



Maricopa County Community College District

Solstice Benefit Booklet

Dental



DENTAL COPAY / CO-INSURANCE COMPARISON CHART

PLAN TYPE		HIGH DPPO		LOW DPPO		S700B DHMO
BENEFIT LEVEL		NETWORK ¹	OUT-OF-NETWORK ²	NETWORK ¹	OUT-OF-NETWORK ³	Refer to Schedule of Benefits at www.smilemaricopa.com
Deductible	Individual	\$50	\$100	\$0	\$50	No Deductibles
	Family	\$100	\$200	\$0	\$150	
Individual Benefit Maximum	Standard	\$6,000	\$6,000	\$1,000	\$750	No Maximums
	Orthodontics	\$2,000 per lifetime	\$2,000 per lifetime	\$1,000 per lifetime	\$1,000 per lifetime	Listed Co-payments
Preventive & Diagnostic Services		100%	100%	85%	70%	Various Copays
Basic Services (deductible applies)		90%	75%	60%	40%	
Major Services (deductible applies)		60%	45%	40%	25%	
Orthodontic Services		50%	50%	50%	50%	
High DPPO ⁴		Low DPPO ⁴				S700B DHMO ⁴
Preventive and Diagnostic Services						<ul style="list-style-type: none"> Open Access Network - freedom to choose any dentist Two routine exams a year at no charge Two routine cleanings a year at no charge Fillings, crowns, root canals, deep cleanings, dentures, bridges, implants, extractions are all covered at the listed co-payments⁴
<ul style="list-style-type: none"> Exams Routine Radiographs Non-Routine Radiographs Cleanings (Prophylaxis) Fluoride Treatment up to age 18 Sealants up to age 19 Space Maintainers up to age 19 Palliative Treatment 		<ul style="list-style-type: none"> Exams Routine Radiographs Non-Routine Radiographs Cleanings (Prophylaxis) Fluoride Treatment up to age 16 				
Basic Services						
<ul style="list-style-type: none"> Restorations Simple Extractions Oral Surgery (includes surgical extraction) Periodontics - Surgical Periodontics - Non Surgical Endodontics Anesthetics Adjunctive Services 		<ul style="list-style-type: none"> Sealants up to age 16 Space Maintainers up to age 16 Palliative Treatment Restorations Simple Extractions Periodontics - Non Surgical - Perio Maintenance Adjunctive Services 				
Major Services						
<ul style="list-style-type: none"> Inlays/Onlays/Crowns/Implants Dentures and other Removable Prosthetics Fixed Partial Dentures (Bridges) 		<ul style="list-style-type: none"> Oral Surgery (includes surgical extraction) Periodontics - Surgical Periodontics - Non Surgical - All Other Endodontics Anesthetics Inlays/Onlays/Crowns/Implants Dentures and other Removable Prosthetics Fixed Partial Dentures (Bridges) 				
Orthodontic Services (for children and adults)						
<ul style="list-style-type: none"> Diagnose or correct misalignment of the teeth or bite 						

¹The network percentage of benefits is based on the discounted fees negotiated with the provider.

²Out-of-Network benefits are based on the 90th percentile of Usual and Customary Charge.

³Maximum Allowable Charge - payments to provider based on in-network contracted fees.

⁴Please refer to your dental plan schedule of benefits for a complete listing of covered services, limitations and member copays.

—— SOLSTICE ——

SPECIALTY REFERRAL CONCIERGE SERVICE

(applies to the S700B DHMO only)



When you need a dental specialist, the last thing you want to do is spend time on the phone trying to find one that takes your plan.



We take the pain out of the process by providing you with personalized service when you need it the most.

Do you need a **dental specialist**?
Call us toll-free at **1-844-224-4903** and we'll:



CALL

and find an available provider for you



DISCUSS

plan coverage with you and your provider so you take full advantage of your benefits, and save with discounted fees.



ANSWER

any questions you may have.



SEND

pre-authorization* to the specialist you select for your exam.



*Specialist pre-authorization is the best way to take full advantage of your benefits at the listed co-payments. Without a pre-authorization, members can go directly to an in-network specialist at a 25% discount off the provider's fees.





Get the most out of your dental benefits!

Know the difference between a Usual, Customary, and Reasonable (UCR) and Maximum Allowable Charge (MAC) dental PPO (DPPO) plan when you go out-of-network

As a valued employee of the Maricopa County Community College District (MCCCD), Solstice understands how important it is for you to have all the information you need to make informed decisions about your dental care. Let's dive into a few examples that show how your two DPPO plan options will work if you go out-of-network with some common dental procedures.



UCR Plan | High DPPO

A Usual, Customary, and Reasonable Plan (UCR) is based off the percentile in your area. In the case of MCCCD, your plan is based off of 90th percentile UCR. In other words what 9 out of 10 providers in your area charge for any given service.



