



Solstice 300B-SHP/D1070 Dental Plan Schedule of Benefits

Members of the 300B-SHP Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

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

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

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

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

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

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

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			DIAGNOSTIC IMAGING		
D0120	*Periodic oral evaluation - established patient	0	D0210	*Intraoral - complete series (including bitewings)	0
D0140	Limited oral evaluation - problem focused	0	D0220	Intraoral - periapical first radiographic images	4
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0230	Intraoral - periapical each additional radiographic images	2
D0150	*Comprehensive oral evaluation - new or established patient	0	D0240	Intraoral - occlusal radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0250	Extraoral - first radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0260	Extraoral - each additional radiographic images	0
D0171	Re-evaluation - post-operative office visit	0	D0270	*Bitewing - single radiographic images	0
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0272	*Bitewings - two radiographic images	0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25	D0273	*Bitewings - three radiographic images	0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	5	D0274	*Bitewings - four radiographic images	0
D9440	Office visit - after regularly scheduled hours	35	D0277	*Vertical bitewings - 7 to 8 radiographic images	30
D9450	Case presentation, detailed and extensive treatment planning	0	D0290	Posterior-anterior or lateral skull and facial bone survey radiographic images	150
D9986	Missed appointment	25	D0310	Sialography	150

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D0320	Temporomandibular joint arthrogram, including injection	250	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	65
D0321	Other temporomandibular joint radiographic images, by report	150	D0460	Pulp vitality tests	10
D0322	Tomographic survey	150	D0470	Diagnostic casts	25
D0330	*Panoramic radiographic images	50	ORAL PATHOLOGY LABORATORY		
D0340	Cephalometric radiographic images	150	D0472	Accession of tissue, gross examination, preparation and transmission of written report	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	20	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	140	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	130	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	130	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0
D0367	*Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	175	D0502	Other oral pathology procedures, by report	0
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	130	D0601	Caries risk assessment and documentation, with a finding of low risk	0
D0369	*Maxillofacial MRI capture and interpretation	180	D0602	Caries risk assessment and documentation, with a finding of moderate risk	0
D0370	*Maxillofacial ultrasound capture and interpretation	160	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0371	*Sialoendoscopy capture and interpretation	160	DENTAL PROPHYLAXIS		
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	140	D1110	*Prophylaxis - adult	0
D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	130	D1110	Additional prophylaxis - adult	40
D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	130	D1120	*Prophylaxis - child	0
D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	175	D1120	Additional prophylaxis - child	25
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	130	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0385	*Maxillofacial MRI image capture	160	D1206	*Topical fluoride varnish	25
D0386	*Maxillofacial ultrasound image capture	160	D1208	*Topical application of fluoride - excluding varnish	0
D0393	*Treatment simulation using 3D image volume	0	D9910	*Application of desensitizing medicament	20
D0394	*Digital subtraction of two or more images or image volumes of the same modality	0	OTHER PREVENTIVE SERVICES		
D0395	*Fusion of two or more 3D image volumes of one or more modalities	0	D1310	Nutritional counseling for control of dental disease	0
TESTS AND EXAMINATIONS			D1320	Tobacco counseling for the control and prevention of oral disease	0
D0415	Collection of microorganisms for culture and sensitivity	20	D1330	Oral hygiene instructions	0
D0425	Caries susceptibility tests	20	D1351	*Sealant - per tooth	0

