

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 or maximums
- No claim forms to submit

The Member Co-payments listed are offered by a Network General Dentists. The Member receives:

- Most diagnostic & preventive care at no charge
- Cosmetic & Orthodontial 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 of the accuracy and appropriateness of all fees applicable to any Benefit provided by a Participating 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 Network General Dentist performs services. An "*" denotes limitations on certain Benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			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	29
D0171	Re-evaluation – post-operative office visit	0	D0310	Sialography	150
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0320	Temporomandibular joint arthrogram, including injection	250
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25	D0321	Other temporomandibular joint radiographic images, by report	150
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0322	Tomographic survey	150
D9440	Office visit - after regularly scheduled hours	35	D0330	*Panoramic radiographic image	50
D9450	Case presentation, subsequent to detailed and extensive treatment planning	0	D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	125
D9986	Missed appointment	25	D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	20
DIAGNOSTIC IMAGING			D0364	*Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	169
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	149
D0220	Intraoral - periapical first radiographic image	4	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	139
D0230	Intraoral - periapical each additional radiographic image	2	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	139
D0240	Intraoral - occlusal radiographic image	0	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	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0
D0370	*Maxillofacial ultrasound capture and interpretation	189	D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0
D0371	*Sialoendoscopy capture and interpretation	169	D0502	Other oral pathology procedures, by report	0
D0372	*Intraoral tomosynthesis – comprehensive series of radiographic images	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	0
D0373	*Intraoral tomosynthesis – bitewing radiographic image	0	D0601	Caries risk assessment and documentation, with a finding of low risk	0
D0374	Intraoral tomosynthesis – periapical radiographic image	4	D0602	Caries risk assessment and documentation, with a finding of moderate risk	0
D0380	*Cone beam CT image capture with limited field of view – less than one whole jaw	169	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0381	*Cone beam CT image capture with field of view of one full dental arch – mandible	149	D0701	*Panoramic radiographic image – image capture only	50
D0382	*Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	139	D0702	*2-D cephalometric radiographic image – image capture only	125
D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium	139	D0703	*2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	20
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	184	D0705	*Extra-oral posterior dental radiographic image – image capture only	0
D0385	*Maxillofacial MRI image capture	139	D0706	*Intraoral – occlusal radiographic image – image capture only	0
D0386	*Maxillofacial ultrasound image capture	169	D0707	*Intraoral – periapical radiographic image – image capture only	2
D0387	*Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D0708	*Intraoral – bitewing radiographic image – image capture only	0
D0388	*Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D0709	*Intraoral – comprehensive series of radiographic images – image capture only	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	4	D0801	*3D dental surface scan – direct	9
D0393	*Virtual treatment simulation using 3d image volume or surface scan	9	D0802	*3D dental surface scan – indirect	9
D0394	*Digital subtraction of two or more images or image volumes of the same modality	9	D0803	*3D facial surface scan – direct	9
D0395	*Fusion of two or more 3d image volumes of one or more modalities	9	D0804	*3D facial surface scan – indirect	9
TESTS AND EXAMINATIONS			DENTAL PROPHYLAXIS		
D0415	Collection of microorganisms for culture and sensitivity	0	D1110	*Prophylaxis - adult	0
D0425	Caries susceptibility tests	0	D1110	Additional prophylaxis - adult	20
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	D1120	*Prophylaxis - child	0
D0460	Pulp vitality tests	0	D1120	Additional prophylaxis - child	20
D0470	Diagnostic casts	0	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
ORAL PATHOLOGY LABORATORY			D1206	*Topical application of fluoride varnish	15
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0	D1208	*Topical application of fluoride – excluding varnish	0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0	D9910	*Application of desensitizing medicament	20
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0	OTHER PREVENTIVE SERVICES		
			D1301	Immunization counseling	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

