

S800B Plan Dental Plan Schedule of Benefits

Members of the S800B 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 Co-payments listed are offered by Network General Dentists. The Member receives:

- Most diagnostic & preventive care at no charge
- Cosmetic & orthodontia treatment covered

Members can locate a participating provider at
www.smilestateofaz.com
Member Services Department: 1-844-208-0223

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 and/or additional fees on certain benefits. See the Limitations and Additional Fees sections below for details.

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	0
D0120	*Periodic oral evaluation - established patient	0	D0251	*Extra-oral posterior dental radiographic image	0
D0140	Limited oral evaluation - problem focused	0	D0270	*Bitewing - single radiographic image	0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0272	*Bitewings - two radiographic images	0
D0150	*Comprehensive oral evaluation - new or established patient	0	D0273	*Bitewings - three radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0274	*Bitewings - four radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0277	*Vertical bitewings - 7 to 8 radiographic images	32.00
D0171	Re-evaluation – post-operative office visit	0	D0310	Sialography	150.00
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0320	Temporomandibular joint arthrogram, including injection	250.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00	D0321	Other temporomandibular joint radiographic images, by report	150.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	5.00	D0322	Tomographic survey	150.00
D9440	Office visit - after regularly scheduled hours	35.00	D0330	*Panoramic radiographic image	50.00
D9450	Case presentation, detailed and extensive treatment planning	0	D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	162.00
D9986	Missed appointment	25.00	D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	20.00
DIAGNOSTIC IMAGING			D0364	*Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	152.00
D0210	*Intraoral - complete series of radiographic images	0	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	142.00
D0220	Intraoral - periapical first radiographic image	4.00	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	142.00
D0230	Intraoral - periapical each additional radiographic image	2.00	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	187.00
D0240	Intraoral - occlusal radiographic image	0			

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D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	142.00	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0369	*Maxillofacial MRI capture and interpretation	192.00	D0701	*Panoramic radiographic image – image capture only	50.00
D0370	*Maxillofacial ultrasound capture and interpretation	172.00	D0702	*2-D cephalometric radiographic image – image capture only	162.00
D0371	*Sialoendoscopy capture and interpretation	172.00	D0703	*2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	20.00
D0380	*Cone beam CT image capture with limited field of view – less than one whole jaw	152.00	D0705	*Extra-oral posterior dental radiographic image – image capture only	0
D0381	*Cone beam CT image capture with field of view of one full dental arch – mandible	142.00	D0706	*Intraoral – occlusal radiographic image – image capture only	0
D0382	*Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	142.00	D0707	*Intraoral – periapical radiographic image – image capture only	2.00
D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium	187.00	D0708	*Intraoral – bitewing radiographic image – image capture only	0
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	142.00	D0709	*Intraoral – complete series of radiographic images – image capture only	0
D0385	*Maxillofacial MRI image capture	172.00	DENTAL PROPHYLAXIS		
D0386	*Maxillofacial ultrasound image capture	172.00	D1110	*Prophylaxis - adult	0
D0393	*Treatment simulation using 3d image volume	12.00	D1110	Additional prophylaxis - adult	20.00
D0394	*Digital subtraction of two or more images or image volumes of the same modality	12.00	D1120	*Prophylaxis - child	0
D0395	*Fusion of two or more 3d image volumes of one or more modalities	12.00	D1120	Additional prophylaxis - child	20.00
TESTS AND EXAMINATIONS			TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0415	Collection of microorganisms for culture and sensitivity	0.00	D1206	*Topical application of fluoride varnish	20.00
D0425	Caries susceptibility tests	0.00	D1208	*Topical application of fluoride – excluding varnish	0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	75.00	D9910	*Application of desensitizing medicament	20.00
D0460	Pulp vitality tests	0	OTHER PREVENTIVE SERVICES		
D0470	Diagnostic casts	0	D1310	Nutritional counseling for control of dental disease	0
ORAL PATHOLOGY LABORATORY			D1320	Tobacco counseling for the control and prevention of oral disease	0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0	D1330	Oral hygiene instructions	0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0	D1351	*Sealant - per tooth	0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0	D1352	*Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0	D1353	Sealant repair – per tooth	0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0	D1354	*Application of caries arresting medicament – per tooth	20.00
D0502	Other oral pathology procedures, by report	0	D1355	Caries preventive medicament application – per tooth	20.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	0	SPACE MAINTAINERS (PASSIVE APPLIANCES)		
D0601	Caries risk assessment and documentation, with a finding of low risk	0	D1510	*Space maintainer - fixed, unilateral - per quadrant	0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0	D1516	*Space maintainer – fixed – bilateral, maxillary	0
			D1517	*Space maintainer – fixed – bilateral, mandibular	0
			D1520	*Space maintainer - removable, unilateral - per quadrant	0
			D1526	*Space maintainer – removable – bilateral, maxillary	0
			D1527	*Space maintainer – removable – bilateral, mandibular	0
			D1551	Re-cement or re-bond bilateral space maintainer - maxillary	22.00
			D1552	Re-cement or re-bond bilateral space maintainer - mandibular	22.00
			D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	22.00