MAC Plan | Low DPPO

The out-of-network benefits are based on the fees for dental procedures negotiated between the insurer's in-network providers and the insurance company.

Please note that these are examples and estimations. Please review your plan benefits and consult with your dentist prior to treatment. All examples assume the annual out-of-network deductible has been met.

We always encourage our members to prioritize visiting in-network providers whenever possible to fully maximize their benefits.

FILLINGS

Fillings are covered at 40% on the MAC plan and 75% on the UCR plan. This is the amount that your dental plan will pay prior to your portion of the charges – and outside of your plan out-of-network deductible. This is how your plan will calculate:

UCR Plan | High DPPO



The dental plan pays 75% of the filling at an out-of-network dentist. 9 out of 10 dentists in your area charge \$195 for a filling. The plan pays 75% of \$195, or \$146.25. **The patient owes the remaining balance of \$53.75 (\$200 - \$146.25).**

MAC Plan | Low DPPO



The dental plan pays 40% of the contracted fees with an in-network provider for out-of-network services. However, the in-network negotiated fee for the filling is \$96. Therefore, the plan will pay 40% of \$96, which is \$38.40. **The patient owes the remaining balance of \$161.60 (\$200 - \$38.40).**

The member with the Solstice UCR High DPPO plan saved \$107.85.

CROWNS

Crowns are covered at 25% on the MAC plan and 45% on the UCR plan. This is the amount that your dental plan will pay prior to your portion of the charges – and outside of your plan out-of-network deductible. This is how your plan will calculate:

UCR Plan | High DPPO



The dental plan pays 45% of the crown at an out-of-network dentist. 9 out of 10 dentists in your area charge \$900 for a crown. The plan pays 45% of \$900, or \$405. **The patient owes the remaining balance of \$695 (\$1,100 - \$405).**

MAC Plan | Low DPPO



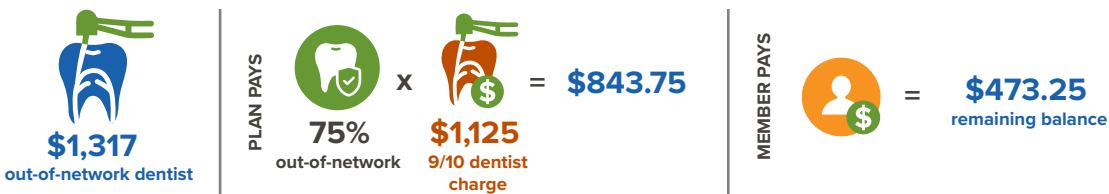
The dental plan pays 25% of the contracted fees with an in-network provider for out-of-network services. However, the in-network negotiated fee for the crown is \$650. Therefore, the plan will pay 25% of \$650, which is \$162.50. **The patient owes the remaining balance of \$937.50 (\$1,100 - \$162.50).**

The member with the Solstice UCR High DPPO plan saved \$242.50.

ROOT CANALS

Root canals are covered at 25% on the MAC plan and 75% on the UCR plan. This is the amount that your dental plan will pay prior to your portion of the charges – and outside of your plan out-of-network deductible. This is how your plan will calculate:

UCR Plan | High DPPO



The dental plan pays 75% of the root canal at an out-of-network dentist. 9 out of 10 dentists in your area charge \$1,125 for a root canal. The plan pays 75% of \$1,125, or \$843.75. **The patient owes the remaining balance of \$473.25 (\$1,317 - \$843.75).**

MAC Plan | Low DPPO



The dental plan pays 25% of the contracted fee with an in-network provider for out-of-network services. However, the in-network negotiated fee for the root canal is \$667. Therefore, the plan will pay 25% of \$667, which is \$166.75. **The patient owes the remaining balance of \$1,150.25 (\$1,317 - \$166.75).**

The member with the Solstice UCR High DPPO plan saved \$677.

PRENATAL CARE PROGRAM

IMPORTANCE OF ORAL CARE DURING PREGNANCY



Periodontal disease during pregnancy could lead to an **increased risk** of pre-term and very pre-term delivery.*



A UNC study indicates that pregnant women with gum disease may be **twice as likely** to be at risk for pre-term.**



Children of mothers who have high levels of untreated cavities or tooth loss are more than 3 times more likely to have cavities as a child.**

As a pregnant Solstice member with a dental plan (**second or third trimester**), you are eligible to take advantage of **Solstice oral health benefits** that are particularly essential to maintaining good periodontal health at no cost to you.



KEY COST SAVINGS

- No out-of-pocket costs for network services.
- No waiting periods apply if services are required by an in-network dentist
- No referral needed
- Fees and expenses will be **waived** for:
 - Cleanings
 - Deep scaling
 - Debridement
 - Periodontal maintenance



HOW DOES IT WORK?

