

D1068 - 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
- No Claim Forms to Submit

The Member copayments listed are offered by a participating in-network provider. The Member receives:

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

Members can locate a participating provider at

www.myuhc.com

Member Services Department: 800-955-4137

The patient/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 General Dentist performs services. An "*" denotes limitation on certain benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
CLINICAL ORAL EVALUATIONS					
D0120	*Periodic oral evaluation - established patient	No Charge		problem focused (established patient; not post-operative visit)	
D0140	Limited oral evaluation - problem focused	No Charge	D0171	Re-evaluation - post-operative office visit	No Charge
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge	D0180	*Comprehensive periodontal evaluation - new or established patient	No Charge
D0150	*Comprehensive oral evaluation - new or established patient	No Charge	D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00
D0160	*Detailed and extensive oral evaluation - problem focused, by report	No Charge	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Charge
D0170	Re-evaluation - limited,	No Charge	D9440	Office visit - after regularly scheduled hours	35.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D9450	Case presentation, detailed and extensive treatment planning	No Charge	D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	169.00
D9986	Missed appointment	25.00	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch—mandible	149.00
	DIAGNOSTIC IMAGING		D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch—maxilla, with or without cranium	139.00
D0210	*Intraoral - complete series (including bitewings)	No Charge	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	139.00
D0220	Intraoral - periapical first radiographic images	4.00	D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	184.00
D0230	Intraoral - periapical each additional radiographic images	2.00	D0369	*Maxillofacial MRI capture and interpretation	139.00
D0240	Intraoral - occlusal radiographic images	No Charge	D0370	*Maxillofacial ultrasound capture and interpretation	189.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	No Charge	D0371	*Sialoendoscopy capture and interpretation	169.00
D0251	*Extra-oral posterior dental radiographic image	No Charge	D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	169.00
D0270	*Bitewing - single radiographic images	No Charge	D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	149.00
D0272	*Bitewings - two radiographic images	No Charge	D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	139.00
D0273	*Bitewings - three radiographic images	No Charge	D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	139.00
D0274	*Bitewings - four radiographic images	No Charge	D0384	*Cone beam CT image capture for TMJ series including two or more exposures	184.00
D0277	*Vertical bitewings - 7 to 8 radiographic images	29.00			
D0310	Sialography	150.00			
D0320	Temporomandibular joint arthrogram, including injection	250.00			
D0321	Other temporomandibular joint radiographic images, by report	150.00			
D0322	Tomographic survey	150.00			
D0330	*Panoramic radiographic images	50.00			
D0340	2D cephalometric radiographic image—acquisition, measurement and analysis	125.00			
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	20.00			



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D0385	*Maxillofacial mri image capture	139.00		disease, preparation and transmission of written report	
D0386	*Maxillofacial ultrasound image capture	169.00	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	No Charge
D0393	*Treatment simulation using 3d image volume	9.00	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No Charge
D0394	*Digital subtraction of two or more images or image volumes of the same modality	9.00	D0502	Other oral pathology procedures, by report	No Charge
D0395	*Fusion of two or more 3D image volumes of one or more modalities	9.00	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	No Charge
TESTS AND EXAMINATIONS			D0601	Caries risk assessment and documentation, with a finding of low risk	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge	D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Charge
D0425	Caries susceptibility tests	No Charge	D0603	Caries risk assessment and documentation, with a finding of high risk	No Charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	65.00	DENTAL PROPHYLAXIS		
D0460	Pulp vitality tests	No Charge	D1110	*Prophylaxis- adult	No Charge
D0470	Diagnostic casts	No Charge	D1110	Additional prophylaxis- adult	20.00
ORAL PATHOLOGY LABORATORY			D1120	*Prophylaxis- child	No Charge
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Charge	D1120	Additional prophylaxis- child	20.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Charge	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of	No Charge	D1206	*Topical fluoride varnish	15.00
			D1208	*Topical application of fluoride - excluding varnis	No Charge
			D9910	*Application of desensitizing medicament	20.00
			OTHER PREVENTIVE SERVICES		
			D1310	Nutritional counseling for control of dental disease	No Charge



