



SOLSTICE S200A Summary of Benefits

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Members of the Solstice S200A dental plan are eligible to receive benefits immediately upon the effective date of Coverage with:

- No Benefit Waiting Periods
- No Deductibles
- No Claim Forms to Submit

The Member Copayments listed are offered by a Participating Provider. The Member receives:

- Most diagnostic and preventive care at no charge
- Cosmetic and orthodontia treatment Covered

Members can choose a Participating Provider at
www.SolsticeBenefits.com

Member Services Department: 1.877.760.2247

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

The following Member Copayments apply when a Participating Dentist who is a General Dentist performs the services. An "*" or a "+" denotes limitations on certain benefits. See the Limitations section below for details.

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
APPOINTMENTS					
D0120	Periodic oral evaluation, established patient	No charge	D0330	Panoramic film (not to replace FMX)	35.00
D0140	Limited oral evaluation - problem focused	No charge	D0340	Cephalometric film, non-orthodontic	75.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No charge	D0350	Oral/facial photographic images (includes intra & extraoral)	20.00
D0150	Comprehensive oral evaluation - new or established patient	No charge	D0415	Collection of microorganisms for culture and sensitivity	No charge
D0160	Detailed and extensive oral evaluation - problem focused	No charge	D0425	Caries susceptibility tests	No charge
D0170	Re-evaluation - limited, problem focused	No charge	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	65.00
D0180	Comprehensive periodontal evaluation - new or established patient	No charge	D0460	Pulp vitality tests	No charge
D9110	Palliative (emergency) treatment of dental pain	No charge	D0470	Diagnostic casts	No charge
D9430	Office visit for observation/OSHA	No charge	D0472	Accession of tissue, gross examination, preparation and transmission of written report	No charge
D9440	Office visit - after regularly scheduled hours	25.00	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Charge
RADIOGRAPHY / DIAGNOSTIC DENTISTRY					
D0210	X-Ray - intraoral - complete series (including bitewings)	No charge	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Charge
D0220	X-Ray - intraoral - periapical first film	4.00	D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No Charge
D0230	X-Ray - intraoral - periapical each additional film	2.00	PREVENTIVE DENTISTRY		
D0240	X-Ray - intraoral - occlusal film	No charge	D1110	Routine prophylaxis-adult (once every 6 months)	No charge
D0250	X-Ray - extraoral - first film	No charge	D1110	Additional routine prophylaxis - adult	15.00
D0260	X-Ray - extraoral - each additional film	No charge	D1120	Routine prophylaxis - children under the age of 16 (once every 6 months)	No charge
D0270	X-Ray - bitewing - single film	No charge	D1120	Additional routine prophylaxis - children under the age of 16	15.00
D0272	X-Ray - bitewing - two films	No charge	D1203	Topical application of fluoride (excluding prophylaxis) children under the age of 16	No charge
D0273	X-Ray - bitewing - three films	No charge	D1204	Topical application of fluoride (excluding prophylaxis) adult	5.00
D0274	X-Ray - bitewing - four films	No charge	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	5.00
D0277	Vertical bitewings - 7 to 8 films Not to be taken if D0274 was done within prior six months. Copies of X-rays can be obtained for \$2.00 per periapical film up to a maximum of \$30.00. Panoramic X-rays can be obtained for a \$15.00 fee.	20.00	D1310	Nutritional counseling for control of dental disease	No charge
D0290	Posterior-anterior or lateral skull and facial bone survey	150.00			
D0310	Sialography	150.00			
D0320	TMJ, including injection	250.00			
D0321	Other TMJ films, by report	150.00			
D0322	Tomographic survey	150.00			