- At your next visit, tell your dentist that you are pregnant.
- Provide the stage of your pregnancy and due date.
- Make sure the dentist takes note of your physician's or obstetrician's name.

*Baby Steps to a Healthy Pregnancy and On-time Delivery, American Academy of Periodontology, 2005.

**National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats

***American Dental Association, Today's News, (www.ada.org), March 28, 2002, "Study bolsters connection between periodontal disease, premature birth."

PRESCRIPTION DISCOUNT PLAN

Our **prescription drug** benefit offers substantial savings on brand name prescriptions and generic drugs.

Through a network of over **65,000 retail pharmacies** nationwide, including major retail chains and through mail service for home delivery.

Your physician's choice of prescribed medications and your preference for brand or generic prescriptions will always be honored.



Savings on 99% of all commonly prescribed medications!



Save an average of **50% on generic medication** when you order by mail.



Save an average of **20% on brand and generic medication** at a pharmacy.



You and your family may use the discount drug program any time your prescription is **not covered by insurance**.



There are **no restrictions and no limits** on how many times you may use your card.



Plus, you can use this plan for some of your pet's medication as well!

Visit www.smilemaricopa.com and click on Prescription Discount to check drug costs, locate a participating pharmacy, order or refill mail order prescriptions, and much more!

Administered by CVS/Caremark. Accepted at more than 65,000 retail pharmacies nationally, including all major retail chains. This plan is not insurance. Savings are only available at participating pharmacies.



HEARING AID SAVINGS PLAN

Hearing Care Beyond Compare.

Hearing loss affects almost **40 million Americans**.

In other words, you're not alone. As a Solstice member, you have a hearing aid savings plan at no extra charge. The plan offers a complimentary hearing screening, a comprehensive exam for \$29, and savings up to 40% on retail prices on hearing aids.

Advantages of the hearing aid savings plan:



- Complimentary hearing screening
- 3-year warranty and 1-year battery supply with hearing aid purchase
- 1-year follow-up care at no cost
- 10% off at www.hearingshop.com with code EARUSA

If you'd like more information, call us any time at **1-844-224-4903** or visit our website at www.smilemaricopa.com.

Please note this savings plan is not insurance.



MEMBER PORTAL

www.smilemaricopa.com

As a Solstice member, you and your family will be able to securely log into the MySmile365 member portal and have complete access to your benefits

Take a look at a few of the capabilities the member portal offers:



Access your plan benefits information



View any previously filed claims or outstanding claim statuses



Use the provider search tool to find a provider in your area



And more!

Not using your MySmile365 member portal yet?

Sign up - it's easy!

1. Visit www.smilemaricopa.com and click "member portal", you'll then land on the mysmile365 login page.
2. Click "register" and the system will then display the member verification page.
3. Enter your membership information and click "continue".
4. The system will display your account creation page to create your username and password. Enter your information.
5. Once complete review and select that you agree to terms and conditions and click "continue".
6. Next, you'll set up your Multifactor Authentication by inputting your phone number, then inputting the code you receive, and clicking "authenticate".
7. You'll then be redirected to your profile dashboard for MySmile365.

Need help? We're here for you! Contact our customer care team at [1-844-224-4903](tel:1-844-224-4903)
Monday through Friday from 6:00 am - 6:00 pm AZ time





HOW TO FIND A PROVIDER

Finding a Solstice network provider is easier than ever with our provider search. Simply visit www.smilemaricopa.com and follow the instructions below.

LOCATE A SOLSTICE DENTAL PROVIDER ON THE WEB

STEP 1

Click on the Find A Provider button on the upper right corner of your dedicated website. Select dental as your product.

STEP 2

Select S700B if you have signed up for the DHMO plan. Select Solstice PPO if you have signed up for the High DPPO or Low DPPO plan as your plan.

STEP 3

Select the type of provider specialty you need to visit.

STEP 4

Enter your ZIP code then hit search.

LOCATE A SOLSTICE DENTAL PROVIDER ON MYSMILE365

STEP 1

Click the member portal on your dedicated website. Log into to the member portal.

STEP 2

Once logged into the MySmile365 member portal you'll click the menu icon on the right hand corner of your dashboard.

STEP 3

A menu page will open on the left side of the screen and you'll click Providers from the menu options. The Provider search screen will appear. Select the type of provider specialty.

STEP 4

Select the distance of your preferred office. Then select either the "use your current location" or "Zip Code" radio button and click search.



QUESTIONS?

Can't find what you're looking for or have questions about your plan?

Our **Member Services Team** is here to help.