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D1556	Removal of fixed unilateral space maintainer - per quadrant	22.00			
D1557	Removal of fixed bilateral space maintainer - maxillary	22.00			
D1558	Removal of fixed bilateral space maintainer - mandibular	22.00			
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant	0			
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)				
D2140	Amalgam - one surface, primary or permanent	16.00			
D2150	Amalgam - two surfaces, primary or permanent	22.00			
D2160	Amalgam - three surfaces, primary or permanent	26.00			
D2161	Amalgam - four or more surfaces, primary or permanent	30.00			
	RESIN BASED COMPOSITE RESTORATIONS - DIRECT				
D2330	Resin-based composite - one surface, anterior	37.00			
D2331	Resin-based composite - two surfaces, anterior	47.00			
D2332	Resin-based composite - three surfaces, anterior	65.00			
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	87.00			
D2390	Resin-based composite crown, anterior	130.00			
D2391	Resin-based composite - one surface, posterior	72.00			
D2392	Resin-based composite - two surfaces, posterior	82.00			
D2393	Resin-based composite - three surfaces, posterior	97.00			
D2394	Resin-based composite - four or more surfaces, posterior	122.00			
	GOLD FOIL RESTORATIONS				
D2410	Gold foil - one surface	75.00			
D2420	Gold foil - two surfaces	95.00			
D2430	Gold foil - three surfaces	125.00			
	INLAY/ONLAY RESTORATIONS				
D2510	Inlay - metallic - one surface	285.00			
D2520	Inlay - metallic - two surfaces	285.00			
D2530	Inlay - metallic - three or more surfaces	285.00			
D2542	Onlay - metallic - two surfaces	325.00			
D2543	Onlay - metallic - three surfaces	340.00			
D2544	Onlay - metallic - four or more surfaces	350.00			
D2610	Inlay - porcelain/ceramic - one surface	275.00			
D2620	Inlay - porcelain/ceramic - two surfaces	300.00			
D2630	Inlay - porcelain/ceramic - three or more surfaces	325.00			
D2642	Onlay - porcelain/ceramic - two surfaces	360.00			
D2643	Onlay - porcelain/ceramic - three surfaces	390.00			
D2644	Onlay - porcelain/ceramic - four or more surfaces	400.00			
D2650	Inlay - resin-based composite - one surface	237.00			
D2651	Inlay - resin-based composite - two surfaces	250.00			
D2652	Inlay - resin-based composite - three or more surfaces	275.00			
D2662	Onlay - resin-based composite - two surfaces	247.00			
D2663	Onlay - resin-based composite - three surfaces	267.00			
D2664	Onlay - resin-based composite - four or more surfaces	287.00			
				CROWNS - SINGLE RESTORATIONS ONLY	
			D2710	*Crown - resin-based composite (indirect)	195.00
			D2712	*Crown - ¾ resin-based composite (indirect)	195.00
			D2720	*Crown - resin with high noble metal	290.00
			D2721	*Crown - resin with predominantly base metal	290.00
			D2722	*Crown - resin with noble metal	290.00
			D2740	*Crown - porcelain/ceramic	290.00
			D2750	*Crown - porcelain fused to high noble metal	290.00
			D2751	*Crown - porcelain fused to predominantly base metal	290.00
			D2752	*Crown - porcelain fused to noble metal	290.00
			D2753	*Crown - porcelain fused to titanium and titanium alloys	290.00
			D2780	*Crown - 3/4 cast high noble metal	290.00
			D2781	*Crown - 3/4 cast predominantly base metal	290.00
			D2782	*Crown - 3/4 cast noble metal	290.00
			D2783	*Crown - 3/4 porcelain/ceramic	290.00
			D2790	*Crown - full cast high noble metal	290.00
			D2791	*Crown - full cast predominantly base metal	290.00
			D2792	*Crown - full cast noble metal	290.00
			D2794	*Crown - titanium and titanium alloys	290.00
			D2799	*Interim crown– further treatment or completion of diagnosis necessary prior to final impression	125.00
				OTHER RESTORATIVE SERVICES	
			D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15.00
			D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20.00
			D2920	Re-cement or re-bond crown	27.00
			D2921	Reattachment of tooth fragment, incisal edge or cusp	27.00
			D2928	*Prefabricated porcelain/ceramic crown – permanent tooth	54.00
			D2929	*Prefabricated porcelain/ceramic crown – primary tooth	54.00
			D2930	Prefabricated stainless steel crown - primary tooth	52.00
			D2931	Prefabricated stainless steel crown - permanent tooth	85.00
			D2932	Prefabricated resin crown	95.00
			D2933	Prefabricated stainless steel crown with resin window	145.00
			D2940	Protective restoration	22.00
			D2941	Interim therapeutic restoration – primary dentition	20.00
			D2949	Restorative foundation for an indirect restoration	20.00
			D2950	Core buildup, including any pins when required	77.00
			D2951	Pin retention - per tooth, in addition to restoration	22.00
			D2952	Post and core in addition to crown, indirectly fabricated	97.00
			D2953	Each additional indirectly fabricated post - same tooth	95.00
			D2954	Prefabricated post and core in addition to crown	97.00
			D2955	Post removal	37.00
			D2957	Each additional prefabricated post - same tooth	30.00

