

SOLSTICE S200A Summary of Benefits

P.O. Box 19199 Plantation, FL 33318 Telephone: 877.760.2247 Fax: 954.370.1701 www.SolsticeBenefits.com

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.

		MEMBER			MEMBER
CODE	DESCRIPTION	COPAY	CODE	DESCRIPTION	COPAY
	APPOINTMENTS		D0330	Panoramic film (not to replace FMX)	35.00
D0120	Periodic oral evaluation, established patient	No charge	D0340	Cephalometric film, non-orthodontic	75.00
D0140	Limited oral evaluation - problem focused	No charge	D0350	Oral/facial photographic images	
D0145	Oral evaluation for a patient under three years	No shawa	D0415	(includes intra & extraoral)	20.00
D0150	of age and counseling with primary caregiver Comprehensive oral evaluation - new or	No charge	D0415	Collection of microorganisms for culture and sensitivity	No charge
00150	established patient	No charge	D0425	Caries susceptibility tests	No charge
		rio enarge	D0431	Adjunctive pre-diagnostic test that aids in	no enarge
D0160	Detailed and extensive oral evaluation			detection of mucosal abnormalities	65.00
	- problem focused	No charge	D0460	Pulp vitality tests	No charge
D0170	Re-evaluation - limited, problem focused	No charge	D0470	Diagnostic casts	No charge
D0180	Comprehensive periodontal evaluation - new or established patient	No charge	D0472	Accession of tissue, gross examination, preparation and transmission of written report	No charge
D9110	Palliative (emergency) treatment of dental pain	No charge	D0473	Accession of tissue, gross and microscopic	No charge
D9430	Office visit for observation/OSHA	No charge	20110	examination, preparation and transmission of	
D9440	Office visit - after regularly scheduled hours	25.00		written report	No Charge
			D0474	Accession of tissue, gross and microscopic	
D0210	RADIOGRAPHY / DIAGNOSTIC DENTISTRY			examination, including assessment of surgical	ا م
D0210	X-Ray - intraoral - complete series (including bitewings)	No charge		margins for presence of disease, preparation an transmission of written report	No Charge
D0220	X-Ray - intraoral - periapical first film	4.00	D0486	Accession of brush biopsy sample, microscopic	No charge
D0230	X-Ray - intraoral - periapical each additional film	2.00	20100	examination, preparation and transmission of	
D0240	X-Ray - intraoral - occlusal film	No charge		written report	No Charge
D0250	X-Ray - extraoral - first film	No charge			
D0260	X-Ray - extraoral - each additional film	No charge	D1110	PREVENTIVE DENTISTRY	
D0270 D0272	X-Ray - bitewing - single film X-Ray - bitewing - two films	No charge No charge	D1110 D1110	Routine prophylaxis-adult (once every 6 month: Additional routine prophylaxis - adult	15.00
D0272 D0273	X-Ray - bitewing - two hirds	No charge	D1120	Routine prophylaxis - children under the age of	
D0274	X-Ray - bitewing - four films	No charge	0.120	16 (once every 6 months)	No charge
D0277	Vertical bitewings - 7 to 8 films	20.00	D1120	Additional routine prophylaxis	5
	Not to be taken if D0274 was done within prior			- children under the age of 16)	15.00
	six months. Copies of X-rays can be obtained for		D1203	Topical application of fluoride (excluding	N
	\$2.00 per periapical film up to a maximum of \$30 Panoramic X-rays can be obtained for a \$15.00 fe		D1204	prophylaxis) children under the age of 16 Topical application of fluoride (excluding	No charge
D0290	Posterior-anterior or lateral skull and facial bone	с.	D1204	prophylaxis) adult	5.00
	survey	150.00	D1206	Topical fluoride varnish; therapeutic application	1
D0310	Sialography	150.00		for moderate to high caries risk patients	5.00
D0320	TMJ, including injection	250.00	D1310	Nutritional counseling for control of dental	
D0321	Other TMJ films, by report	150.00		disease	No charge
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)