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D1354	*Application of caries arresting medicament – per tooth	20	D2530	Inlay - metallic - three or more surfaces	245
D1355	Caries preventive medicament application – per tooth	20	D2542	Onlay - metallic - two surfaces	325
SPACE MAINTAINERS (PASSIVE APPLIANCES)			D2543	Onlay - metallic - three surfaces	340
D1510	*Space maintainer - fixed, unilateral - per quadrant	0	D2544	Onlay - metallic - four or more surfaces	350
D1516	*Space maintainer – fixed – bilateral, maxillary	0	D2610	Inlay - porcelain/ceramic - one surface	275*
D1517	*Space maintainer – fixed – bilateral, mandibular	0	D2620	Inlay - porcelain/ceramic - two surfaces	300*
D1520	*Space maintainer - removable, unilateral - per quadrant	0	D2630	Inlay - porcelain/ceramic - three or more surfaces	325*
D1526	*Space maintainer – removable – bilateral, maxillary	0	D2642	Onlay - porcelain/ceramic - two surfaces	360*
D1527	*Space maintainer – removable – bilateral, mandibular	0	D2643	Onlay - porcelain/ceramic - three surfaces	390*
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	15	D2644	Onlay - porcelain/ceramic - four or more surfaces	400*
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	15	D2650	Inlay - resin-based composite - one surface	200
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	15	D2651	Inlay - resin-based composite - two surfaces	220
D1556	Removal of fixed unilateral space maintainer - per quadrant	15	D2652	Inlay - resin-based composite - three or more surfaces	260
D1557	Removal of fixed bilateral space maintainer - maxillary	15	D2662	Onlay - resin-based composite - two surfaces	240
D1558	Removal of fixed bilateral space maintainer - mandibular	15	D2663	Onlay - resin-based composite - three surfaces	260
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant	0	D2664	Onlay - resin-based composite - four or more surfaces	283
AMALGAMS RESTORATIONS (INCLUDING POLISHING)			CROWNS - SINGLE RESTORATIONS ONLY		
D2140	Amalgam - one surface, primary or permanent	0	D2710	*Crown - resin-based composite (indirect)	195
D2150	Amalgam - two surfaces, primary or permanent	0	D2712	*Crown - ¾ resin-based composite (indirect)	195
D2160	Amalgam - three surfaces, primary or permanent	0	D2720	*Crown - resin with high noble metal	245*
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2721	*Crown - resin with predominantly base metal	245*
RESIN BASED COMPOSITE RESTORATIONS - DIRECT			D2722	*Crown - resin with noble metal	245*
D2330	Resin-based composite - one surface, anterior	30	D2740	*Crown - porcelain/ceramic	245*
D2331	Resin-based composite - two surfaces, anterior	37	D2750	*Crown - porcelain fused to high noble metal	245*
D2332	Resin-based composite - three surfaces, anterior	50	D2751	*Crown - porcelain fused to predominantly base metal	245*
D2335	Resin-based composite - four or more surfaces (anterior)	80	D2752	*Crown - porcelain fused to noble metal	245*
D2390	Resin-based composite crown, anterior	115	D2753	*Crown - porcelain fused to titanium and titanium alloys	245*
D2391	Resin-based composite - one surface, posterior	65	D2780	*Crown - 3/4 cast high noble metal	245*
D2392	Resin-based composite - two surfaces, posterior	75	D2781	*Crown - 3/4 cast predominantly base metal	245*
D2393	Resin-based composite - three surfaces, posterior	90	D2782	*Crown - 3/4 cast noble metal	245*
D2394	Resin-based composite - four or more surfaces, posterior	115	D2783	*Crown - 3/4 porcelain/ceramic	245*
GOLD FOIL RESTORATIONS			D2790	*Crown - full cast high noble metal	245*
D2410	Gold foil - one surface	75	D2791	*Crown - full cast predominantly base metal	245*
D2420	Gold foil - two surfaces	95	D2792	*Crown - full cast noble metal	245*
D2430	Gold foil - three surfaces	125	D2794	*Crown - titanium and titanium alloys	245*
INLAY/ONLAY RESTORATIONS			D2799	*Interim crown– further treatment or completion of diagnosis necessary prior to final impression	125
D2510	Inlay - metallic - one surface	225	OTHER RESTORATIVE SERVICES		
D2520	Inlay - metallic - two surfaces	235	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15
			D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20
			D2920	Re-cement or re-bond crown	15
			D2921	Reattachment of tooth fragment, incisal edge or cusp	15
			D2928	*Prefabricated porcelain/ceramic crown – permanent tooth	49*
			D2929	*Prefabricated porcelain/ceramic crown – primary tooth	49*