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

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1320	Tobacco counseling for the control & prevention of oral disease	No charge	D2951	Pin retention - per tooth, in addition to restoration	10.00
D1330	Oral hygiene instructions	No charge	D2952	Cast post and core in addition to crown	80.00
D1351	Application of sealant per tooth		D2953	Each additional cast post - same tooth	95.00
	- children under the age of 16	No charge	D2954	Prefabricated post and core in addition to crown	75.00
D1510	Space maintainer - fixed - unilateral		D2955	Post removal	
	- children under the age of 16	No charge		(not in conjunction with endodontic therapy)	20.00
D1515	Space maintainer - fixed - bilateral		D2957	Each additional prefab-ricated post - same tooth	30.00
	- children under the age of 16	No charge	D2960	Labial veneer (resin laminate) - chair side	200.00
D1520	Space maintainer - removable - unilateral		D2961	Labial veneer (resin laminate) - laboratory	225.00*
	- children under the age of 16	No charge	D2962	Labial veneer (porcelain laminate) - laboratory	350.00*
D1525	Space maintainer - removable - bilateral		D2970	Temporary crown (fractured tooth)	75.00
	- children under the age of 16	No charge	D2980	Crown repair, by report	95.00
D1550	Recementation of space maintainer	10.00		When crown and/or bridgework exceeds six (6) consecutive units, an additional charge of \$30.00 per unit applies.	
D1555	Removal of fixed space maintainer	10.00			
D8210	Removable appliance therapy	103.00			
D8220	Fixed appliance therapy	103.00			
	RESTORATIVE DENTISTRY			ENDODONTIC SERVICES	
D2140	Amalgam - 1 surface, primary or permanent	No charge	D3110	Pulp cap - direct (excluding final restoration)	10.00
D2150	Amalgam - 2 surfaces, primary or permanent	No charge	D3120	Pulp cap - indirect (excluding final restoration)	10.00
D2160	Amalgam - 3 surfaces, primary or permanent	No charge	D3220	Therapeutic pulpotomy (excluding final restoration)	20.00
D2161	Amalgam - 4 surfaces, primary or permanent	No charge	D3221	Pulpal debridement, primary and permanent teeth	95.00
D2330	Resin-based composite - 1 surface, anterior	20.00	D3230	Pulpal therapy (resorbable filling) - anterior, primary	40.00
D2331	Resin-based composite - 2 surfaces, anterior	32.00	D3240	Pulpal therapy (resorbable filling) - posterior, primary	40.00
D2332	Resin-based composite - 3 surfaces, anterior	40.00	D3310	Endodontic therapy - anterior (excluding final restoration)	100.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, anterior	70.00	D3320	Endodontic therapy - bicuspid (excluding final restoration)	175.00
D2390	Resin-based composite crown, anterior	100.00	D3330	Endodontic therapy - molar (excluding final restoration)	210.00
D2391	Resin-based composite - 1 surface, posterior	45.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2392	Resin-based composite - 2 surfaces, posterior	65.00	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00
D2393	Resin-based composite - 3 surfaces, posterior	80.00	D3333	Internal root repair of perforation defects	125.00
D2394	Resin-based composite - 4 or more surfaces, posterior	95.00	D3346	Retreatment of previous root canal therapy - anterior	250.00
D2410	Gold foil - 1 surface	65.00	D3347	Retreatment of previous root canal therapy - bicuspid	285.00
D2420	Gold foil - 2 surfaces	90.00	D3348	Retreatment of previous root canal therapy - molar	350.00
D2430	Gold foil - 3 surfaces	120.00	D3351	Apexification/recalcification - initial visit	90.00
D2510	Inlay - metallic - 1 surface	80.00	D3352	Apexification/recalcification - interim medication replacement	90.00
D2520	Inlay - metallic - 2 surfaces	90.00	D3353	Apexification/recalcification - final visit	90.00
D2530	Inlay - metallic - 3 or more surfaces	115.00	D3410	Apicoectomy/periradicular surgery - anterior	96.00
D2542	Onlay - metallic - 2 surfaces	250.00	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	300.00
D2543	Onlay - metallic - 3 surfaces	270.00	D3425	Apicoectomy/periradicular surgery - molar (first root)	150.00
D2544	Onlay - metallic - 4 or more surfaces	290.00	D3426	Apicoectomy/periradicular surgery - each additional root	75.00
D2610	Inlay - porcelain/ceramic - 1 surface	225.00*	D3430	Retrograde filling - per root	55.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	250.00*	D3450	Root amputation - per root	85.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	275.00*	D3470	Intentional reimplantation (including splinting)	175.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	310.00*	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	340.00*	D3920	Hemisection (including root removal)	80.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	350.00*	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2650	Inlay - resin-based composite - 1 surface	180.00		PERIODONTIC SERVICES	
D2651	Inlay - resin-based composite - 2 surfaces	200.00	D4210	Gingivectomy/gingivoplasty - 4 or more contiguous teeth per quad	175.00