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

D4271 Fri D4273 Si D4274 D D4275 Si D4274 D D4275 Si D4320 Pi D4321 Pi D4342 Pi D4355 Fri D4355 Fri D4355 Fri D4355 Fri D4355 Fri D4310 A D4910 A D4920 U D4999 Pi D5110 Cri D5120 Cri D5130 Ini D5140 Ini D5211 Mi D5212 Mi D5213 Pi D5214 Pi D5225 Mi D5226 Mi D5421 A D5422 A D5510 Ri D5510 Ri D5610 Ri <	ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - mandibular nmediate denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	No Charge No Charge 210.00* 210.00*	CODE D6210 D6211 D6212 D6240 D6241 D6242 D6245 D6250 D6251 D6252 D6253 D6548 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606 D6606	PROSTHODONTICS - FIXED Pontic - cast high noble metal Pontic - cast predominantly base metal Pontic - cast noble metal Pontic - porcelain fused to high noble metal Pontic - porcelain fused to predominantly base metal Pontic - porcelain fused to noble metal Pontic - porcelain fused to noble metal Pontic - porcelain/ceramic Pontic - resin with high noble metal Pontic - resin with predominantly base metal Pontic - resin with noble metal	195.00* 195.00* 195.00* 195.00* 195.00* 295.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00*
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D4320 Pri D4321 Pri D4321 Pri D4321 Pri D4341 Pri D4355 Fri D4355 Fri D4355 Fri D4355 Fri D4355 Fri D43610 A D4910 A D4920 U D4999 Pri D5110 Ci D5120 Ci D5130 In 05140 M 05211 M D5212 M D5213 Pri D5214 Pri D5225 M D5214 Pri D5225 M D5421 A D5421 A D5421 A D5421 A D5422 A M A D5510 Rr D5520 Rr	rovisional splinting - intracoronal rovisional splinting - extracoronal eriodontal scaling and root planing 4 or more contiguous teeth per quad eriodontal scaling and root planing 1 to 3 teeth per quad ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures Inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE omplete denture - maxillary complete denture - maxillary nediate denture - mandibular nmediate denture - mandibular ncluding two relines)	100.00 100.00 36.00 † 29.00 † 35.00† 45.00† 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*	D6241 D6242 D6245 D6250 D6251 D6252 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	Pontic - porcelain fused to predominantly base metal Pontic - porcelain fused to noble metal Pontic - porcelain/ceramic Pontic - resin with high noble metal Pontic - resin with predominantly base metal Pontic - resin with noble metal Provisional pontic Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces	195.00* 195.00* 295.00* 195.00* 195.00* 195.00* 180.00 225.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00*
D4321 Pi D4321 Pi D4341 Pi D4342 Pi D4355 Fi D4355 Fi D4355 Fi D4381 La D4395 Fi D4391 La D4390 U D4910 Pi D4910 A D4920 U D4990 Pi D5110 Ci D5120 Ci D5130 In 05110 Di D5211 M D5212 M D5213 Pi D5214 Pi D5215 M D5226 M D5411 A D5422 A A A D5421 A D5422 A M A D5520 Ri D5610 Ri <td>rovisional splinting - extracoronal eriodontal scaling and root planing 4 or more contiguous teeth per quad eriodontal scaling and root planing 1 to 3 teeth per quad ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures Inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - maxillary ncluding two relines) mmediate denture - mandibular ncluding two relines)</td> <td>100.00 36.00 † 29.00 † 35.00 † 45.00 † 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*</td> <td>D6242 D6245 D6250 D6251 D6252 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606</td> <td>metal Pontic - porcelain fused to noble metal Pontic - porcelain/ceramic Pontic - resin with high noble metal Pontic - resin with predominantly base metal Pontic - resin with noble metal Provisional pontic Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces</td> <td>195.00* 295.00* 