D6082	*Implant supported crown - porcelain fused to predominantly base alloys	695	D6090	Repair implant supported prosthesis, by report	400
D6083	*Implant supported crown - porcelain fused to noble alloys	695	D6092	Re-cement or re-bond implant/abutment supported crown	45
D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	695	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65
D6085	Interim implant crown	125	D6095	Repair implant abutment, by report	220
D6086	*Implant supported crown - predominantly base alloys	695	D6096	Remove broken implant retaining screw	500
D6087	*Implant supported crown - noble alloys	695	<b>FIXED PARTIAL DENTURE PONTICS</b>		
D6088	*Implant supported crown - titanium and titanium alloys	695	D6205	*Pontic - indirect resin based composite	150
D6088	*Implant supported crown - titanium and titanium alloys	695	D6210	*Pontic - cast high noble metal	150*
D6094	*Abutment supported crown - titanium and titanium alloys	695	D6211	*Pontic - cast predominantly base metal	150*
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	695	D6212	*Pontic - cast noble metal	150*
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	695	D6214	*Pontic - titanium and titanium alloys	150*
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	695	D6240	*Pontic - porcelain fused to high noble metal	150*
D6105	Removal of implant body not requiring bone removal nor flap elevation	700	D6241	*Pontic - porcelain fused to predominantly base metal	150*
D6106	Guided tissue regeneration – resorbable barrier, per implant	0	D6242	*Pontic - porcelain fused to noble metal	150*
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	0	D6243	*Pontic - porcelain fused to titanium and titanium alloys	150*
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1200	D6245	*Pontic - porcelain/ceramic	150*
SHI-G-SCH-1-0-NY1117			D6250	*Pontic - resin with high noble metal	150*
			D6251	*Pontic - resin with predominantly base metal	150*
			D6252	*Pontic - resin with noble metal	150*
			D6253	*Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	150

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS</b>			D6784	*Retainer crown ¾ - titanium and titanium alloys	150*
D6545	Retainer - cast metal for resin bonded fixed prosthesis	150	D6790	*Retainer crown - full cast high noble metal	150*
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	150*	D6791	*Retainer crown - full cast predominantly base metal	150*
D6600	Retainer inlay - porcelain/ceramic, two surfaces	150*	D6792	*Retainer crown - full cast noble metal	150*
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	150*	D6793	*Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	150
D6602	Retainer inlay - cast high noble metal, two surfaces	150*	D6794	*Retainer crown - titanium and titanium alloys	150*
D6603	Retainer inlay - cast high noble metal, three or more surfaces	150*	<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D6604	Retainer inlay - cast predominantly base metal, two surfaces	150*	D6930	Re-cement or re-bond fixed partial denture	0
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	150*	D6940	Stress breaker	0
D6606	Retainer inlay - cast noble metal, two surfaces	150*	D6950	Precision attachment	0
D6607	Retainer inlay - cast noble metal, three or more surfaces	150*	D6980	Fixed partial denture repair necessitated by restorative material failure	0
D6608	Retainer onlay - porcelain/ceramic, two surfaces	150*	<b>EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)</b>		
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	150*	D7111	Extraction, coronal remnants – primary tooth	0
D6610	Retainer onlay - cast high noble metal, two surfaces	150*	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
D6611	Retainer onlay - cast high noble metal, three or more surfaces	150*	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	10
D6612	Retainer onlay - cast predominantly base metal, two surfaces	150*	<b>OTHER SURGICAL PROCEDURES</b>		
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	150*	D7220	Removal of impacted tooth - soft tissue	25
D6614	Retainer onlay - cast noble metal, two surfaces	150*	D7230	Removal of impacted tooth - partially bony	35
D6615	Retainer onlay - cast noble metal, three or more surfaces	150*	D7240	Removal of impacted tooth - completely bony	50
D6624	Retainer inlay - titanium	150*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	75
D6634	Retainer onlay - titanium	150*	D7250	Removal of residual tooth roots (cutting procedure)	0
<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>			D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	0
D6710	*Retainer crown - indirect resin based composite	150*	D7260	Oroantral fistula closure	0
D6720	*Retainer crown - resin with high noble metal	150*	D7261	Primary closure of a sinus perforation	0
D6721	*Retainer crown - resin with predominantly base metal	150*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0
D6722	*Retainer crown - resin with noble metal	150*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	0
D6740	*Retainer crown - porcelain/ceramic	150*	D7280	Exposure of an unerupted tooth	0
D6750	*Retainer crown - porcelain fused to high noble metal	150*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	0
D6751	*Retainer crown - porcelain fused to predominantly base metal	150*	D7283	Placement of device to facilitate eruption of impacted tooth	0
D6752	*Retainer crown - porcelain fused to noble metal	150*	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	0
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	150*	D7286	Incisional biopsy of oral tissue-soft	0
D6780	*Retainer crown - 3/4 cast high noble metal	150*	D7287	Exfoliative cytological sample collection	0
D6781	*Retainer crown - 3/4 cast predominantly base metal	150*	D7288	Brush biopsy - transepithelial sample collection	0
D6782	*Retainer crown - 3/4 cast noble metal	150*	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	0
D6783	*Retainer crown - 3/4 porcelain/ceramic	150*	<b>ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE</b>		
			D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0



CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0	D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0	D7961	Buccal / labial frenectomy (frenulectomy)	0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0	D7962	Lingual frenectomy (frenulectomy)	0
	<b>VESTIBULOPLASTY</b>		D7963	Frenuloplasty	0
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	0	D7970	Excision of hyperplastic tissue - per arch	0
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0	D7971	Excision of pericoronal gingiva	0
	<b>SURGICAL EXCISION OF SOFT TISSUE LESIONS</b>		D7972	Surgical reduction of fibrous tuberosity	0
D7410	Excision of benign lesion up to 1.25 cm	0		<b>LIMITED ORTHODONTIC TREATMENT</b>	
D7411	Excision of benign lesion greater than 1.25 cm	0	D8010	Limited orthodontic treatment of the primary dentition	1000
D7412	Excision of benign lesion, complicated	0	D8020	Limited orthodontic treatment of the transitional dentition	1000
	<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>		D8030	Limited orthodontic treatment of the adolescent dentition	1000
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0	D8040	Limited orthodontic treatment of the adult dentition	1000
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0		<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>	
D7509	Marsupialization of odontogenic cyst	0	D8070	Comprehensive orthodontic treatment of the transitional dentition	1500
	<b>EXCISION OF BONE TISSUE</b>		D8080	Comprehensive orthodontic treatment of the adolescent dentition	1500
D7471	Removal of lateral exostosis (maxilla or mandible)	0	D8090	Comprehensive orthodontic treatment of the adult dentition	1500
D7472	Removal of torus palatinus	0		<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>	
D7473	Removal of torus mandibularis	0	D8210	*Removable appliance therapy	0
D7485	Reduction of osseous tuberosity	0	D8220	*Fixed appliance therapy	0
	<b>SURGICAL INCISION</b>			<b>OTHER ORTHODONTIC SERVICES</b>	
D7510	Incision and drainage of abscess - intraoral soft tissue	0	D8660	Pre-orthodontic treatment examination to monitor growth and development	35
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0	D8670	Periodic orthodontic treatment visit	0
D7520	Incision and drainage of abscess - extraoral soft tissue	0	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	250
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0	D8681	Removable orthodontic retainer adjustment	0
	<b>REPAIR OF TRAUMATIC WOUNDS</b>		D8698	Re-cement or re-bond fixed retainer – maxillary	0
D7910	Suture of recent small wounds up to 5 cm	0	D8699	Re-cement or re-bond fixed retainer – mandibular	0
	<b>OTHER REPAIR PROCEDURES</b>		D8999	Unspecified orthodontic procedure, by report	0
D7921	Collection and application of autologous blood concentrate product	0		<b>UNCLASSIFIED TREATMENT</b>	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	0	D9110	Palliative treatment of dental pain - per visit	0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	0	D9120	Fixed partial denture sectioning	0
D7952	Sinus augmentation via a vertical approach	0		<b>ANESTHESIA</b>	
D7953	Bone replacement graft for ridge preservation - per site	0	D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	0	D9211	Regional block anesthesia	0
			D9212	Trigeminal division block anesthesia	0
			D9215	Local anesthesia in conjunction with operative or surgical procedures	0
			D9222	Deep sedation/general anesthesia – first 15 minutes	0
			D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	0
			D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0

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D9239	Intravenous moderate (conscious) sedation/ analgesia- first 15 minutes	0			
D9243	Intravenous moderate (conscious) sedation/ analgesia – each subsequent 15 minute increment	0			
D9248	Non-intravenous conscious sedation	0			
	<b>DRUGS</b>				
D9610	Therapeutic parenteral drug, single administration	0			
D9630	Drugs or medicaments dispensed in the office for home use	0			
	<b>MISCELLANEOUS SERVICES</b>				
D9910	*Application of desensitizing medicament	0			
D9911	Application of desensitizing resin for cervical and/ or root surface, per tooth	0			
D9912	Pre-visit patient screening	0			
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0			
D9932	Cleaning and inspection of removable complete denture, maxillary	0			
D9933	Cleaning and inspection of removable complete denture, mandibular	0			
D9934	Cleaning and inspection of removable partial denture, maxillary	0			
D9935	Cleaning and inspection of removable partial denture, mandibular	0			
D9942	Repair and/or reline of occlusal guard	0			
D9943	Occlusal guard adjustment	0			
D9944	*Occlusal guard – hard appliance, full arch	150			
D9945	*Occlusal guard – soft appliance, full arch	150			
D9946	*Occlusal guard – hard appliance, partial arch	150			
D9947	Custom sleep apnea appliance fabrication and placement	1900			
D9948	Adjustment of custom sleep apnea appliance	85			
D9949	Repair of custom sleep apnea appliance	88			
D9950	Occlusion analysis - mounted case	0			
D9951	Occlusal adjustment - limited	0			
D9952	Occlusal adjustment - complete	0			
D9953	Reline custom sleep apnea appliance (indirect)	0			
D9972	External bleaching - per arch - performed in office	150			
D9973	External bleaching - per tooth	25			
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	225			
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; or your Provider may obtain written authorization from Solstice and You may receive specialty treatment by an approved Participating Specialist at the listed Copayments.
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](http://www.solsticebenefits.com) under "Locate A Provider."

### Exclusions

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

### Limitations

1. Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation
2. All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period.
5. Sealants (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. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
19. A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
20. Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
21. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
22. Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
23. D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.

### IMPORTANT DISCLAIMER

The above Summary of Benefits is for informational purposes only and is not an offer of coverage. For a complete listing of your coverage, including specialty services, non covered services, exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the Certificate of Coverage/benefits administrator will govern. All terms and conditions and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

Solstice Health Insurance Company is a licensed Accident and Health Insurance Company under New York Insurance Law Section 1113(a)(3)"

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