D2652	Inlay - resin-based composite - 3 or more surfaces	250.00	D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth per quad	66.00
D2662	Onlay - resin-based composite - 2 surfaces	225.00	D4240	Gingival flap procedure, including root planing - 4 or more teeth per quad	163.00
D2663	Onlay - resin-based composite - 3 surfaces	245.00	D4241	Gingival flap procedure, including root planing - 1 to 3 teeth per quad	150.00
D2664	Onlay - resin-based composite - 4 or more surfaces	275.00	D4245	Apically positioned flap	150.00
D2710	Crown - resin-based composite (indirect)	195.00	D4249	Clinical crown lengthening - hard tissue	175.00
D2712	Crown - ¾ resin-based composite (indirect)	195.00	D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth per quad	375.00
D2720	Crown - resin with high noble metal	195.00*	D4261	Osseous surgery (including flap entry and closure) - 1 to 3 teeth per quad	325.00
D2721	Crown - resin with predominantly base metal	195.00*	D4263	Bone replacement graft - first site in quad	450.00
D2722	Crown - resin with noble metal	195.00*	D4264	Bone replacement graft - each additional site in quad	325.00
D2740	Crown - porcelain/ceramic substrate	195.00*	D4265	Biologic materials to aid in soft and osseous tissue regeneration	325.00
D2750	Crown - porcelain fused to high noble metal	195.00*	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D2751	Crown - porcelain fused to predominantly base metal	195.00*	D4267	Guided tissue regeneration - nonresorbable barrier, per site	325.00
D2752	Crown - porcelain fused to noble metal	195.00*	D4270	Pedicle soft tissue graft procedure	235.00
D2780	Crown - 3/4 cast high noble metal	195.00*			
D2781	Crown - 3/4 cast predominantly base metal	195.00*			
D2782	Crown - 3/4 cast noble metal	195.00*			
D2783	Crown - 3/4 porcelain/ceramic	195.00*			
D2790	Crown - full cast high noble metal	195.00*			
D2791	Crown - full cast predominantly base metal	195.00*			
D2792	Crown - full cast noble metal	195.00*			
D2799	Provisional crown	125.00			
D2910	Recement inlay, onlay, or partial coverage restoration	10.00			
D2915	Recement cast or prefabricated post and core	10.00			
D2920	Recement crown	10.00			
D2930	Prefabricated stainless steel crown - primary tooth	35.00			
D2931	Prefabricated stainless steel crown - permanent tooth	40.00			
D2932	Prefabricated resin crown	90.00			
D2933	Prefabricated stainless steel crown with resin window	135.00			
D2940	Sedative filling	5.00			
D2950	Core build up, including any pins	35.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D4271	Free soft tissue graft procedure (including donor site surgery)	215.00	D6210	PROSTHODONTICS - FIXED Pontic - cast high noble metal	195.00*
D4273	Subepithelial connective tissue graft procedures	280.00	D6211	Pontic - cast predominantly base metal	195.00*
D4274	Distal or proximal wedge procedure	100.00	D6212	Pontic - cast noble metal	195.00*
D4275	Soft tissue allograft	502.00	D6240	Pontic - porcelain fused to high noble metal	195.00*
D4320	Provisional splinting - intracoronal	100.00	D6241	Pontic - porcelain fused to predominantly base metal	195.00*
D4321	Provisional splinting - extracoronal	100.00	D6242	Pontic - porcelain fused to noble metal	195.00*
D4341	Periodontal scaling and root planing - 4 or more contiguous teeth per quad	36.00 †	D6245	Pontic - porcelain/ceramic	295.00*
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quad	29.00 †	D6250	Pontic - resin with high noble metal	195.00*
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35.00†	D6251	Pontic - resin with predominantly base metal	195.00*
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	45.00†	D6252	Pontic - resin with noble metal	195.00*
D4910	Periodontal maintenance	40.00	D6253	Provisional pontic	No Charge
D4910	Additional periodontal maintenance procedures	100.00	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00
D4920	Unscheduled dressing change (by someone other than the treating dental office)	20.00	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*
D4999	Periodontal charting for planning treatment of periodontal disease	No Charge	D6600	Inlay - porcelain/ceramic, two surfaces	195.00*
D4999	Periodontal hygiene instruction	No Charge	D6601	Inlay - porcelain/ceramic, three or more surfaces	195.00*
	PROSTHODONTICS - REMOVABLE		D6602	Inlay - cast high noble metal, two surfaces	195.00*
D5110	Complete denture - maxillary	210.00*	D6603	Inlay - cast high noble, three or more surfaces	195.00*
D5120	Complete denture - mandibular	210.00*	D6604	Inlay - cast predominantly base metal, two surfaces	195.00*
D5130	Immediate denture - maxillary (including two relines)	210.00*	D6605	Inlay - cast predominantly base metal, three or more surfaces	195.00*
D5140	Immediate denture - mandibular (including two relines)	210.00*	D6606	Inlay - cast noble metal, two surfaces	195.00*
D5211	Maxillary partial denture - resin base (including clasps)	210.00*	D6607	Inlay - cast noble metal, three or more surfaces	195.00*