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D2930	Prefabricated stainless steel crown - primary tooth	45	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50
D2931	Prefabricated stainless steel crown - permanent tooth	55	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)		
D2932	Prefabricated resin crown	95	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110
D2933	Prefabricated stainless steel crown with resin window	145	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	195
D2940	Protective restoration	15	D3330	Endodontic therapy, molar tooth (excluding final restoration)	245
D2941	Interim therapeutic restoration – primary dentition	15	D3331	Treatment of root canal obstruction; non-surgical access	85
D2949	Restorative foundation for an indirect restoration	20	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75
D2950	Core buildup, including any pins when required	70	D3333	Internal root repair of perforation defects	125
D2951	Pin retention - per tooth, in addition to restoration	15	ENDODONTIC RETREATMENT		
D2952	Post and core in addition to crown, indirectly fabricated	88	D3346	Retreatment of previous root canal therapy - anterior	300
D2953	Each additional indirectly fabricated post - same tooth	95	D3347	Retreatment of previous root canal therapy - premolar	350
D2954	Prefabricated post and core in addition to crown	75	D3348	Retreatment of previous root canal therapy - molar	440
D2955	Post removal	30	APEXIFICATION/RECALCIFICATION PROCEDURES		
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
D2989	Excavation of a tooth resulting in the determination of non-restorability	125	D3430	Retrograde filling - per root	75
D2990	Resin infiltration of incipient smooth surface lesions	29	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150
D2991	Application of hydroxyapatite regeneration medicament – per tooth	0	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	150
PULP CAPPING			D3450	Root amputation - per root	110
D3110	Pulp cap - direct (excluding final restoration)	25	D3460	Endodontic endosseous implant	545
D3120	Pulp cap - indirect (excluding final restoration)	25	D3470	Intentional reimplantation (including necessary splinting)	175
PULPOTOMY			D3471	Surgical repair of root resorption – anterior	100
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30	D3472	Surgical repair of root resorption – premolar	315
D3221	Pulpal debridement, primary and permanent teeth	95	D3473	Surgical repair of root resorption – molar	340
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	100
ENDODONTIC THERAPY ON PRIMARY TEETH			D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	100
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50			

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D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	100	D4276	Combined connective tissue and pedicle graft, per tooth	65
OTHER ENDODONTIC PROCEDURES			D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	215
D3910	Surgical procedure for isolation of tooth with rubber dam	95	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
D3920	Hemisection (including any root removal), not including root canal therapy	90	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
D3921	Decoronation or submergence of an erupted tooth	30	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
D3950	Canal preparation and fitting of preformed dowel or post	75	D4286	Removal of non-resorbable barrier	20
SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			NON SURGICAL PERIODONTAL SERVICE		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175	D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	115
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	81	D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	105
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	49	D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	50†
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	195	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	43†
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185	D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	50†
D4245	Apically positioned flap	150	D4355	*Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	50†
D4249	Clinical crown lengthening – hard tissue	230	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	60†
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375	OTHER PERIODONTAL SERVICES		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D4910	*Periodontal maintenance	50
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	450	D4910	Additional Periodontal maintenance procedures	100
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	325	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	82	D4921	Gingival irrigation with a medical agent – per quadrant	15
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	325	D4999	Unspecified periodontal procedure, by report	0
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site (includes membrane removal)	325	COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		
D4268	Surgical revision procedure, per tooth	0	D5110	*Complete denture - maxillary	325*
D4270	Pedicle soft tissue graft procedure	250	D5120	*Complete denture - mandibular	325*
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	335	D5130	*Immediate denture - maxillary	350*
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	125	D5140	*Immediate denture - mandibular	350*
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	502	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		
			D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	400*
			D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	400*
			D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	425*