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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	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	67.00
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	OTHER PERIODONTAL SERVICES		
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	450.00	D4910	*Periodontal maintenance	72.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	325.00	D4910	Additional Periodontal maintenance procedures	100.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	82.00	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25.00
D4266	Guided tissue regeneration - resorbable barrier, per site	325.00	D4921	Gingival irrigation – per quadrant	15.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	325.00	D4999	Unspecified periodontal procedure, by report	0
D4268	Surgical revision procedure, per tooth	0	COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		
D4270	Pedicle soft tissue graft procedure	310.00	D5110	*Complete denture - maxillary	502.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	417.00	D5120	*Complete denture - mandibular	502.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	132.00	D5130	*Immediate denture - maxillary	485.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	502.00	D5140	*Immediate denture - mandibular	485.00
D4276	Combined connective tissue and pedicle graft, per tooth	65.00	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	215.00	D5211	*Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	407.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	75.00	D5212	*Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	407.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	372.00	D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	507.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	392.00	D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	507.00
NON SURGICAL PERIODONTAL SERVICE			D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	427.00
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	115.00	D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	427.00
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	105.00	D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	527.00
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	80.00	D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	527.00
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	55.00	D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	507.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	65.00	D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	507.00
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	65.00	D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	507.00
			D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	507.00
			D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	260.00
			D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	260.00
			ADJUSTMENTS TO DENTURES		
			D5410	Adjust complete denture - maxillary	19.00
			D5411	Adjust complete denture - mandibular	19.00