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D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	0	D2644	Onlay - porcelain/ceramic - four or more surfaces	450
D1353	Sealant repair - per tooth	0	D2650	Inlay - resin-based composite - one surface	245
	SPACE MAINTAINERS (PASSIVE APPLIANCES)		D2651	Inlay - resin-based composite - two surfaces	250
D1510	*Space maintainer - fixed - unilateral	0	D2652	Inlay - resin-based composite - three or more surfaces	275
D1515	*Space maintainer - fixed - bilateral	0	D2662	Onlay - resin-based composite - two surfaces	245
D1520	*Space maintainer - removable - unilateral	0	D2663	Onlay - resin-based composite - three surfaces	270
D1525	*Space maintainer - removable - bilateral	0	D2664	Onlay - resin-based composite - four or more surfaces	285
D1550	Re-cementation or re-bond space maintainer	25		CROWNS - SINGLE RESTORATIONS ONLY	
D1555	Removal of fixed space maintainer	25	D2710	*Crown - resin-based composite (indirect)	195
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)		D2712	*Crown - ¾ resin-based composite (indirect)	195
D2140	Amalgam - one surface, primary or permanent	0	D2720	*Crown- resin with high noble metal	450
D2150	Amalgam - two surfaces, primary or permanent	0	D2721	*Crown - resin with predominantly base metal	395
D2160	Amalgam - three surfaces, primary or permanent	60	D2722	*Crown - resin with noble metal	420
D2161	Amalgam - four or more surfaces, primary or permanent	70	D2740	*Crown - porcelain/ceramic substrate	525
	RESIN BASED COMPOSITE RESTORATIONS - DIRECT		D2750	*Crown - porcelain fused to high noble metal	495
D2330	Resin-based composite - one surface, anterior	45	D2751	*Crown - porcelain fused to predominantly base metal	420
D2331	Resin-based composite - two surfaces, anterior	65	D2752	*Crown - porcelain fused to noble metal	475
D2332	Resin-based composite - three surfaces, anterior	75	D2780	*Crown - 3/4 cast high noble metal	425
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	88	D2781	*Crown - 3/4 cast predominantly base metal	405
D2390	Resin-based composite crown, anterior	125	D2782	*Crown - 3/4 cast noble metal	415
D2391	Resin-based composite - one surface, posterior	70	D2783	*Crown - 3/4 porcelain/ceramic	450
D2392	Resin-based composite - two surfaces, posterior	80	D2790	*Crown - full cast high noble metal	495
D2393	Resin-based composite - three surfaces, posterior	95	D2791	*Crown - full cast predominantly base metal	420
D2394	Resin-based composite - four or more surfaces, posterior	120	D2792	*Crown - full cast noble metal	480
	GOLD FOIL RESOTRATIONS		D2794	*Crown - titanium	470
D2410	Gold foil - one surface	75	D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	130
D2420	Gold foil - two surfaces	95		OTHER RESTORATIVE SERVICES	
D2430	Gold foil - three surfaces	125	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration Re-cement or re-bond indirectly fabricated or prefabricated post and core	25
	INLAY/ONLAY RESTORATIONS		D2915	Re-cement or re-bond crown	25
D2510	Inlay - metallic - one surface	290	D2921	Reattachment of tooth fragment, incisal edge or cusp	10
D2520	Inlay - metallic - two surfaces	300	D2929	*Prefabricated porcelain/ceramic crown - primary tooth	34
D2530	Inlay - metallic - three or more surfaces	320	D2930	Prefabricated stainless steel crown - primary tooth	50
D2542	Onlay - metallic-two surfaces	350	D2931	Prefabricated stainless steel crown - permanent tooth	95
D2543	Onlay - metallic-three surfaces	375	D2932	Prefabricated resin crown	95
D2544	Onlay - metallic-four or more surfaces	325	D2933	Prefabricated stainless steel crown with resin window	145
D2610	Inlay - porcelain/ceramic - one surface	350	D2940	Protective restoration	40
D2620	Inlay - porcelain/ceramic - two surfaces	375	D2941	Interim therapeutic restoration - primary dentition	5
D2630	Inlay - porcelain/ceramic - three or more surfaces	375	D2949	Restorative foundation for an indirect restoration	20
D2642	Onlay - porcelain/ceramic - two surfaces	410	D2950	Core buildup, including any pins	85
D2643	Onlay - porcelain/ceramic - three surfaces	440			