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D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425*	D5711	*Rebase complete mandibular denture	135*
D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	420*	D5720	*Rebase maxillary partial denture	155*
D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	420*	D5721	*Rebase mandibular partial denture	155*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	445*	D5725	*Rebase hybrid prosthesis	155*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	445*	D5730	*Reline complete maxillary denture (direct)	65*
D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425*	D5731	*Reline complete mandibular denture (direct)	65*
D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425*	D5740	*Reline maxillary partial denture (direct)	65*
D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	425*	D5741	*Reline mandibular partial denture (direct)	65*
D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	425*	D5750	*Reline complete maxillary denture (indirect)	85*
D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	245*	D5751	*Reline complete mandibular denture (indirect)	85*
D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	245*	D5760	*Reline maxillary partial denture (indirect)	85*
	ADJUSTMENTS TO DENTURES		D5761	*Reline mandibular partial denture (indirect)	85*
D5410	Adjust complete denture - maxillary	15	D5765	*Soft liner for complete or partial removable denture – indirect	69*
D5411	Adjust complete denture - mandibular	15		INTERIM PROSTHESIS	
D5421	Adjust partial denture - maxillary	15	D5810	*Interim complete denture (maxillary)	250*
D5422	Adjust partial denture - mandibular	15	D5811	*Interim complete denture (mandibular)	250*
	REPAIRS TO COMPLETE DENTURES		D5820	*Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	175*
D5511	*Repair broken complete denture base, mandibular	35*	D5821	*Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	175*
D5512	*Repair broken complete denture base, maxillary	35*		OTHER REMOVABLE PROSTHESIS	
D5520	*Replace missing or broken teeth - complete denture (each tooth)	35*	D5850	Tissue conditioning, maxillary	20
	REPAIRS TO PARTIAL DENTURES		D5851	Tissue conditioning, mandibular	20
D5611	*Repair resin partial denture base, mandibular	35*	D5862	Precision attachment, by report	150
D5612	*Repair resin partial denture base, maxillary	35*	D5899	Unspecified removable prosthodontic procedure, by report	0
D5621	*Repair cast partial framework, mandibular	35*		NON-CLINICAL PROCEDURES	
D5622	*Repair cast partial framework, maxillary	35*	D5982	Surgical stent	150*
D5630	*Repair or replace broken retentive clasping materials – per tooth	35*	D5987	Commissure splint	150*
D5640	*Replace broken teeth - per tooth	35*	D5988	Surgical splint	150*
D5650	*Add tooth to existing partial denture	35*		PRE-SURGICAL SERVICES	
D5660	*Add clasp to existing partial denture - per tooth	35*	D6190	Radiographic/surgical implant index, by report	235
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	155*	D6198	Remove interim implant component	700
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	155*		SURGICAL SERVICES	
D5710	*Rebase complete maxillary denture	135*	D6010	*Surgical placement of implant body: endosteal implant	1010
			D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1010
			D6100	Surgical removal of implant body	700
				IMPLANT SUPPORTED PROSTHETICS	
			D6056	*Prefabricated abutment – includes modification and placement	440
			D6057	*Custom fabricated abutment – includes placement	550
			D6058	*Abutment supported porcelain/ceramic crown	750
			D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	750
			D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	750
			D6061	*Abutment supported porcelain fused to metal crown (noble metal)	750
			D6062	*Abutment supported cast metal crown (high noble metal)	750

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D6063	*Abutment supported cast metal crown (predominantly base metal)	750	D6107	*Guided tissue regeneration – non-resorbable barrier, per implant	325
D6064	*Abutment supported cast metal crown (noble metal)	750	D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1255
D6065	*Implant supported porcelain/ceramic crown	750	D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1255
D6066	*Implant supported crown - porcelain fused to high noble alloys	750	D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	995
D6067	*Implant supported crown - high noble alloys	750	D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	995
D6068	*Abutment supported retainer for porcelain/ceramic fpd	750	D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3855
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	750	D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3855
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	750	D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2255
D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	750	D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2255
D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	750	D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1804
D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	750	D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1804
D6074	*Abutment supported retainer for cast metal fpd (noble metal)	750	D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	750
D6075	*Implant supported retainer for ceramic fpd	750	D6121	*Implant supported retainer for metal FPD – predominantly base alloys	750
D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	750	D6122	*Implant supported retainer for metal FPD – noble alloys	750
D6077	*Implant supported retainer for metal FPD - high noble alloys	750	D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	750
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†	OTHER IMPLANT SERVICES		
D6082	*Implant supported crown - porcelain fused to predominantly base alloys	750	D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	180
D6083	*Implant supported crown - porcelain fused to noble alloys	750	D6090	Repair implant supported prosthesis, by report	400
D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	750	D6092	Re-cement or re-bond implant/abutment supported crown	45
D6085	Interim implant crown	125	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65
D6086	*Implant supported crown - predominantly base alloys	750	D6095	Repair implant abutment, by report	220
D6087	*Implant supported crown - noble alloys	750	D6096	Remove broken implant retaining screw	500
D6088	*Implant supported crown - titanium and titanium alloys	750	FIXED PARTIAL DENTURE PONTICS		
D6088	*Implant supported crown - titanium and titanium alloys	750	D6205	*Pontic - indirect resin based composite	750
D6089	Accessing and retorquing loose implant screw - per screw	50	D6210	*Pontic - cast high noble metal	245*
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	750	D6211	*Pontic - cast predominantly base metal	245*
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	750	D6212	*Pontic - cast noble metal	245*
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	750	D6214	*Pontic - titanium and titanium alloys	245*
D6105	Removal of implant body not requiring bone removal nor flap elevation	700	D6240	*Pontic - porcelain fused to high noble metal	245*
D6106	*Guided tissue regeneration – resorbable barrier, per implant	325	D6241	*Pontic - porcelain fused to predominantly base metal	245*
			D6242	*Pontic - porcelain fused to noble metal	245*
			D6243	*Pontic - porcelain fused to titanium and titanium alloys	245*
			D6245	*Pontic - porcelain/ceramic	245*
			D6250	*Pontic - resin with high noble metal	245*
			D6251	*Pontic - resin with predominantly base metal	245*