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D5421	Adjust partial denture - maxillary	19.00	D5988	Surgical splint	155.00
D5422	Adjust partial denture - mandibular	19.00		PRE-SURGICAL SERVICES	
	REPAIRS TO COMPLETE DENTURES		D6190	Radiographic/surgical implant index, by report	235.00
D5511	*Repair broken complete denture base, mandibular	57.00	D6198	Remove interim implant component	700.00
D5512	*Repair broken complete denture base, maxillary	57.00		SURGICAL SERVICES	
D5520	*Replace missing or broken teeth - complete denture (each tooth)	42.00	D6010	*Surgical placement of implant body: endosteal implant	1050.00
	REPAIRS TO PARTIAL DENTURES		D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1050.00
D5611	*Repair resin partial denture base, mandibular	42.00	D6100	Surgical removal of implant body	700.00
D5612	*Repair resin partial denture base, maxillary	42.00		IMPLANT SUPPORTED PROSTHETICS	
D5621	*Repair cast partial framework, mandibular	57.00	D6056	*Prefabricated abutment – includes modification and placement	475.00
D5622	*Repair cast partial framework, maxillary	57.00	D6057	*Custom fabricated abutment – includes placement	595.00
D5630	*Repair or replace broken retentive clasping materials – per tooth	87.00	D6058	*Abutment supported porcelain/ceramic crown	795.00
D5640	*Replace broken teeth - per tooth	42.00	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	795.00
D5650	*Add tooth to existing partial denture	72.00	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	795.00
D5660	*Add clasp to existing partial denture - per tooth	87.00	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	795.00
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	205.00	D6062	*Abutment supported cast metal crown (high noble metal)	795.00
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	205.00	D6063	*Abutment supported cast metal crown (predominantly base metal)	795.00
D5710	*Rebase complete maxillary denture	187.00	D6064	*Abutment supported cast metal crown (noble metal)	795.00
D5711	*Rebase complete mandibular denture	187.00	D6065	*Implant supported porcelain/ceramic crown	795.00
D5720	*Rebase maxillary partial denture	162.00	D6066	*Implant supported crown - porcelain fused to high noble alloys	795.00
D5721	*Rebase mandibular partial denture	162.00	D6067	*Implant supported crown - high noble alloys	795.00
D5725	*Rebase hybrid prosthesis	162.00	D6068	*Abutment supported retainer for porcelain/ceramic fpd	795.00
D5730	*Reline complete maxillary denture (direct)	117.00	D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	795.00
D5731	*Reline complete mandibular denture (direct)	117.00	D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	795.00
D5740	*Reline maxillary partial denture (direct)	102.00	D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	795.00
D5741	*Reline mandibular partial denture (direct)	102.00	D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	795.00
D5750	*Reline complete maxillary denture (indirect)	152.00	D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	795.00
D5751	*Reline complete mandibular denture (indirect)	152.00	D6074	*Abutment supported retainer for cast metal fpd (noble metal)	795.00
D5760	*Reline maxillary partial denture (indirect)	152.00	D6075	*Implant supported retainer for ceramic fpd	795.00
D5761	*Reline mandibular partial denture (indirect)	152.00	D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	795.00
D5765	*Soft liner for complete or partial removable denture – indirect	69.00	D6077	*Implant supported retainer for metal FPD - high noble alloys	795.00
	INTERIM PROSTHESIS		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	80.00
D5810	*Interim complete denture (maxillary)	250.00	D6082	*Implant supported crown - porcelain fused to predominantly base alloys	795.00
D5811	*Interim complete denture (mandibular)	250.00	D6083	*Implant supported crown - porcelain fused to noble alloys	795.00
D5820	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary	167.00			
D5821	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), mandibular	167.00			
	OTHER REMOVABLE PROSTHESIS				
D5850	Tissue conditioning, maxillary	50.00			
D5851	Tissue conditioning, mandibular	50.00			
D5862	Precision attachment, by report	150.00			
D5899	Unspecified removable prosthodontic procedure, by report	0			
	NON-CLINICAL PROCEDURES				
D5982	Surgical stent	155.00			
D5987	Commissure splint	155.00			