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D1320	Tobacco counseling for the control and prevention of oral disease	No Charge	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	80.00
D1330	Oral hygiene instructions	No Charge	D2390	Resin-based composite crown, anterior	115.00
D1351	*Sealant - per tooth	No Charge	D2391	Resin-based composite - one surface, posterior	65.00
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge	D2392	Resin-based composite - two surfaces, posterior	75.00
D1353	Sealant repair - per tooth	No Charge	D2393	Resin-based composite - three surfaces, posterior	90.00
D1354	*Interim caries arresting medicament application	20.00	D2394	Resin-based composite - four or more surfaces, posterior	115.00
SPACE MAINTAINERS (PASSIVE APPLIANCES)			GOLD FOIL RESOTRATIONS		
D1510	*Space maintainer - fixed - unilateral	No Charge	D2410	Gold foil - one surface	75.00
D1515	*Space maintainer - fixed - bilateral	No Charge	D2420	Gold foil - two surfaces	95.00
D1520	*Space maintainer - removable - unilateral	No Charge	D2430	Gold foil - three surfaces	125.00
D1525	*Space maintainer - removable - bilateral	No Charge	INLAY/ONLAY RESTORATIONS		
D1550	Re-cementation or re-bond space maintainer	15.00	D2510	Inlay - metallic - one surface	225.00
D1555	Removal of fixed space maintainer	15.00	D2520	Inlay - metallic - two surfaces	235.00
D1575	Distal shoe space maintainer – fixed – unilateral	No Charge	D2530	Inlay - metallic - three or more surfaces	245.00
AMALGAMS RESTORATIONS (INCLUDING POLISHING)			D2542	Onlay - metallic - two surfaces	325.00
D2140	Amalgam - one surface, primary or permanent	No Charge	D2543	Onlay - metallic - three surfaces	340.00
D2150	Amalgam - two surfaces, primary or permanent	No Charge	D2544	Onlay - metallic - four or more surfaces	350.00
D2160	Amalgam - three surfaces, primary or permanent	No Charge	D2610	Inlay - porcelain/ceramic - one surface	275.00*
D2161	Amalgam - four or more surfaces, primary or permanent	No Charge	D2620	Inlay - porcelain/ceramic - two surfaces	300.00*
RESIN BASED COMPOSITE RESTORATIONS - DIRECT			D2630	Inlay - porcelain/ceramic - three or more surfaces	325.00*
D2330	Resin-based composite - one surface, anterior	30.00	D2642	Onlay - porcelain/ceramic - two surfaces	360.00*
D2331	Resin-based composite - two surfaces, anterior	37.00	D2643	Onlay - porcelain/ceramic - three surfaces	390.00*
D2332	Resin-based composite - three surfaces, anterior	50.00	D2644	Onlay - porcelain/ceramic - four or more surfaces	400.00*
			D2650	Inlay - resin-based composite - one surface	200.00
			D2651	Inlay - resin-based composite - two surfaces	220.00
			D2652	Inlay - resin-based composite - three or more surfaces	260.00