D5212	Mandibular partial denture - resin base (including clasps)	210.00*	D6608	Onlay - porcelain/ceramic, two surfaces	195.00*
D5213	Partial denture - maxillary cast metal - acrylic	220.00*	D6609	Onlay - porcelain/ceramic, three or more surfaces	195.00*
D5214	Partial denture - mandibular cast metal - acrylic	220.00*	D6610	Onlay - cast high noble metal, two surfaces	195.00*
D5225	Maxillary partial denture - flexible base	220.00*	D6611	Onlay - cast high noble metal, three or more surfaces	195.00*
D5226	Mandibular partial denture - flexible base	220.00*	D6612	Onlay - cast predominantly base metal, two surfaces	195.00*
D5281	Removable unilateral partial denture - one piece cast metal	235.00*	D6613	Onlay - cast predominantly base metal, three or more surfaces	195.00*
D5410	Adjustment - complete denture - maxillary	8.00	D6614	Onlay - cast noble metal, two surfaces	195.00*
D5411	Adjustment - complete denture - mandibular	8.00	D6615	Onlay - cast noble metal, three or more surfaces	195.00*
D5421	Adjustment - partial denture - maxillary	10.00	D6710	Crown - indirect resin based composite	195.00
D5422	Adjustment - partial denture - mandibular	10.00	D6720	Crown - resin with high noble metal	195.00*
	All denture adjustment charges are for dentures which were not fabricated in the present office; all denture adjustments for new dentures or dentures made within twelve (12) months are at no charge.		D6721	Crown - resin with predominantly base metal	195.00*
D5510	Repair broken complete denture base	15.00	D6722	Crown - resin with noble metal	195.00*
D5520	Replace missing or broken tooth - complete denture (each tooth)	10.00	D6740	Crown - porcelain/ceramic	195.00*
D5610	Repair denture resin base	15.00	D6750	Crown - porcelain fused to high noble metal	195.00*
D5620	Repair cast framework	30.00	D6751	Crown - porcelain fused to predominantly base metal	195.00*
D5630	Repair or replace broken clasp	15.00	D6752	Crown - porcelain fused to noble metal	195.00*
D5640	Repair broken teeth - per tooth	10.00	D6780	Crown - 3/4 cast high noble metal	195.00*
D5650	Add tooth to existing partial denture	30.00	D6781	Crown - 3/4 cast predominantly base metal	195.00*
D5660	Add clasp to existing partial denture	30.00	D6782	Crown - 3/4 cast noble metal	195.00*
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	100.00	D6783	Crown - 3/4 porcelain/ceramic	195.00*
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	100.00	D6790	Crown - full cast high noble metal	195.00*
D5710	Rebase complete maxillary denture	75.00	D6791	Crown - full cast predominantly base metal	195.00*
D5711	Rebase complete mandibular denture	75.00	D6792	Crown - full cast noble metal	195.00*
D5720	Rebase maxillary partial denture	75.00	D6930	Recement fixed partial denture	10.00
D5721	Rebase mandibular partial denture	75.00	D6940	Stress breaker	125.00
D5730	Reline complete maxillary denture - chair side	45.00	D6950	Precision attachment	125.00
D5731	Reline complete mandibular denture - chair side	45.00	D6970	Cast post and core in addition to fixed partial denture retainer	55.00
D5740	Reline partial maxillary denture - chair side	45.00	D6971	Cast post as part of fixed partial denture retainer	50.00
D5741	Reline partial mandibular denture - chair side	45.00	D6972	Prefabricated post and core in addition to fixed partial denture retainer	30.00
D5750	Reline complete maxillary denture - laboratory	35.00*	D6973	Core build up for retainer, including pins	25.00
D5751	Reline complete mandibular denture - laboratory	35.00*	D6975	Coping - metal	95.00
D5760	Reline partial maxillary denture - laboratory	35.00*	D6976	Each additional cast post - same tooth	75.00
D5761	Reline partial mandibular denture - laboratory	35.00*	D6977	Each additional prefabricated post - same tooth	75.00
D5810	Interim complete denture - maxillary	220.00*	D6980	Fixed partial denture repair	80.00
D5811	Interim complete denture - mandibular	220.00*		ORAL SURGERY	
D5820	Interim partial denture - maxillary	220.00*	D7111	Coronal remnants - deciduous tooth	45.00
D5821	Interim partial denture - mandibular	220.00*	D7140	Extraction of erupted tooth or exposed root	10.00
D5850	Tissue conditioning - maxillary	25.00	D7210	Surgical removal of erupted tooth	25.00
D5851	Tissue conditioning - mandibular	25.00	D7220	Removal of impacted tooth - soft tissue	40.00
D5862	Precision attachment, by report	150.00	D7230	Removal of impacted tooth - partially bony	55.00
D5899	Denture cleaning	No charge	D7240	Removal of impacted tooth - completely bony	63.00
			D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100.00
			D7250	Surgical removal of residual tooth roots	25.00
			D7260	Oroantral fistula closure	160.00
			D7270	Tooth reimplantation	50.00
			D7280	Surgical access of an unerupted tooth	125.00
			D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00
			D7285	Biopsy of oral tissue - hard (bone, tooth)	115.00
			D7286	Biopsy of oral tissue - soft (all others)	60.00
			D7287	Exfoliative cytological sample collection	50.00