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6252	*Pontic - resin with noble metal	245*	D6783	*Retainer crown - 3/4 porcelain/ceramic	245*
D6253	*Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	0	D6784	*Retainer crown ¾ - titanium and titanium alloys	245*
	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS		D6790	*Retainer crown - full cast high noble metal	245*
D6545	Retainer - cast metal for resin bonded fixed prosthesis	390	D6791	*Retainer crown - full cast predominantly base metal	245*
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225*	D6792	*Retainer crown - full cast noble metal	245*
D6600	Retainer inlay - porcelain/ceramic, two surfaces	245*	D6793	*Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	245*	D6794	*Retainer crown - titanium and titanium alloys	245*
D6602	Retainer inlay - cast high noble metal, two surfaces	245*		OTHER FIXED PARTIAL DENTURE SERVICES	
D6603	Retainer inlay - cast high noble metal, three or more surfaces	245*	D6930	Re-cement or re-bond fixed partial denture	15
D6604	Retainer inlay - cast predominantly base metal, two surfaces	245*	D6940	Stress breaker	125
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	245*	D6950	Precision attachment	195
D6606	Retainer inlay - cast noble metal, two surfaces	245*	D6980	Fixed partial denture repair necessitated by restorative material failure	80
D6607	Retainer inlay - cast noble metal, three or more surfaces	245*		EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	245*	D7111	Extraction, coronal remnants – primary tooth	50
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	245*	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20
D6610	Retainer onlay - cast high noble metal, two surfaces	245*	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30
D6611	Retainer onlay - cast high noble metal, three or more surfaces	245*		OTHER SURGICAL PROCEDURES	
D6612	Retainer onlay - cast predominantly base metal, two surfaces	245*	D7220	Removal of impacted tooth - soft tissue	50
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	245*	D7230	Removal of impacted tooth - partially bony	65
D6614	Retainer onlay - cast noble metal, two surfaces	245*	D7240	Removal of impacted tooth - completely bony	80
D6615	Retainer onlay - cast noble metal, three or more surfaces	245*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135
D6624	Retainer inlay - titanium	245*	D7250	Removal of residual tooth roots (cutting procedure)	40
D6634	Retainer onlay - titanium	245*	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	270
	FIXED PARTIAL DENTURE RETAINERS - CROWNS		D7260	Oroantral fistula closure	160
D6710	*Retainer crown - indirect resin based composite	245*	D7261	Primary closure of a sinus perforation	275
D6720	*Retainer crown - resin with high noble metal	245*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50
D6721	*Retainer crown - resin with predominantly base metal	245*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100
D6722	*Retainer crown - resin with noble metal	245*	D7280	Exposure of an unerupted tooth	125
D6740	*Retainer crown - porcelain/ceramic	245*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125
D6750	*Retainer crown - porcelain fused to high noble metal	245*	D7283	Placement of device to facilitate eruption of impacted tooth	80
D6751	*Retainer crown - porcelain fused to predominantly base metal	245*	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	125
D6752	*Retainer crown - porcelain fused to noble metal	245*	D7286	Incisional biopsy of oral tissue-soft	85
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	245*	D7287	Exfoliative cytological sample collection	75
D6780	*Retainer crown - 3/4 cast high noble metal	245*	D7288	Brush biopsy - transepithelial sample collection	25
D6781	*Retainer crown - 3/4 cast predominantly base metal	245*	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40
D6782	*Retainer crown - 3/4 cast noble metal	245*		ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE	
			D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40