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D2662	Onlay - resin-based composite - two surfaces	240.00	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	15.00
D2663	Onlay - resin-based composite - three surfaces	260.00	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20.00
D2664	Onlay - resin-based composite - four or more surfaces	283.00	D2920	Re-cement or re-bond crown	15.00
CROWNS - SINGLE RESTORATIONS ONLY			D2921	Reattachment of tooth fragment, incisal edge or cusp	15.00
D2710	*Crown - resin-based composite (indirect)	195.00	D2929	*Prefabricated porcelain/ceramic crown - primary tooth	49.00*
D2712	*Crown - ¾ resin-based composite (indirect)	195.00	D2930	Prefabricated stainless steel crown - primary tooth	45.00
D2720	*Crown - resin with high noble metal	245.00*	D2931	Prefabricated stainless steel crown - permanent tooth	55.00
D2721	*Crown - resin with predominantly base metal	245.00*	D2932	Prefabricated resin crown	95.00
D2722	*Crown - resin with noble metal	245.00*	D2933	Prefabricated stainless steel crown with resin window	145.00
D2740	*Crown - porcelain/ceramic substrate per unit applies	245.00*	D2940	Protective restoration	15.00
D2750	*Crown - porcelain fused to high noble metal	245.00*	D2941	Interim therapeutic restoration - primary dentition	15.00
D2751	*Crown - porcelain fused to predominantly base metal	245.00*	D2949	Restorative foundation for an indirect restoration	20.00
D2752	*Crown - porcelain fused to noble metal	245.00*	D2950	Core build up, including any pins when required	70.00
D2780	*Crown - 3/4 cast high noble metal	245.00*	D2951	Pin retention - per tooth, in addition to restoration	15.00
D2781	*Crown - 3/4 cast predominantly base metal	245.00*	D2952	Post and core in addition to crown, indirectly fabricated	88.00
D2782	*Crown - 3/4 cast noble metal	245.00*	D2953	Each additional indirectly fabricated post - same tooth	95.00
D2783	*Crown - 3/4 porcelain/ceramic	245.00*	D2954	Prefabricated post and core in addition to crown	75.00
D2790	*Crown - full cast high noble metal	245.00*	D2955	Post removal	30.00
D2791	*Crown - full cast predominantly base metal	245.00*	D2957	Each additional prefabricated post - same tooth	30.00
D2792	*Crown - full cast noble metal	245.00*	D2960	Labial veneer (resin laminate) - chairside	200.00
D2794	*Crown - titanium	245.00*	D2961	Labial veneer (resin laminate) - laboratory	255.00*
D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	125.00	D2962	Labial veneer (porcelain laminate) - laboratory	390.00*
OTHER RESTORATIVE SERVICES			D2971	Additional procedures to	45.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
	construct new crown under existing partial denture framework		D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110.00
D2975	Coping	95.00	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	195.00
D2980	Crown repair necessitated by restorative material failure	95.00	D3330	Endodontic therapy, molar (excluding final restoration)	245.00
D2981	Inlay repair necessitated by restorative material failure	95.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2982	Onlay repair necessitated by restorative material failure	95.00	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00
D2983	Veneer repair necessitated by restorative material failure	95.00	D3333	Internal root repair of perforation defects	125.00
D2990	Resin infiltration of incipient smooth surface lesions	29.00		ENDODONTIC RETREATMENT	
	PULP CAPPING		D3346	Retreatment of previous root canal therapy - anterior	300.00
D3110	Pulp cap- direct (excluding final restoration)	25.00	D3347	Retreatment of previous root canal therapy - bicuspid	350.00
D3120	Pulp cap- indirect (excluding final restoration)	25.00	D3348	Retreatment of previous root canal therapy - molar	440.00
	PULPOTOMY			APEXIFICATION/RECALCIFICATION PROCEDURES	
D3220	Therapeutic pulpotomy (excluding final restoration)- removal of pulp coronal to the dentinocemental junction and application of medicament	30.00	D3351	Apexification/recalcification – initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	90.00
D3221	Pulpal debridement, primary and permanent teeth	95.00	D3352	Apexification/recalcification- interim medication replacement	90.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	75.00	D3353	Apexification/recalcification- final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	90.00
	ENDODONTIC THERAPY ON PRIMARY TEETH			APICOECTOMY/PERIRADICULAR SERVICES	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50.00	D3410	Apicoectomy - anterior	100.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50.00	D3421	Apicoectomy - bicuspid (first root)	315.00
	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)		D3425	Apicoectomy - molar (first root)	340.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D3426	Apicoectomy (each additional root)	95.00	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	49.00
D3427	Periradicular surgery without apicoectomy	100.00	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	195.00
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	47.00	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185.00
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	42.00	D4245	Apically positioned flap	150.00
D3430	Retrograde filling - per root	75.00	D4249	Clinical crown lengthening - hard tissue	230.00
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150.00	D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	375.00
D3432	Guided tissue regeneration in conjunction with per site, in conjunction with periradicular surgery	150.00	D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	325.00
D3450	Root amputation - per root	110.00	D4263	Bone replacement graft - retained natural tooth - first site in quadrant	450.00
D3460	Endodontic endosseous implant	545.00	D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	325.00
D3470	Intentional reimplantation (including necessary splinting)	175.00	D4265	Biologic materials to aid in soft and osseous tissue regeneration	325.00
	OTHER ENDODONTIC PROCEDURES		D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D3910	Surgical procedure for isolation of tooth with rubber dam	95.00	D4267	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	325.00
D3920	Hemisection (including any root removal), not including root canal therapy	90.00			
D3950	Canal preparation and fitting of preformed dowel or post	75.00			
	SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175.00			
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	81.00			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D5120	maxillary *Complete denture - mandibular	325.00*	D5226	flexible base (including any clasps, rests and teeth) *Mandibular partial denture - flexible base (including any clasps, rests and teeth)	425.00*
D5130	*Immediate denture – maxillary	350.00*	D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	245.00*
D5140	*Immediate denture – mandibular	350.00*			
	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			ADJUSTMENTS TO DENTURES	
D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	400.00*	D5410	Adjust complete denture - maxillary	15.00
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	400.00*	D5411	Adjust complete denture - mandibular	15.00
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425.00*	D5421	Adjust partial denture - maxillary	15.00
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425.00*	D5422	Adjust partial denture - mandibular	15.00
D5221	*Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	420.00*		REPAIRS TO COMPLETE DENTURES	
D5222	*Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	420.00*	D5511	*Repair broken complete denture base, mandibular	35.00*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	445.00*	D5512	*Repair broken complete denture base, maxillary	35.00*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	445.00*	D5520	*Replace missing or broken teeth - complete denture (each tooth)	35.00*
D5225	*Maxillary partial denture -	425.00*		REPAIRS TO PARTIAL DENTURES	
			D5611	*Repair resin partial denture base, mandibular	35.00*
			D5612	*Repair resin partial denture base, maxillary	35.00*
			D5621	*Repair cast partial framework, mandibular	35.00*
			D5622	*Repair cast partial framework, maxillary	35.00*
			D5630	*Repair or replace broken clasp – per tooth	35.00*
			D5640	*Replace broken teeth - per tooth	35.00*
			D5650	*Add tooth to existing partial denture	35.00*
			D5660	*Add clasp to existing partial denture – per tooth	35.00*
			D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	155.00*
			D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	155.00*