195.00* 195.00* 195.00* No Charge 180.00 225.00* 195.00* 195.00* 195.00* 195.00* 25195.00*</td>	rovisional splinting - extracoronal eriodontal scaling and root planing 4 or more contiguous teeth per quad eriodontal scaling and root planing 1 to 3 teeth per quad ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures Inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - maxillary ncluding two relines) mmediate denture - mandibular ncluding two relines)	100.00 36.00 † 29.00 † 35.00 † 45.00 † 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*	D6242 D6245 D6250 D6251 D6252 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	metal Pontic - porcelain fused to noble metal Pontic - porcelain/ceramic Pontic - resin with high noble metal Pontic - resin with predominantly base metal Pontic - resin with noble metal Provisional pontic Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces	195.00* 295.00* 195.00* 195.00* 195.00* No Charge 180.00 225.00* 195.00* 195.00* 195.00* 195.00* 25195.00*
D4341 P4 D4342 P4 D4355 Fit D4310 A D4910 A D4920 U D4999 P D4999 P D5110 Cr D5120 C D5130 In Mit D5212 M D5212 M D5213 D5214 P D5213 Pa D5214 A D5215 M D5226 M D5225 M D5411 A D5422 A M A D5411 A D5422 A M A D55510 Rit	eriodontal scaling and root planing 4 or more contiguous teeth per quad eriodontal scaling and root planing 1 to 3 teeth per quad ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary iomplete denture - maxillary ncluding two relines) mmediate denture - mandibular ncluding two relines)	36.00 † 29.00 † 35.00† 45.00† 40.00 100.00 20.00 No Charge No Charge No Charge	D6245 D6250 D6251 D6252 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	Pontic - porcelain fused to noble metal Pontic - porcelain/ceramic Pontic - resin with high noble metal Pontic - resin with predominantly base metal Pontic - resin with noble metal Provisional pontic Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces	195.00* 295.00* 195.00* 195.00* 195.00* No Charge 180.00 225.00* 195.00* 195.00* 195.00* 195.00* 25195.00*
D4342 Preference D4355 Fract D4355 Fract D4355 Fract D4355 Fract D4381 Lac D4381 Lac D4910 Preference D4910 A D4920 U D4999 Preference D4999 Preference D5110 Critical D5120 Critical D5140 Inn 05211 Min D5212 Min D5213 Practical D5214 Practical D5215 Min D5226 Min D5421 A D5421 A D5422 A Min D5422 Min D5422 Min D5510 Min D5520 Cid D5610	eriodontal scaling and root planing 1 to 3 teeth per quad ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - maxillary ncluding two relines) mediate denture - mandibular ncluding two relines)	29.00 † 35.00† 45.00† 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*	D6250 D6251 D6252 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	Pontic - resin with high noble metal Pontic - resin with predominantly base metal Pontic - resin with predominantly base metal Provisional pontic N Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces	195.00* 195.00* 195.00* No Charge 180.00 225.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00*
D4355 Fr D4381 La D4381 La D4910 A D4920 U D4999 P D4999 P D5110 C1 D5120 C1 D5130 In 05140 In 05211 M D5212 M D5213 Pa D5214 Pa D5225 M D5226 M D5411 A D5421 A D5421 A D5421 A D5421 A D5422 A M D5422 D55510 R D5520 Rd D5610 Rd	1 to 3 teeth per quad ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures lnscheduled dressing change oy someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary iomplete denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	35.00† 45.00† 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*	D6251 D6252 D6253 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	Pontic - resin with predominantly base metal Pontic - resin with noble metal Provisional pontic N Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surface Inlay – cast predominantly base metal, three or more surfaces	195.00* 195.00* No Charge 180.00 225.00* 195.00* 195.00* 195.00* 295.00* 195.00* 195.00*