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D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40	D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	325
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60	D7961	Buccal / labial frenectomy (frenulectomy)	105
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	60	D7962	Lingual frenectomy (frenulectomy)	105
	VESTIBULOPLASTY		D7963	Frenuloplasty	105
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370	D7970	Excision of hyperplastic tissue - per arch	140
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990	D7971	Excision of pericoronal gingiva	102
	SURGICAL EXCISION OF SOFT TISSUE LESIONS		D7972	Surgical reduction of fibrous tuberosity	125
D7410	Excision of benign lesion up to 1.25 cm	25		LIMITED ORTHODONTIC TREATMENT	
D7411	Excision of benign lesion greater than 1.25 cm	50	D8010	Limited orthodontic treatment of the primary dentition	1000
D7412	Excision of benign lesion, complicated	55	D8020	Limited orthodontic treatment of the transitional dentition	1000
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		D8030	Limited orthodontic treatment of the adolescent dentition	1000
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65	D8040	Limited orthodontic treatment of the adult dentition	1350
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95		COMPREHENSIVE ORTHODONTIC TREATMENT	
D7509	Marsupialization of odontogenic cyst	65	D8070	Comprehensive orthodontic treatment of the transitional dentition	2200
	EXCISION OF BONE TISSUE		D8080	Comprehensive orthodontic treatment of the adolescent dentition	2250
D7471	Removal of lateral exostosis (maxilla or mandible)	95	D8090	Comprehensive orthodontic treatment of the adult dentition	2350
D7472	Removal of torus palatinus	95		MINOR TREATMENT TO CONTROL HARMFUL HABITS	
D7473	Removal of torus mandibularis	95	D8210	*Removable appliance therapy	103
D7485	Reduction of osseous tuberosity	95	D8220	*Fixed appliance therapy	103
	SURGICAL INCISION			OTHER ORTHODONTIC SERVICES	
D7510	Incision and drainage of abscess - intraoral soft tissue	20	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)	20	D8670	Periodic orthodontic treatment visit	0
D7520	Incision and drainage of abscess - extraoral soft tissue	20	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D8681	Removable orthodontic retainer adjustment	0
	REPAIR OF TRAUMATIC WOUNDS		D8698	Re-cement or re-bond fixed retainer – maxillary	0
D7910	Suture of recent small wounds up to 5 cm	35	D8699	Re-cement or re-bond fixed retainer – mandibular	0
	OTHER REPAIR PROCEDURES		D8999	Unspecified orthodontic procedure, by report	250
D7921	Collection and application of autologous blood concentrate product	125		UNCLASSIFIED TREATMENT	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	350	D9110	Palliative treatment of dental pain - per visit	0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800	D9120	Fixed partial denture sectioning	0
D7952	Sinus augmentation via a vertical approach	350		ANESTHESIA	
D7953	Bone replacement graft for ridge preservation - per site	100	D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	325	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	50
			D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	50
			D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	20
			D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	65

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D9243	Intravenous moderate (conscious) sedation/ analgesia – each subsequent 15 minute increment	65			
D9248	Non-intravenous conscious sedation	15			
	DRUGS				
D9610	Therapeutic parenteral drug, single administration	15			
D9630	Drugs or medicaments dispensed in the office for home use	15			
	MISCELLANEOUS SERVICES				
D9910	*Application of desensitizing medicament	20			
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	40			
D9943	Occlusal guard adjustment	25			
D9944	*Occlusal guard – hard appliance, full arch	250			
D9945	*Occlusal guard – soft appliance, full arch	250			
D9946	*Occlusal guard – hard appliance, partial arch	250			
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	75			
D9951	Occlusal adjustment - limited	30			
D9952	Occlusal adjustment - complete	100			
D9953	Reline custom sleep apnea appliance (indirect)	65			
D9972	External bleaching - per arch - performed in office	150			
D9973	External bleaching - per tooth	30			
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240			
D9991	Dental case management – addressing appointment compliance barriers	0			
D9992	Dental case management – care coordination	0			
D9993	Dental case management – motivational interviewing	0			
D9994	Dental case management – patient education to improve oral health literacy	0			
D9997	Dental case management - patients with special health care needs	0			

Specialty Services

1. This Member Schedule of Benefits applies when listed dental services are performed by a Network 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 Network General Dentist's Usual and Customary fee less 25%.
3. The Network General Dentist you select may not perform all procedures listed. The Co-payments shown apply to Network General Dentists.
4. Should the services of a Network Specialty Dentist (NSD) (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by a NSD at the listed Co-payments. Please refer to the Specialty Care Referral Policy in your Member handbook.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a NSD 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. 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 Provider."
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 Service 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 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, 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. 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.

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