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D5710	*Rebase complete maxillary denture	135.00*	D5988	Surgical splint	150.00*
D5711	*Rebase complete mandibular denture	135.00*	PRE-SURGICAL SERVICES		
D5720	*Rebase maxillary partial denture	155.00*	D6190	Radiographic/surgical implant index, by report	235.00
D5721	*Rebase mandibular partial denture	155.00*	SURGICAL SERVICES		
D5730	*Reline complete maxillary denture (chairside)	65.00*	D6010	*Surgical placement of implant body	1010.00
D5731	*Reline complete mandibular denture (chairside)	65.00*	D6012	*Surgical placement of interim body for transitional prosthesis	1010.00
D5740	*Reline maxillary partial denture (chairside)	65.00*	D6100	Implant removal, by report	700.00
D5741	*Reline mandibular partial denture (chairside)	65.00*	IMPLANT SUPPORTED PROSTHETICS		
D5750	*Reline complete maxillary denture (laboratory)	85.00*	D6056	*Prefabricated Abutment	440.00
D5751	*Reline complete mandibular denture (laboratory)	85.00*	D6057	*Custom Abutment	550.00
D5760	*Reline maxillary partial denture (laboratory)	85.00*	D6058	*Abutment supported porcelain/ceramic crown	750.00
D5761	*Reline mandibular partial denture (laboratory)	85.00*	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	750.00
INTERIM PROSTHESIS			D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	750.00
D5810	*Interim Complete denture (maxillary)	250.00*	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	750.00
D5811	*Interim complete denture (mandibular)	250.00*	D6062	*Abutment supported cast metal crown (high noble metal)	750.00
D5820	*Interim partial denture (maxillary)	175.00*	D6063	*Abutment supported cast metal crown (predominantly base metal)	750.00
D5821	*Interim partial denture (mandibular)	175.00*	D6064	*Abutment supported cast metal crown (noble metal)	750.00
OTHER REMOVABLE PROSTHESIS			D6065	*Implant supported porcelain/ceramic crown	750.00
D5850	Tissue conditioning, maxillary	20.00	D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	750.00
D5851	Tissue conditioning, mandibular	20.00	D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	750.00
D5862	Precision attachment, by report	150.00	D6068	*Abutment supported retainer for porcelain/ceramic FPD	750.00
D5899	Unspecified removable prosthodontic procedure, by report	No Charge			
NON-CLINICAL PROCEDURES					
D5982	Surgical stent	150.00*			
D5987	Commissure splint	150.00*			