D4355 Fractor D4381 Lac D4381 Lac D4381 Lac D4910 A D4910 A D4910 A D4920 U D4999 Pri D5110 Cc D5120 Cc D5130 In 05211 M D5212 M D5213 Pri D5214 Pri D5225 M D5226 M D5225 M D5226 M D5225 M D5226 M D5225 M D5411 A D5422 A M M M M M M D5411 A D5422 A M M M M D5510 R D5510 <td>ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures Inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - mandibular nmediate denture - mandibular nnediate denture - mandibular ncluding two relines)</td> <td>35.00† 45.00† 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*</td> <td>D6252 D6253 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606</td> <td>Pontic - resin with noble metal Provisional pontic Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces</td> <td>195.00* No Charge 180.00 225.00* 195.00* 195.00* 195.00* 25195.00* 195.00*</td>	ull mouth debridement to enable omprehensive evaluation and diagnosis ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures Inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - mandibular nmediate denture - mandibular nnediate denture - mandibular ncluding two relines)	35.00† 45.00† 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*	D6252 D6253 D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	Pontic - resin with noble metal Provisional pontic Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces	195.00* No Charge 180.00 225.00* 195.00* 195.00* 195.00* 25195.00* 195.00*
D4381 La D4910 P D4910 A D4910 A D4920 U 0 P D4920 U D4999 P D4999 P D5110 C D5120 C D5130 In 05140 In 05211 M D5212 M D5213 P3 D5214 P1 D5225 M D5226 M D5421 A D5421 A D5421 A D5421 A D5421 A D5421 A D5422 A M A D5510 R D5520 Rd D5610 Rd	ocalized delivery of chemotherapeutic agents ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	45.00† 40.00 100.00 20.00 No Charge No Charge 210.00* 210.00*	D6545 D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	Retainer - cast metal for resin bonded fixed prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surfaces Inlay – cast predominantly base metal, three or more surfaces	180.00 225.00* 195.00* 195.00* 195.00* 195.00* 195.00* 195.00*
vi D4910 D4910 A D4920 U D4999 P4 D4999 P4 D5110 D5120 D5120 D5120 D5130 In (ii) D5140 D5211 M D5212 M D5212 M D5213 D5214 D5213 D5214 D5213 D5214 D5213 D5214 D5225 M D5226 M D5226 M D5281 R C D540 A D5421 A A D5421 A A D5421 A A D5421 A A D5421 A A D5421 A A D5421 A A D5421 A A D5421 A A D5421 A A D5510 B C R A D5510 B C R A D5510 B C R A D5510 B C R A D5510 B C R A D5510 B C R A D5510 B C R A D5510 B C R C C C C C C C C C C C C C C C C C	ia a controlled release vehicle into diseased revicular tissue, per tooth eriodontal maintenance diditional periodontal maintenance procedures inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	40.00 100.00 e) 20.00 No Charge No Charge 210.00* 210.00*	D6548 D6600 D6601 D6602 D6603 D6604 D6605 D6606	prosthesis Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surface Inlay – cast predominantly base metal, three or more surfaces	225.00* 195.00* 195.00* 195.00* 195.00* 25195.00*
Cr Cr D4910 PA D4910 A D4920 U D4999 PA D4999 PA D5110 C D5120 Ch D5130 In D5140 In D5211 M D5212 M D5213 Pa D5214 Pa D5225 M D5226 M D52281 Ra D5411 A D5422 A M N D5510 Ra D5520 Ra D5510 Ra D5510 Ra D5510 Ra D5510 Ra D5510 Ra D5610 Ra	revicular tissue, per tooth eriodontal maintenance dditional periodontal maintenance procedures lnscheduled dressing change oy someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	40.00 100.00 e) 20.00 No Charge No Charge 210.00* 210.00*	D6600 D6601 D6602 D6603 D6604 D6605 D6606	Retainer - porcelain/ceramic for resin bonded fixed prosthesis Inlay – porcelain/ceramic, two surfaces Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surface Inlay – cast predominantly base metal, three or more surfaces	225.00* 195.00* 195.00* 195.00* 195.00* 25195.00*