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D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	795.00	D6211	*Pontic - cast predominantly base metal	290.00
D6085	Interim implant crown	125.00	D6212	*Pontic - cast noble metal	290.00
D6086	*Implant supported crown - predominantly base alloys	795.00	D6214	*Pontic - titanium and titanium alloys	290.00
D6087	*Implant supported crown - noble alloys	795.00	D6240	*Pontic - porcelain fused to high noble metal	290.00
D6088	*Implant supported crown - titanium and titanium alloys	795.00	D6241	*Pontic - porcelain fused to predominantly base metal	290.00
D6094	*Abutment supported crown - titanium and titanium alloys	795.00	D6242	*Pontic - porcelain fused to noble metal	290.00
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	795.00	D6243	*Pontic - porcelain fused to titanium and titanium alloys	290.00
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	795.00	D6245	*Pontic - porcelain/ceramic	290.00
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	795.00	D6250	*Pontic - resin with high noble metal	290.00
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1300.00	D6251	*Pontic - resin with predominantly base metal	290.00
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1300.00	D6252	*Pontic - resin with noble metal	290.00
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	1040.00	D6253	*Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	1040.00	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS		
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3900.00	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3900.00	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2300.00	D6600	Retainer inlay - porcelain/ceramic, two surfaces	290.00
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2300.00	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	290.00
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1840.00	D6602	Retainer inlay - cast high noble metal, two surfaces	290.00
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1840.00	D6603	Retainer inlay - cast high noble metal, three or more surfaces	290.00
D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	795.00	D6604	Retainer inlay - cast predominantly base metal, two surfaces	290.00
D6121	*Implant supported retainer for metal FPD – predominantly base alloys	795.00	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	290.00
D6122	*Implant supported retainer for metal FPD – noble alloys	795.00	D6606	Retainer inlay - cast noble metal, two surfaces	290.00
D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	795.00	D6607	Retainer inlay - cast noble metal, three or more surfaces	290.00
OTHER IMPLANT SERVICES			D6608	Retainer onlay - porcelain/ceramic, two surfaces	290.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	180.00	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	290.00
D6090	Repair implant supported prosthesis, by report	400.00	D6610	Retainer onlay - cast high noble metal, two surfaces	290.00
D6092	Re-cement or re-bond implant/abutment supported crown	45.00	D6611	Retainer onlay - cast high noble metal, three or more surfaces	290.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65.00	D6612	Retainer onlay - cast predominantly base metal, two surfaces	290.00
D6095	Repair implant abutment, by report	220.00	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	290.00
D6096	Remove broken implant retaining screw	500.00	D6614	Retainer onlay - cast noble metal, two surfaces	290.00
FIXED PARTIAL DENTURE PONTICS			D6615	Retainer onlay - cast noble metal, three or more surfaces	290.00
D6205	*Pontic - indirect resin based composite	795.00	D6624	Retainer inlay - titanium	290.00
D6210	*Pontic - cast high noble metal	290.00	D6634	Retainer onlay - titanium	290.00
			FIXED PARTIAL DENTURE RETAINERS - CROWNS		
			D6710	*Retainer crown - indirect resin based composite	290.00
			D6720	*Retainer crown - resin with high noble metal	290.00
			D6721	*Retainer crown - resin with predominantly base metal	290.00
			D6722	*Retainer crown - resin with noble metal	290.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6740	*Retainer crown - porcelain/ceramic	290.00	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	155.00
D6750	*Retainer crown - porcelain fused to high noble metal	290.00	D7286	Incisional biopsy of oral tissue-soft	100.00
D6751	*Retainer crown - porcelain fused to predominantly base metal	290.00	D7287	Exfoliative cytological sample collection	85.00
D6752	*Retainer crown - porcelain fused to noble metal	290.00	D7288	Brush biopsy - transepithelial sample collection	25.00
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	290.00	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40.00
D6780	*Retainer crown - 3/4 cast high noble metal	290.00	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE		
D6781	*Retainer crown - 3/4 cast predominantly base metal	290.00	D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40.00
D6782	*Retainer crown - 3/4 cast noble metal	290.00	D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40.00
D6783	*Retainer crown - 3/4 porcelain/ceramic	290.00	D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	157.00
D6784	*Retainer crown ¾ - titanium and titanium alloys	290.00	D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	157.00
D6790	*Retainer crown - full cast high noble metal	290.00	VESTIBULOPLASTY		
D6791	*Retainer crown - full cast predominantly base metal	290.00	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370.00
D6792	*Retainer crown - full cast noble metal	290.00	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990.00
D6793	*Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125.00	SURGICAL EXCISION OF SOFT TISSUE LESIONS		
D6794	*Retainer crown - titanium and titanium alloys	290.00	D7410	Excision of benign lesion up to 1.25 cm	25.00
OTHER FIXED PARTIAL DENTURE SERVICES			D7411	Excision of benign lesion greater than 1.25 cm	50.00
D6930	Re-cement or re-bond fixed partial denture	30.00	D7412	Excision of benign lesion, complicated	55.00