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D6069	*Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	750.00	D6111	*Implant/abutment supported removable denture for edentulous arch – mandibular	1255.00
D6070	*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	750.00	D6112	*Implant/abutment supported removable denture for partially edentulous arch – maxillary	995.00
D6071	*Abutment supported retainer for porcelain fused to metal FPD (noble metal)	750.00	D6113	*Implant/abutment supported removable denture for partially edentulous arch – mandibular	995.00
D6072	*Abutment supported retainer for cast metal FPD (high noble metal)	750.00	D6114	*Implant/abutment supported fixed denture for edentulous arch – maxillary	3855.00
D6073	*Abutment supported retainer for cast metal FPD (predominantly base metal)	750.00	D6115	*Implant/abutment supported fixed denture for edentulous arch – mandibular	3855.00
D6074	*Abutment supported retainer for cast metal FPD (noble metal)	750.00	D6116	*Implant/abutment supported fixed denture for partially edentulous arch – maxillary	2255.00
D6075	*Implant supported retainer for ceramic FPD	750.00	D6117	*Implant/abutment supported fixed denture for partially edentulous arch – mandibular	2255.00
D6076	*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	750.00	D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1804.00
D6077	*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	750.00	D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1804.00
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	50.00†	OTHER IMPLANT SERVICES		
D6085	Provisional implant crown	125.00	D6080	Implant maintenance procedures, including removal	180.00
D6094	*Abutment supported crown - (titanium)	750.00	D6090	Repair implant supported prosthesis, by report	400.00
D6096	Remove broken implant retaining screw	500.00	D6092	Recement implant/abutment crown	45.00
D6110	*Implant/abutment supported removable denture for edentulous arch – maxillary	1255.00	D6093	Recement implant/abutment supported fixed partial denture	No Charge
			D6095	Repair implant abutment, by report	220.00