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D4920 U D4920 U D4999 Pi D4999 Pi D5110 Ci D5120 Ci D5130 In 05110 Ci D5120 Ci D5140 In 05211 Mi D5212 Mi D5213 Pi D5214 Pi D5225 Mi D5241 A D5421 A D5422 A M A D5510 Ri D5520 Ri D5610 Ri	Inscheduled dressing change by someone other than the treating dental office eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE omplete denture - maxillary complete denture - mandibular nmediate denture - maxillary ncluding two relines) ncluding two relines)	 20.00 No Charge No Charge 210.00* 210.00* 	D6601 D6602 D6603 D6604 D6605 D6606	Inlay – porcelain/ceramic, three or more surfaces Inlay – cast high noble metal, two surfaces Inlay – cast high noble, three or more surfaces Inlay – cast predominantly base metal, two surface Inlay – cast predominantly base metal, three or more surfaces	195.00* 195.00* 195.00* es195.00* 195.00*
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D4999 Preprint D4999 Preprint D5110 CC D5120 CC D5130 Inn D5140 Inn D5121 M D5212 M D5213 Preprint D5214 Preprint D5215 M D5226 M D5225 M D5226 M D5227 A D5411 A D5421 A D5421 A D5422 A D5422 A D5510 R D5520 R D5610 R	eriodontal charting for planning treatment of eriodontal disease eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - mandibular nmediate denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	No Charge No Charge 210.00* 210.00*	D6604 D6605 D6606	Inlay – cast predominantly base metal, two surface Inlay – cast predominantly base metal, three or more surfaces	es195.00* 195.00*
D4999 Pr D5110 Ci D5120 Ci D5130 In iii D5140 D5140 In iii D5140 D5120 Ci D5140 In iii D5211 Mi (iii) D5212 Mi D5213 Pi D5214 Pi D5225 Mi D5241 A D5421 A D5421 A D5421 A D5421 A D5421 A D5422 A Mi D5422 Mi D5520 Ri D5520 Ci Ci D5610 Ri	eriodontal hygiene instruction ROSTHODONTICS - REMOVABLE omplete denture - maxillary omplete denture - mandibular nmediate denture - maxillary ncluding two relines) ncluding two relines)	No Charge 210.00* 210.00*	D6605 D6606	Inlay – cast predominantly base metal, three or more surfaces	195.00*
P D5110 D5120 D5130 In (ii D5140 In (ii D5211 M D5212 M D5213 D5214 D5213 D5214 D5225 M D5225 M D5226 M D5225 M D5226 M D5226 M D52281 R C D5410 A D5421 A D5421 A D5421 A D5422 A M D5422 A D5420 A D5510 C M D5510 C M C D520 C M C D5211 M C (ii C D5211 M C (ii C D5211 M C (ii C D5211 M C (ii C D5211 M C (ii C D5211 M C (ii C D5211 M C (ii C D5211 M C (ii C D5211 M C D5213 D5214 D5225 M D5226 M D5226 M D5226 M D5226 M D5227 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5212 C D5211 C D5212 C D5211 C D5211 C D5211 C D5212 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5212 C D5211 C D5211 C D5211 C D5212 C D5211 C D5211 C D5211 C D5211 C D5211 C D5211 C D5212 C D5410 C D5422 C D5420 C D5520 C D5420 C D5420 C D5420 C D5420 C D5420 C D5420 C D5420 C D5500 C C C D5500 C C C D5500 C C C C D5500 D C C D5500 C C C C C C C C C C C C C C C C C C	ROSTHODONTICS - REMOVABLE complete denture - maxillary complete denture - mandibular nmediate denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	210.00* 210.00*	D6606	more surfaces	
D5110 Cr D5120 C D5120 C D5130 In (ii D D5140 In (ii) D D5211 M D5212 M D5213 Pa D5214 Pa D5225 M D5226 M D5225 M D5226 M D5221 A D5411 A D5421 A D5421 A D5421 A D5421 A D5422 A D5510 R D5520 R D5610 R <td>omplete denture - maxillary omplete denture - mandibular nmediate denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)</td> <td>210.00*</td> <td></td> <td>Inlay – cast noble metal, two surfaces</td> <td>195 00*</td>	omplete denture - maxillary omplete denture - mandibular nmediate denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	210.00*		Inlay – cast noble metal, two surfaces	195 00*