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D2951	Pin retention - per tooth, in addition to restoration	20		ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)	
D2952	Post and core in addition to crown, indirectly fabricated	135	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	310
D2953	Each additional indirectly fabricated post - same tooth	105	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	375
D2954	Prefabricated post and core in addition to crown	120	D3330	Endodontic therapy, molar (excluding final restoration)	485
D2955	Post removal	35	D3331	Treatment of root canal obstruction; non-surgical access	85
D2957	Each additional prefabricated post - same tooth	30	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth Internal root repair	150
D2960	Labial veneer (resin laminate) - chairside	200	D3333	of perforation defects	125
D2961	Labial veneer (resin laminate) - laboratory	255		ENDODONTIC RETREATMENT	
D2962	Labial veneer (porcelain laminate) - laboratory	425	D3346	Retreatment of previous root canal therapy - anterior	375
D2970	Temporary crown (fractured tooth)	75	D3347	Retreatment of previous root canal therapy - bicuspid	450
D2971	Additional procedures to construct new crown under existing partial denture framework	45	D3348	Retreatment of previous root canal therapy - molar	540
D2975	Coping	95		APEXIFICATION/RECALCIFICATION PROCEDURES	
D2980	Crown repair necessitated by restorative material failure	95	D3351	Apexification/recalcification	110
D2981	Inlay repair necessitated by restorative material failure	95	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	110
D2982	Onlay repair necessitated by restorative material failure	95	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	110
D2983	Veneer repair necessitated by restorative material failure	95		APICOECTOMY/PERIRADICULAR SERVICES	
D2990	Resin infiltration of incipient smooth surface lesions	29	D3410	Apicoectomy - anterior	265
	PULP CAPPING		D3421	Apicoectomy - bicuspid (first root)	315
D3110	Pulp cap - direct (excluding final restoration)	30	D3425	Apicoectomy - molar (first root)	350
D3120	Pulp cap - indirect (excluding final restoration)	30	D3426	Apicoectomy (each additional root)	110
	PULPOTOMY		D3427	Periradicular surgery without apicoectomy	265
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	65	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	32
D3221	Pulpal debridement, primary and permanent teeth	95	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	25
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75	D3430	Retrograde filling - per root	85
	ENDODONTIC THERAPY ON PRIMARY TEETH		D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Pulpal	70	D3432	Guided tissue regeneration in conjunction with periradicular	150
D3240	therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	60	D3450	Root amputation - per root	195
			D3460	Endodontic endosseous implant	535
			D3470	Intentional reimplantation (including necessary splinting)	175

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	OTHER ENDODONTIC PROCEDURES				
D3910	Surgical procedure for isolation of tooth with rubber dam	95	D4275	Soft tissue allograft	502
D3920	Hemisection (including any root removal), not including root canal therapy	145	D4276	Combined connective tissue and double pedicle graft, per tooth	65
D3950	Canal preparation and fitting of preformed dowel or post	75	D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	340
			D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	75
	SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			NON SURGICAL PERIODONTAL SERVICE	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	195	D4320	Provisional splinting - intracoronal	115
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	117	D4321	Provisional splinting - extracoronal	105
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	70	D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	80†
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	230	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	60†
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	222	D4355	*Full mouth debridement to enable comprehensive evaluation and diagnosis	80†
D4245	Apically positioned flap	150	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	70†
D4249	Clinical crown lengthening - hard tissue	250		OTHER PERIODONTAL SERVICES	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	450	D4910	*Periodontal maintenance	55
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	420	D4910	Additional periodontal maintenance	100
D4263	Bone replacement graft - first site in quadrant	450	D4920	Unscheduled dressing change (by someone other than treating dentist)	25
D4264	Bone replacement graft - each additional site in quadrant	325	D4921	Gingival irrigation - per quadrant	15
D4265	Biologic materials to aid in soft and osseous tissue regeneration	325	D4999	Unspecified periodontal procedure, by report	0
D4266	Guided tissue regeneration - resorbable barrier, per site	325		COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
D4267	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D5110	*Complete denture - maxillary	625
D4268	Surgical revision procedure, per tooth	0	D5120	*Complete denture - mandibular	625
D4270	Pedicle soft tissue graft procedure	359	D5130	*Immediate denture - maxillary	695
D4273	Subepithelial connective tissue graft procedures, per tooth	395	D5140	*Immediate denture - mandibular	695
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	135		PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
			D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	450