FIXED PARTIAL DENTURE PONTICS



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D6205	*Pontic - indirect resin based composite	750.00	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	245.00*
D6210	*Pontic - cast high noble metal	245.00*	D6606	Retainer inlay - cast noble metal, two surfaces	245.00*
D6211	*Pontic - cast predominantly base metal	245.00*	D6607	Retainer inlay - cast noble metal, three or more surfaces	245.00*
D6212	*Pontic - cast noble metal	245.00*	D6608	Retainer onlay - porcelain/ceramic, two surfaces	245.00*
D6214	*Pontic - titanium	245.00*	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	245.00*
D6240	*Pontic - porcelain fused to high noble metal	245.00*	D6610	Retainer onlay - cast high noble metal, two surfaces	245.00*
D6241	*Pontic - porcelain fused to predominantly base metal	245.00*	D6611	Retainer onlay - cast high noble metal, three or more surfaces	245.00*
D6242	*Pontic - porcelain fused to noble metal	245.00*	D6612	Retainer onlay - cast predominantly base metal, two surfaces	245.00*
D6245	*Pontic - porcelain/ceramic	245.00*	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	245.00*
D6250	*Pontic - resin with high noble metal	245.00*	D6614	Retainer onlay - cast noble metal, two surfaces	245.00*
D6251	*Pontic - resin with predominantly base metal	245.00*	D6615	Retainer onlay - cast noble metal, three or more surfaces	245.00*
D6252	*Pontic - resin with noble metal	245.00*	D6624	Retainer inlay - titanium	245.00*
D6253	*Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	No Charge	D6634	Retainer onlay - titanium	245.00*
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	390.00	D6710	*Retainer crown - indirect resin based composite	245.00*
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*	D6720	*Retainer crown - resin with high noble metal	245.00*
D6600	Retainer inlay - porcelain/ceramic, two surfaces	245.00*	D6721	*Retainer crown - resin with predominantly base metal	245.00*
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	245.00*	D6722	*Retainer crown - resin with noble metal	245.00*
D6602	Retainer inlay - cast high noble metal, two surfaces	245.00*	D6740	*Retainer crown - porcelain/ceramic	245.00*
D6603	Retainer inlay - cast high noble metal, three or more surfaces	245.00*	D6750	*Retainer crown - porcelain fused to high noble metal	245.00*
D6604	Retainer inlay - cast predominantly base metal, two surfaces	245.00*	D6751	*Retainer crown - porcelain fused to predominantly base metal	245.00*