D5120 Cc D5130 In in In D5140 In D5121 Mi D5212 Mi D5213 Pa D5214 Pa D5215 Mi D5226 Mi D5281 Ra D5421 A D5421 A D5421 A D5421 A D5421 A D5421 A D5422 A Mi D5422 D5510 Ra D5520 Ra D5610 Ra	omplete denture - mandibular nmediate denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)	210.00*	L D6607		
D5130 In D5140 In D5140 In (ii) D5211 D5211 M D5213 Pa D5214 Pa D5213 Pa D5214 Pa D5225 M D5226 M D5281 Ra D5411 A D5421 A D5421 A D5422 A M N D55200 Ra D55100 Ra D5610 Ra	nmediate denture - maxillary ncluding two relines) nmediate denture - mandibular ncluding two relines)		D6608	Inlay – cast noble metal, three or more surfaces Onlay – porcelain/ceramic, two surfaces	195.00* 195.00*
(ii D5140 (n 0 D5211 M D5212 M 05213 P D5213 P D5225 M D5225 M D5226 M D5226 M D5281 R D5410 A D5411 A D5421 A D5421 A D5422 A W M D5422 A C D5410 R C D5510 R C	ncluding two relines) nmediate denture - mandibular ncluding two relines)		D6609	Onlay – porcelain/ceramic, two surfaces	
(ii D5211 (M D5212 M D5212 M D5213 Pa D5214 Pa D5225 M D5226 M D5226 M D5281 Ra D5420 A D5411 A D5421 A D5421 A D5422 A M D5422 A D5422 A D5422 A D5422 A D5422 A D5510 Ra D5510 Ra D5510 Ra	ncluding two relines)	210.00*	D6610	Onlay – cast high noble metal, two surfaces	195.00*
D5211 M 05212 M 05213 Pi D5214 Pi D5255 M D5226 M D5281 Ri D5214 Pi D5225 M D5281 Ri D5411 A D5421 A D5421 A D5422 A M M D5510 Ri D5520 Ri D5610 Ri		210.00*	D6611	Onlay – cast high noble metal, three or more surfaces	195.00*
(ii D5212 Mi D5213 Pi D5214 Pi D5225 Mi D5226 Mi D5226 Mi D5281 Ri D5410 Ai D5411 Ai D5421 Ai D5421 Ai D5422 Ai Wi Wi D5510 Ri D5520 Ri di D5610 Riv	1axillary partial denture - resin base	210.00	D6612	Onlay – cast predominantly base metal,	195.00"
(ii D5213 P2 D5214 P3 D5225 M D5226 M D5281 R4 D5411 A D5411 A D5421 A D5422 A W W al D5422 A M D5510 R D5510 R D5520 R4 D5610 R4	ncluding clasps)	210.00*		two surfaces	195.00*
D5213 Pa D5214 Pa D5225 M D5226 M D5281 Ra CC CC D5410 A D5411 A D5421 A D5422 A D5422 A D5510 Ra D5520 Ra D5610 Ra	Nandibular partial denture - resin base	210.00*	D6613	Onlay – cast predominantly base metal, three or more surfaces	195.00*
D5214 Pa D5225 M D5226 M D5281 Ra C2 Ca D5410 A D5411 A D5421 A D5422 A D5422 A D5520 Ra D5520 Ra D5610 Ra	ncluding clasps) artial denture - maxillary cast metal - acrylic	220.00*	D6614	Onlay – cast noble metal, two surfaces	195.00*
D5226 M D5281 R Ca Ca D5411 A D5421 A D5422 A W al D5510 R D5520 R D5510 R D5510 R D5510 R D5510 R D5510 R	artial denture - mandibular cast metal - acrylic	220.00*	D6615	Onlay – cast noble metal, three or more surfaces	195.00*
D5281 Ri D5410 A D5411 A D5421 A D5422 A D5420 Ri D5510 Ri D5520 Ri D5610 Ri	Aaxillary partial denture – flexible base	220.00*	D6710	Crown – indirect resin based composite	195.00
Ca D5410 A D5411 A D5421 A D5422 A A w w al D5510 R D5510 R d D5520 R d D5510 R	1andibular partial denture – flexible base emovable unilateral partial denture - one piece	220.00*	D6720 D6721	Crown - resin with high noble metal Crown - resin with predominantly base metal	195.00* 195.00*
D5411 A D5421 A D5422 A A w w al m D5510 R D5520 R d D5610 R	ast metal	235.00*	D6722	Crown - resin with noble metal	195.00*
D5421 A D5422 A W al D5510 R D5510 R d D5510 R d	djustment - complete denture - maxillary	8.00	D6740	Crown - porcelain/ceramic	195.00*
D5422 A A w al D5510 R D5520 R d D5610 R	djustment - complete denture - mandibular djustment - partial denture - maxillary	8.00 10.00	D6750 D6751	Crown - porcelain fused to high noble metal Crown - porcelain fused to predominantly	195.00*