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D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	450	D5761	*Reline mandibular partial denture (laboratory)	110
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	655		INTERIM PROSTHESIS	
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	655	D5810	*Interim Complete denture (maxillary)	250
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	655	D5811	*Interim complete denture (mandibular)	250
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	655	D5820	*Interim partial denture (maxillary)	250
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	255	D5821	*Interim partial denture (mandibular)	250
	ADJUSTMENTS TO DENTURES			OTHER REMOVABLE PROSTHESIS	
D5410	Adjust complete denture - maxillary	20	D5850	Tissue conditioning, maxillary	55
D5411	Adjust complete denture - mandibular	20	D5851	Tissue conditioning, mandibular	55
D5421	Adjust partial denture - maxillary	20	D5862	Precision attachment, by report	150
D5422	Adjust partial denture - mandibular	20	D5899	Unspecified removable prosthodontic procedure, by report	0
	REPAIRS TO COMPLETE DENTURES			NON-CLINICAL PROCEDURES	
D5510	*Repair broken complete denture base	75	D5982	Surgical stent	325
D5520	*Replace missing or broken teeth - complete denture (each tooth)	70	D5987	Commissure splint	325
	REPAIRS TO PARTIAL DENTURES		D5988	Surgical splint	325
D5610	*Repair resin denture base	50		PRE-SURGICAL SERVICES	
D5620	*Repair cast framework	55	D6190	Radiographic/surgical implant index, by report	235
D5630	*Repair or replace broken clasp	55		SURGICAL SERVICES	
D5640	*Replace broken teeth - per tooth	45	D6010	*Surgical placement of implant body	1100
D5650	*Add tooth to existing partial denture	65	D6012	*Surgical placement of interim body for transitional prosthesis	1100
D5660	*Add clasp to existing partial denture	75	D6100	Implant removal, by report	700
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	220		IMPLANT SUPPORTED PROSTHETICS	
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	220	D6056	*Prefabricated Abutment	520
D5710	*Rebase complete maxillary denture	195	D6057	*Custom Abutment	640
D5711	*Rebase complete mandibular denture	195	D6058	*Abutment supported porcelain/ceramic crown	840
D5720	*Rebase maxillary partial denture	175	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	840
D5721	*Rebase mandibular partial denture	175	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	840
D5730	*Reline complete maxillary denture (chairside)	85	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	840
D5731	*Reline complete mandibular denture (chairside)	85	D6062	*Abutment supported cast metal crown (high noble metal)	840
D5740	*Reline maxillary partial denture (chairside)	65	D6063	*Abutment supported cast metal crown (predominantly base metal)	840
D5741	*Reline mandibular partial denture (chairside)	65	D6064	*Abutment supported cast metal crown (noble metal)	840
D5750	*Reline complete maxillary denture (laboratory)	150	D6065	*Implant supported porcelain/ceramic crown	840
D5751	*Reline complete mandibular denture (laboratory)	150	D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	840
D5760	*Reline maxillary partial denture (laboratory)	110	D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	840