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D6752	*Retainer crown - porcelain fused to noble metal	245.00*	D7230	Removal of impacted tooth - partially bony	65.00
D6780	*Retainer crown - 3/4 cast high noble metal	245.00*	D7240	Removal of impacted tooth - completely bony	80.00
D6781	*Retainer crown - 3/4 cast predominantly base metal	245.00*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135.00
D6782	*Retainer crown - 3/4 cast noble metal	245.00*	D7250	Removal of residual tooth roots (cutting procedure)	40.00
D6783	*Retainer crown - 3/4 porcelain/ceramic	245.00*	D7251	Cronectomy - intentional partial tooth removal	270.00
D6790	*Retainer crown - full cast high noble metal	245.00*	D7260	Oroantral fistula closure	160.00
D6791	*Retainer crown - full cast predominantly base metal	245.00*	D7261	Primary closure of a sinus perforation	275.00
D6792	*Retainer crown - full cast noble metal	245.00*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50.00
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125.00	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100.00
D6794	*Retainer crown - titanium	245.00*	D7280	Exposure of an unerupted tooth	125.00
OTHER FIXED PARTIAL DENTURE SERVICES			D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00
D6930	Re-cement or re-bond fixed partial denture	15.00	D7283	Placement of device to facilitate eruption of impacted tooth	80.00
D6940	Stress breaker	125.00	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	125.00
D6950	Precision attachment	195.00	D7286	Incisional biopsy of oral tissue-soft	85.00
D6980	Fixed partial denture repair necessitated by restorative material failure	80.00	D7287	Exfoliative cytological sample collection	75.00
EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			D7288	Brush biopsy - transepithelial sample collection	25.00
D7111	Extraction, coronal remnants - deciduous tooth	50.00	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30.00	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40.00
OTHER SURGICAL PROCEDURES			D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40.00
D7220	Removal of impacted tooth - soft tissue	50.00	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60.00
			D7321	Alveoloplasty not in	60.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990.00	D7910	Suture of recent small wounds up to 5 cm	35.00
	SURGICAL EXCISION OF SOFT TISSUE LESIONS			OTHER REPAIR PROCEDURES	
D7410	Excision of benign lesion up to 1.25 cm	25.00	D7921	Collection and application of autologous blood concentrate product	125.00
D7411	Excision of benign lesion greater than 1.25 cm	50.00	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	350.00
D7412	Excision of benign lesion, complicated	55.00	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800.00
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		D7952	Sinus augmentation via a vertical approach	350.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00	D7953	Bone replacement graft for ridge preservation - per site	100.00
	EXCISION OF BONE TISSUE		D7960	Frenulotomy (frenectomy or frenotomy) - separate procedure	105.00
D7471	Removal of lateral exostosis (maxilla or mandible)	95.00	D7963	Frenuloplasty	105.00
D7472	Removal of torus palatinus	95.00	D7970	Excision of hyperplastic tissue - per arch	140.00
D7473	Removal of torus mandibularis	95.00	D7971	Excision of Pericoronal Gingiva	102.00
D7485	Reduction of osseous tuberosity	95.00	D7972	Surgical reduction of fibrous tuberosity	125.00
	SURGICAL INCISION			LIMITED ORTHODONTIC TREATMENT	
D7510	Incision and drainage of abscess - intraoral soft tissue	20.00	D8010	Limited orthodontic treatment of the primary dentition	1000.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D8020	Limited orthodontic treatment of the transitional dentition	1000.00
D7520	Incision and drainage of abscess - extraoral soft tissue	20.00	D8030	Limited orthodontic treatment of the adolescent dentition	1000.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00	D8040	Limited orthodontic treatment of the adult dentition	1350.00
	REPAIR OF TRAUMATIC WOUNDS			COMPREHENSIVE ORTHODONTIC TREATMENT	
			D8070	Comprehensive orthodontic treatment of the transitional dentition	2200.00
			D8080	Comprehensive orthodontic treatment of the adolescent	2250.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D8090	dentition Comprehensive orthodontic treatment of the adult dentition	2350.00	D9239	Intravenous moderate (conscious)	65.00
	MINOR TREATMENT TO CONTROL HARMFUL HABITS		D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	65.00
D8210	Removable appliance therapy	103.00	D9248	Non-intravenous conscious sedation	15.00
D8220	Fixed appliance therapy	103.00		DRUGS	
	OTHER ORTHODONTIC SERVICES		D9610	Therapeutic parenteral drug, single administration	15.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00	D9630	Drugs or medicaments dispensed in the office for home use	15.00
D8670	Periodic orthodontic treatment visit	No Charge		MISCELLANEOUS SERVICES	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300.00	D9910	*Application of desensitizing medicament	20.00
D8681	Removable orthodontic retainer adjustment	No Charge	D9930	Treatment of complications (post-surgical)- unusual circumstances, by report	No Charge
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	No Charge	D9932	Cleaning and inspection of removable complete denture, maxillary	No Charge
D8999	Unspecified orthodontic procedure, by report	250.00	D9933	Cleaning and inspection of removable complete denture, mandibular	No Charge
	UNCLASSIFIED TREATMENT		D9934	Cleaning and inspection of removable partial denture, maxillary	No Charge
D9110	Palliative (emergency) treatment of dental pain- minor procedure	No Charge	D9935	Cleaning and inspection of removable partial denture, mandibular	No Charge
D9120	Fixed partial denture sectioning	No Charge	D9940	*Occlusal guard, by report	250.00
	ANESTHESIA		D9942	Repair and/or relining of Occlusal guard	40.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Charge	D9943	Occlusal guard adjustment	25.00
D9211	Regional block anesthesia	No Charge	D9950	Occlusion analysis - mounted case	75.00
D9212	Trigeminal division block anesthesia	No Charge	D9951	Occlusal adjustment - limited	30.00
D9215	Local anesthesia	No Charge	D9952	Occlusal adjustment - complete	100.00
D9222	Deep sedation/general anesthesia – first 15 minutes	50.00	D9973	External bleaching - per tooth	30.00
D9223	Deep sedation/general anesthesia – each 15 minute increment	50.00	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240.00
D9230	Analgesia, anxiety, inhalation of nitrous oxide	20.00			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D9991	Dental case management – addressing appointment compliance barriers	No Charge	D9993	Dental case management – motivational interviewing	No Charge
D9992	Dental case management – care coordination	No Charge	D9994	Dental case management – patient education to improve oral health literacy	No Charge

SPECIALTY SERVICES

1. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
2. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
3. The 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 an approved 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.myuhc.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 Solstice dentist.
3. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
4. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
5. Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
6. Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
7. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.

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LIMITATIONS



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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 has 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



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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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