CODE	DESCRIPTION	MEMBER COPAY		
D7288	Brush biopsy – transepithelial sample collection	25.00	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers
D7310	Alveoloplasty with extractions - per quad	20.00		20.00
D7311	Alveoloplasty with extractions - one to three teeth, per quad	20.00		
D7320	Alveoloplasty without extractions - per quad	50.00		
D7321	Alveoloplasty without extractions – one to three teeth, per quad	50.00		
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	65.00		
D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	95.00		
D7471	Removal of lateral exostosis	95.00		
D7472	Removal of torus palatinus	95.00		
D7473	Removal of torus mandibularis	95.00		
D7485	Surgical reduction of osseous tuberosity	95.00		
D7510	Incision and drainage of abscess - intraoral soft tissue	20.00		
D7511	Incision and drainage of abscess – intraoral soft tissue - complicated	20.00		
D7520	Incision and drainage of abscess – extraoral soft tissue	20.00		
D7521	Incision and drainage of abscess – extraoral soft tissue - complicated	20.00		
D7910	Suture of recent small wounds up to 5 cm	35.00		
D7960	Frenulectomy - separate procedure	50.00		
D7963	Frenuloplasty	50.00		
D7970	Excision of hyperplastic tissue - per arch	140.00		
D7971	Excision of pericoronal gingiva	102.00		
	MISCELLANEOUS SERVICES			
D9120	Fixed partial denture sectioning	No charge		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No charge		
D9215	Local anesthesia	No charge		
D9220	Deep sedation, general anesthesia - first 30 minutes	125.00		
D9221	Deep sedation, general anesthesia - each additional 15 minutes	15.00		
D9230	Analgesia nitrous oxide - per 1/2 hour	20.00		
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	125.00		
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	55.00		
D9610	Therapeutic drug injection, by report	15.00		
D9630	Oral irrigation/other drugs/medicament - per quad	15.00		
D9910	Application of desensitizing medicament	20.00		
D9940	Occlusal guard	250.00		
D9942	Repair and/or reline of occlusal guard	40.00		
D9950	Occlusal analysis - mounted case	75.00		
D9951	Occlusal adjustment - limited	25.00		
D9952	Occlusal adjustment - complete	75.00		
D9972	External bleaching - per arch	150.00		
D9972	External bleaching - both arches (excluding bleaching material for home use)	275.00		
	Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence outside the service area (Florida).			
	ORTHODONTIA			
D8660	Pre-orthodontic treatment visit	35.00		
D8999	Orthodontic treatment plan & records	250.00		
D8010	Limited orthodontic treatment of the primary dentition (up to 24 months)	1,000.00		
D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	1,000.00		
D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	1,000.00		
D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	1,350.00		
D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,800.00		
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,850.00		
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,950.00		
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) - includes fee for fixed/removable retainers and monthly visits)	300.00		