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D6068	*Abutment supported retainer for porcelain/ceramic FPD	840	D6241	*Pontic - porcelain fused to predominantly base metal	420
D6069	*Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	840	D6242	*Pontic - porcelain fused to noble metal	475
D6070	*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	840	D6245	*Pontic - porcelain/ceramic	495
D6071	*Abutment supported retainer for porcelain fused to metal FPD (noble metal)	840	D6250	*Pontic - resin with high noble metal	455
D6072	*Abutment supported retainer for cast metal FPD (high noble metal)	840	D6251	*Pontic - resin with predominantly base metal	405
D6073	*Abutment supported retainer for cast metal FPD (predominantly base metal)	840	D6252	*Pontic - resin with noble metal	420
D6074	*Abutment supported retainer for cast metal FPD (noble metal)	840	D6253	*Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6075	*Implant supported retainer for ceramic FPD	840	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6076	*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	840	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180
D6077	*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	840	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	495
D6094	*Abutment supported crown - (titanium)	840	D6600	Inlay - porcelain/ceramic, two surfaces	495
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1345	D6601	Inlay - porcelain/ceramic, three or more surfaces	495
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1345	D6602	Inlay - cast high noble metal, two surfaces	425
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	1085	D6603	Inlay - cast high noble metal, three or more surfaces	425
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	1085	D6604	Inlay - cast predominantly base metal, two surfaces	405
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3945	D6605	Inlay - cast predominantly base metal, three or more surfaces	405
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3945	D6606	Inlay - cast noble metal, two surfaces	420
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2345	D6607	Inlay - cast noble metal, three or more surfaces	420
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2345	D6608	Onlay -porcelain/ceramic, two surfaces	495
OTHER IMPLANT SERVICES			D6609	Onlay - porcelain/ceramic, three or more surfaces	495
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis, and abutments and reinsertion of prosthesis	180	D6610	Onlay - cast high noble metal, two surfaces	425
D6090	Repair implant supported prosthesis, by report	400	D6611	Onlay - cast high noble metal, three or more surfaces	475
D6092	Recent implant/abutment supported crown	45	D6612	Onlay - cast predominantly base metal, two surfaces	405
D6093	Recent implant/abutment supported fixed partial denture	65	D6613	Onlay - cast predominantly base metal, three or more surfaces	405
D6095	Repair implant abutment, by report	220	D6614	Onlay - cast noble metal, two surfaces	420
FIXED PARTIAL DENTURE PONTICS			D6615	Onlay - cast noble metal, three or more surfaces	420
D6205	*Pontic - indirect resin based composite	695	D6624	Inlay - titanium	495
D6210	*Pontic - cast high noble metal	495	D6634	Onlay - titanium	420
D6211	*Pontic - cast predominantly base metal	420	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6212	*Pontic - cast noble metal	475	D6710	*Crown - indirect resin based composite	195
D6214	*Pontic - titanium	475	D6720	*Crown - resin with high noble metal	455
D6240	*Pontic - porcelain fused to high noble metal	495	D6721	*Crown - resin with predominantly base metal	405

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D6722	*Crown - resin with noble metal	420	D7261	Primary closure of a sinus perforation	275
D6740	*Crown - porcelain/ceramic	495	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50
D6750	*Crown - porcelain fused to high noble metal	495	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100
D6751	*Crown - porcelain fused to predominantly base metal	420	D7280	Surgical access of an unerupted tooth	125
D6752	*Crown - porcelain fused to noble metal	475	D7282	Mobilization of erupted or malpositioned tooth to aid eruption Placement	125
D6780	*Crown - 3/4 cast high noble metal	425	D7283	of device to facilitate eruption of impacted tooth Incisional	80
D6781	*Crown - 3/4 cast predominantly base metal	405	D7285	biopsy of oral tissue-hard (bone, tooth)	150
D6782	*Crown - 3/4 cast noble metal	415	D7286	Incisional biopsy of oral tissue-soft	95
D6783	*Crown - 3/4 porcelain/ceramic	405	D7287	Exfoliative cytological sample collection	85
D6790	*Crown - full cast high noble metal	310	D7288	Brush biopsy - transepithelial sample collection	25
D6791	*Crown - full cast predominantly base metal	420	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	95
D6792	*Crown - full cast noble metal	475		ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE	
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	130	D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	95
D6794	*Crown - titanium	250	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	95
	OTHER FIXED PARTIAL DENTURE SERVICES		D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	190
D6930	Re-cement or re-bond fixed partial denture	40	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	190
D6940	Stress breaker	125		VESTIBULOPLASTY	
D6950	Precision attachment	195	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370
D6980	Fixed partial denture repair necessitated by restorative material failure	80	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990
	EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			SURGICAL EXCISION OF SOFT TISSUE LESIONS	
D7111	Extraction, coronal remnants - deciduous tooth	70	D7410	Excision of benign lesion up to 1.25 cm	25
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	75	D7411	Excision of benign lesion greater than 1.25 cm	50
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	120	D7412	Excision of benign lesion, complicated	55
	OTHER SURGICAL PROCEDURES			SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D7220	Removal of impacted tooth - soft tissue	125	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm Removal	65
D7230	Removal of impacted tooth - partially bony	140	D7451	of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95
D7240	Removal of impacted tooth - completely bony	160		EXCISION OF BONE TISSUE	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	180	D7471	Removal of lateral exostosis (maxilla or mandible)	95
D7250	Surgical removal of residual tooth roots (cutting procedure)	95	D7472	Removal of torus palatinus	95
D7251	Coronectomy - intentional partial tooth removal	270	D7473	Removal of torus mandibularis	95
D7260	Oroantral fistula closure	160	D7485	Surgical reduction of osseous tuberosity	95