D6940	Stress breaker	125.00	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D6950	Precision attachment	195.00	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00
D6980	Fixed partial denture repair necessitated by restorative material failure	80.00	EXCISION OF BONE TISSUE		
EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			D7471	Removal of lateral exostosis (maxilla or mandible)	95.00
D7111	Extraction, coronal remnants – primary tooth	65.00	D7472	Removal of torus palatinus	65.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35.00	D7473	Removal of torus mandibularis	95.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	105.00	D7485	Reduction of osseous tuberosity	95.00
OTHER SURGICAL PROCEDURES			SURGICAL INCISION		
D7220	Removal of impacted tooth - soft tissue	102.00	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D7230	Removal of impacted tooth - partially bony	107.00	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00
D7240	Removal of impacted tooth - completely bony	162.00	D7520	Incision and drainage of abscess - extraoral soft tissue	20.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	157.00	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20.00
D7250	Removal of residual tooth roots (cutting procedure)	40.00	REPAIR OF TRAUMATIC WOUNDS		
D7251	Coronectomy – intentional partial tooth removal	270.00	D7910	Suture of recent small wounds up to 5 cm	35.00
D7260	Oroantral fistula closure	160.00	OTHER REPAIR PROCEDURES		
D7261	Primary closure of a sinus perforation	275.00	D7921	Collection and application of autologous blood concentrate product	125.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	95.00	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	350.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100.00	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800.00
D7280	Exposure of an unerupted tooth	125.00			
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00			
D7283	Placement of device to facilitate eruption of impacted tooth	80.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D7952	Sinus augmentation via a vertical approach	350.00	D9243	Intravenous moderate (conscious) sedation/ analgesia – each subsequent 15 minute increment	65.00
D7953	Bone replacement graft for ridge preservation - per site	100.00	D9248	Non-intravenous conscious sedation	15.00
D7961	Buccal / labial frenectomy (frenulectomy)	112.00		DRUGS	
D7962	Lingual frenectomy (frenulectomy)	112.00	D9610	Therapeutic parenteral drug, single administration	15.00
D7963	Frenuloplasty	112.00	D9630	Drugs or medicaments dispensed in the office for home use	15.00
D7970	Excision of hyperplastic tissue - per arch	140.00		MISCELLANEOUS SERVICES	
D7971	Excision of pericoronal gingiva	102.00	D9910	*Application of desensitizing medicament	20.00
D7972	Surgical reduction of fibrous tuberosity	125.00	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	0
	LIMITED ORTHODONTIC TREATMENT		D9912	Pre-visit patient screening	0
D8010	Limited orthodontic treatment of the primary dentition	1375.00	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8020	Limited orthodontic treatment of the transitional dentition	1375.00	D9932	Cleaning and inspection of removable complete denture, maxillary	0
D8030	Limited orthodontic treatment of the adolescent dentition	1375.00	D9933	Cleaning and inspection of removable complete denture, mandibular	0
D8040	Limited orthodontic treatment of the adult dentition	1800.00	D9934	Cleaning and inspection of removable partial denture, maxillary	0
	COMPREHENSIVE ORTHODONTIC TREATMENT		D9935	Cleaning and inspection of removable partial denture, mandibular	0
D8070	Comprehensive orthodontic treatment of the transitional dentition	2650.00	D9942	Repair and/or reline of occlusal guard	40.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2775.00	D9943	Occlusal guard adjustment	25.00
D8090	Comprehensive orthodontic treatment of the adult dentition	2875.00	D9944	*Occlusal guard – hard appliance, full arch	250.00
	MINOR TREATMENT TO CONTROL HARMFUL HABITS		D9945	*Occlusal guard – soft appliance, full arch	250.00
D8210	*Removable appliance therapy	103.00	D9946	*Occlusal guard – hard appliance, partial arch	250.00
D8220	*Fixed appliance therapy	103.00	D9947	Custom sleep apnea appliance fabrication and placement	1900.00
	OTHER ORTHODONTIC SERVICES		D9948	Adjustment of custom sleep apnea appliance	85.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00	D9949	Repair of custom sleep apnea appliance	88.00
D8670	Periodic orthodontic treatment visit	0	D9950	Occlusion analysis - mounted case	75.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300.00	D9951	Occlusal adjustment - limited	30.00
D8681	Removable orthodontic retainer adjustment	0	D9952	Occlusal adjustment - complete	137.00
D8698	Re-cement or re-bond fixed retainer – maxillary	0	D9973	External bleaching - per tooth	30.00
D8699	Re-cement or re-bond fixed retainer – mandibular	0	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240.00
D8999	Unspecified orthodontic procedure, by report	250.00	D9991	Dental case management – addressing appointment compliance barriers	0
	UNCLASSIFIED TREATMENT		D9992	Dental case management – care coordination	0
D9110	Palliative (emergency) treatment of dental pain - minor procedure	0	D9993	Dental case management – motivational interviewing	0
D9120	Fixed partial denture sectioning	0	D9994	Dental case management – patient education to improve oral health literacy	0
	ANESTHESIA		D9997	Dental case management - patients with special health care needs	0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0			
D9211	Regional block anesthesia	0			
D9212	Trigeminal division block anesthesia	0			
D9215	Local anesthesia in conjunction with operative or surgical procedures	0			
D9222	Deep sedation/general anesthesia – first 15 minutes	50.00			
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	50.00			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	20.00			
D9239	Intravenous moderate (conscious) sedation/ analgesia- first 15 minutes	65.00			