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 you may obtain prior written authorization from Solstice and receive specialty treatment by an approved Participating Specialist at the listed Copayments. Please refer to the Specialty Care Referral Policy in your Certificate of Coverage.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a Participating Specialist with no referral and receive a 25% reduction off the Provider's usual and customary fee; or (2) you may contact Member Services to locate your nearest Participating Orthodontist who will perform Covered Services at the listed Member Copayment.

NON-COVERED SERVICES

1. Services performed by a General Dentist or 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 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, and 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 anesthetics.
8. Bleaching materials for home use related to D9972.

LIMITATIONS

1. Any oral evaluation (excluding problem-focused) is limited to one (1) time in any six (6) consecutive month period at no charge. All subsequent oral evaluations (excluding problem-focused) will be at a 25% reduction off the Provider's usual and customary fee without a frequency limitation.
2. All bitewing X-rays are limited to one (1) set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one (1) in any six (6) consecutive month period. Any additional procedures will follow D1110 and D4910 Member Copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
5. Sealants 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, fixed bridges or dentures is limited to one (1) time per five (5) year period.
11. When crown 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 "*" do not include the cost of material and laboratory fees. Additional cost to the Member is as follows:
 - High noble metal (precious) up to \$145.00
 - 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, 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
14. Copayments marked by "+" are not eligible at a Specialist.
15. Either D0210 or D0330 are reimbursable one (1) time per five (5) year period.
16. Copies of X-rays can be obtained for \$2.00 per periapical film up to a maximum of \$30.00. Panoramic X-ray can be obtained for a \$15.00 fee.
17. D0274, D0277 or D0210 are payable only when other inclusive films have not been taken (paid) within the last six (6) months.
18. All denture adjustment fees are for dentures which were not fabricated at the present office; all denture adjustments for new dentures made within twelve (12) months are at no fee to the Member.
19. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
20. A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
21. Surgical removal of wisdom teeth 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.
22. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed Member Orthodontic Copayment plus the difference in cost for the enhanced treatment.

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.