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
SURGICAL INCISION			UNCLASSIFIED TREATMENT		
D7510	Incision and drainage of abscess - intraoral soft tissue	55	D9110	Palliative (emergency) treatment of dental pain - minor procedure Fixed	0
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D9120	partial denture sectioning	0
D7520	Incision and drainage of abscess - extraoral soft tissue	20	ANESTHESIA		
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
REPAIR OF TRAUMATIC WOUNDS			D9211	Regional block anesthesia	0
D7910	Suture of recent small wounds up to 5 cm	35	D9212	Trigeminal division block anesthesia	0
OTHER REPAIR PROCEDURES			D9215	Local anesthesia	0
D7921	Collection and application of autologous blood concentrate product	125	D9220	Deep sedation/general anesthesia - first 30 minutes	125
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	350	D9221	Deep sedation/general anesthesia – each additional 15 minutes	15
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20
D7952	Sinus augmentation via a vertical approach	350	D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes Intravenous moderate	125
D7953	Bone replacement graft for ridge preservation – per site	100	D9242	(conscious) sedation/analgesia – each additional 15 minutes Non-intravenous	55
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	110	D9248	moderate (conscious) sedation	15
D7963	Frenuloplasty	110	DRUGS		
D7970	Excision of hyperplastic tissue - per arch	140	D9610	Therapeutic parenteral drug, single administration	15
D7971	Excision of Pericoronal Gingiva	102	D9630	Other drugs and/or medicaments, by report	15
D7972	Surgical reduction of fibrous tuberosity	125	MISCELLANEOUS SERVICES		
MINOR TREATMENT TO CONTROL HARMFUL HABITS			D9910	*Application of desensitizing medicament	20
D8210	Removable appliance therapy	103	D9910	*Application of desensitizing medicament	20
D8220	Fixed appliance therapy	103	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
			D9931	Cleaning and inspection of a removable appliance	0
			D9940	*Occlusal guard, by report	250
			D9942	Repair and/or relines of Occlusal guard	40
			D9950	Occlusion analysis - mounted case	75
			D9951	Occlusal adjustment - limited	30
			D9952	Occlusal adjustment - complete	150
			D9973	External bleaching - per tooth	30
			D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240

Specialty Services

- 1 This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
- 2 Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
- 3 The participating General Dentist you select may not perform all procedures listed. The copayments shown apply to participating General Dentists.
- 4 Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may go 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 go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee.
- 6 Members seeking implant treatment should refer to their participating implantologist, a select network of providers.

Exclusions

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

Limitations

- 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.
- 1 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
 - 2 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.
 - 3 Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
 - 4 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.
 - 5 Space maintainers and all adjustments are limited to children under the age of 16.
 - 6 Harmful habit appliances are limited to one (1) time per person under the age of 16.
 - 7 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
 - 8 New dentures include one (1) reline within the first six (6) months
 - 9 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
 - 10

Limitations Continued

- 11 When crown , implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 12 Copayments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
 - High noble metal (precious) up to \$145.00
 - Titanium metal up to \$120 (covered with proof of allergy to other metals)
 - Noble metal (semi-precious) up to \$120.00
 - Predominantly base metal (non-precious) up to \$55.00
 - Crown laboratory fees up to \$155.00
 - Laboratory fees on dentures up to \$225.00
 - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
 - Denture repair laboratory fees up to \$50.00
 - All ceramic and/or porcelain crown material fees up to \$155.00
- 13 Copayments marked by "+" are not eligible at a specialist.
- 14 Either D0210 or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 15 Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- 16 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 17 All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
- 18 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 19 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
- 20 Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
- 21 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
- 22 D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.