A w al D5510 R D5520 R d D5610 R	djustment - partial denture - mandibular	10.00	20/51	base metal	195.00*
al m D5510 R D5520 R d D5610 R	Il denture adjustment charges are for dentures		D6752	Crown - porcelain fused to noble metal	195.00*
m D5510 Re D5520 Re de D5610 Re	/hich were not fabricated in the present office; Il denture adjustments for new dentures or dent	lires	D6780 D6781	Crown - 3/4 cast high noble metal Crown - 3/4 cast predominantly base metal	195.00* 195.00*
D5520 Re de D5610 Re	nade within twelve (12) months are at no charge		D6782	Crown - 3/4 cast noble metal	195.00*
de D5610 Re	epair broken complete denture base	15.00	D6783	Crown - 3/4 porcelain/ceramic	195.00*
D5610 Re	eplace missing or broken tooth - complete	10.00	D6790	Crown - full cast high noble metal Crown - full cast predominantly base metal	195.00*
	enture (each tooth) epair denture resin base	15.00	D6791 D6792	Crown - full cast noble metal	195.00* 195.00*
	epair cast framework	30.00	D6930	Recement fixed partial denture	10.00
	epair or replace broken clasp	15.00	D6940	Stress breaker	125.00
	epair broken teeth - per tooth .dd tooth to existing partial denture	10.00 30.00	D6950 D6970	Precision attachment Cast post and core in addition to fixed partial	125.00
D5660 A	dd clasp to existing partial denture	30.00	20110	denture retainer	55.00
	eplace all teeth and acrylic on cast metal	100.00	D6971	Cast post as part of fixed partial denture retainer	50.00
	amework (maxillary) eplace all teeth and acrylic on cast metal	100.00	D6972	Prefabricated post and core in addition to fixed partial denture retainer	30.00
	ramework (mandibular)	100.00	D6973	Core build up for retainer, including pins	25.00
D5710 Re	ebase complete maxillary denture	75.00	D6975	Coping - metal	95.00
	ebase complete mandibular denture ebase maxillary partial denture	75.00 75.00	D6976 D6977	Each additional cast post - same tooth Each additional prefabricated post - same tooth	75.00 75.00
D5721 Re	ebase mandibular partial denture	75.00	D6977 D6980	Fixed partial denture repair	80.00
D5730 Re	eline complete maxillary denture - chair side	45.00			
D5731 R	eline complete mandibular denture - chair side	45.00	D7111	ORAL SURGERY	45.00
	eline partial maxillary denture - chair side eline partial mandibular denture - chair side	45.00 45.00	D7111 D7140	Coronal remnants - deciduous tooth Extraction of erupted tooth or exposed root	45.00 10.00
D5750 Re	eline complete maxillary denture - laboratory	35.00*	D7210	Surgical removal of erupted tooth	25.00
	eline complete mandibular denture - laboratory		D7220	Removal of impacted tooth - soft tissue	40.00
	eline partial maxillary denture - laboratory eline partial mandibular denture - laboratory	35.00* 35.00*	D7230 D7240	Removal of impacted tooth - partially bony Removal of impacted tooth - completely bony	55.00 63.00
	nterim complete denture - maxillary	220.00*	D7240	Removal of impacted tooth - completely bony,	00.00
D5811 In	nterim complete denture - mandibular	220.00*		with unusual surgical complications	100.00
	nterim partial denture - maxillary nterim partial denture - mandibular	220.00* 220.00*	D7250 D7260	Surgical removal of residual tooth roots Oroantral fistula closure	25.00 160.00
	issue conditioning - maxillary	220.00" 25.00	D7260 D7270	Tooth reimplantation	50.00
D5851 Ti	issue conditioning - mandibular	25.00	D7280	Surgical access of an unerupted tooth	125.00
	recision attachment, by report	150.00	D7282	Mobilization of erupted or malpositioned tooth to	
D5899 D	enture cleaning	No charge	D7285	aid eruption Biopsy of oral tissue - hard (bone, tooth)	125.00 115.00
			D7286	Biopsy of oral tissue - soft (all others)	60.00
			D7287	Exfoliative cytological sample collection	50.00