Certain dental procedures that the provider may consider and propose as an upgraded procedure, may require additional costs of material and laboratory fees in addition to the stated copayment.

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 covered on the Schedule of Benefits that are performed by a participating Dentist will be charged at the participating 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 obtaining written authorization from Solstice and You may receive specialty treatment by an approved Participating Specialist at the listed Copayments
- 5 Should the services of an Orthodontist be necessary, you may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
- 6 Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at www.solsticebenefits.com under "Locate A Provider."

Exclusions

- 1 Services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice.
- 2 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.
- 3 We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational.
- 4 We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and preauthorization from Solstice.
- 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.

Limitations

- 1 Any oral evaluation (excluding problem) is limited to two (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 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 two (2) times in any consecutive twelve (12) 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 Harmful habit appliances are limited to one (1) time per person under the age of 16.
- 7 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 8 New dentures include one (1) relines within the first six (6) months
- 9 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years. These restorative services will be provided more frequently if medically necessary.
- 10 When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 11 Copayments for endodontic procedures do not include the cost of the final restoration.
- 12 Copayments marked by "+" are not eligible at a specialist.
- 13 Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 14 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.
- 15 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 16 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.
- 17 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 18 A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
- 19 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
- 20 Member may choose upgraded treatment in place of traditional Orthodontic treatment, and would pay the difference of the listed member Ortho co-pay 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.
- 23 Diagnostic and restorative services will be provided more frequently if determined to be medically necessary .