MEMBER COPAY

		VIEIVIBER
CODE	DESCRIPTION	COPAY
0-000		
D7288	Brush biopsy – transepithelial sample collection	25.00
D7310 D7311	Alveoloplasty with extractions - per quad	20.00
0/311	Alveoloplasty with extractions - one to three teet 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	65.00
D7451	1.25 cm Removal of odontogenic cyst or tumor greater	65.00
D/451	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 D7510	Surgical reduction of osseous tuberosity	95.00
D/510	Incision and drainage of abscess - intraoral soft tissue	20.00
D7511	Incision and drainage of abscess – intraoral soft	20.00
	tissue - complicated	20.00
D7520	Incision and drainage of abscess – extraoral soft	
D7521	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	5
D 4 4 4 5	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	125.00
	- each additional 15 minutes	15.00
D9230	Analgesia nitrous oxide - per 1/2 hour	20.00
D9241	Intravenous conscious sedation/analgesia	125.00
D9242	 – first 30 minutes Intravenous conscious sedation/analgesia 	125.00
07212	– each additional 15 minutes	55.00
D9610	Therapeutic drug injection, by report	15.00
D9630	Oral irrigation/other drugs/medicament - per qua	
D9910 D9940	Application of desensitizing medicament Occlusal guard	20.00 250.00
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 D9972	External bleaching - per arch External bleaching - both arches	150.00
UJJIZ	(excluding bleaching material for home use)	275.00
	Emergency treatment is available for palliative	
	treatment for the abatement of pain up to \$100.0 per occurrence outside the service area (Florida).	00
	ORTHODONTIA	
D8660	Pre-orthodontic treatment visit	35.00
D8999 D8010	Orthodontic treatment plan & records Limited orthodontic treatment of the primary	250.00
DOUTO	dentition (up to 24 months)	1,000.00
D8020	Limited orthodontic treatment of the transitional	
B a a a a	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	1,000.00
	dentition (up to 24 months)	1,350.00
D8070	Comprehensive orthodontic treatment of the	
	transitional dentition (full treatment case up to	x)1 000 00
D8080	24 months - including fixed/removable appliance Comprehensive orthodontic treatment of the	:5/1,000.00
23000	adolescent dentition (full treatment case up to 24	4
	months - including fixed/removable appliances)	1,850.00
D8090	Comprehensive orthodontic treatment of the	
	adult dentition (full treatment case up to 24	

adult dentition (full treatment case up to 24 months - including fixed/removable appliances)

Orthodontic retention (removal of appliances, construction and placement of retainer(s) - includes fee for fixed/removable retainers and

monthly visits)

D8680

1,950.00

300.00

D8693 Rebonding or recementing; and/or repair, as required, of fixed retainers

Orthodontic treatment is prorated over 24 months and is only payable under a current status. Solstice bears no liability towards treatment unable to be completed due to a terminated status.

20.00

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.
- 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

- 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.
 All bituring V are as limited to any (1) extin evaluation 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 Jaboratory 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.

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