 **1-844-224-4903**

- Call us Monday — Friday from 6:00 a.m. to 6:00 p.m. AZ time
- Online chat, Monday — Friday from 6:00 a.m. to 6:00 p.m. AZ time
- Support in several languages
- Toll-free teletypewriter (TTY) service for hearing impaired members
- 4.7 **GOOGLE** Ratings



High Dental PPO Summary of Benefits Effective 1/1/2023

	NON ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT OF NETWORK	NETWORK	OUT OF NETWORK
Individual Annual Calendar Year Deductible	\$50	\$100	\$0	\$0
Family Annual Calendar Year Deductible	\$100	\$200	\$0	\$0
Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)	\$6000 per person per Calendar Year	\$6000 per person per Calendar Year	\$2000 per person per Lifetime	\$2000 per person per Lifetime

Annual deductible applies to preventive and diagnostic services	No (In Network)	No (Out-of-Network)
Maximum Carryover	No	
Orthodontic eligibility requirement	Adults and Children	

COVERED SERVICES	NETWORK PLAN PAYS*	OUT OF NETWORK PLAN PAYS**	BENEFIT GUIDELINES
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PREVENTIVE & DIAGNOSTIC SERVICES

Periodic Oral Evaluation	100%	100%	Oral examinations submitted as a consultation or evaluation are payable twice in any Benefit Year
Routine Radiographs	100%	100%	Bitewing X-rays are payable once in any benefit year
Non-Routine - Complete Series Radiographs	100%	100%	Payable once in any 3 year period
Prophylaxis (Cleanings)	100%	100%	Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year
Fluoride Treatment	100%	100%	Topical fluoride treatments are payable once in a benefit year for Children under age 18
Sealants	100%	100%	Payable only for the occlusal surface of first permanent molars for Children under age 9 and second permanent molars for Children under age 19. The surface must be free from decay and restorations. Sealants are a benefit payable once in any 3 year period
Space Maintainers	100%	100%	Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age 19
Palliative Treatment	100%	100%	Emergency treatment to temporarily relieve pain IS NOT a covered benefit when done in conjunction with any services except X-rays, tests or exams.

BASIC SERVICES

Restorations (Amalgam or Composite)	90%	75%	Amalgam and composite resin restorations are payable once per tooth surface within a 24 month period regardless of the number or combination of restorations placed on a surface
Simple Extractions	90%	75%	
Oral Surgery (includes surgical extractions)	90%	75%	
Periodontics - Surgical	90%	75%	Periodontal surgery is payable once per area in any 3 year period
Periodontics - Non Surgical	90%	75%	Scaling and root planing are payable once per area in any 24 month period Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year
Endodontics	90%	75%	Endodontic therapy, endodontic retreatment, and apicoectomy /periradicular services are payable once per tooth in any 24 month period. Pulp caps are not covered services
Anesthetics	90%	75%	If clinically necessary.
Adjunctive Services	90%	75%	

MAJOR SERVICES

Inlays/Onlays/Crowns/Implants	60%	45%	Indirect restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any 5 year period
Dentures and other Removable Prosthetics	60%	45%	One complete upper and one complete lower denture is payable once in any 5 year period for any individual. A partial denture, fixed bridge and any associated services are payable once in any 5 year period
Fixed Partial Dentures (Bridges)	60%	45%	

ORTHODONTIC SERVICES

Diagnose or correct misalignment of the teeth or bite	50%	50%	
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*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out-of-Network benefits are based on the 90th Percentile of Usual and Customary Charge.



Low Dental PPO Summary of Benefits Effective 1/1/2023

	NON ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT OF NETWORK	NETWORK	OUT OF NETWORK
Individual Annual Calendar Year Deductible	\$0	\$50	\$0	\$0
Family Annual Calendar Year Deductible	\$0	\$150	\$0	\$0
Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)	\$1000 per person per Calendar Year	\$750 per person per Calendar Year	\$1000 per person per Lifetime	\$1000 per person per Lifetime
Annual deductible applies to preventive and diagnostic services			No (In Network)	No (Out-of-Network)
Maximum Carryover			Yes	
Orthodontic eligibility requirement			Adults and Children	
COVERED SERVICES	NETWORK PLAN PAYS*	OUT OF NETWORK PLAN PAYS**	BENEFIT GUIDELINES	
PREVENTIVE & DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	85%	70%	Oral examinations submitted as a consultation or evaluation are payable twice in any benefit year	
Routine Radiographs	85%	70%	Bitewing X-rays are payable once in any benefit year	
Non-Routine - Complete Series Radiographs	85%	70%	Payable once in any 5 year period	
Prophylaxis (Cleanings)	85%	70%	Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year	
Fluoride Treatment	85%	70%	Topical fluoride treatments are payable once in a benefit year for Children under age 16	
BASIC SERVICES				
Sealants	60%	40%	Payable only for the occlusal surface of first permanent molars for Children under age 9 and second permanent molars for Children under age 16. The surface must be free from decay and restorations. Sealants are a benefit payable once in any 3 year period	
Space Maintainers	60%	40%	Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age 16	
Palliative Treatment	60%	40%	Emergency treatment to temporarily relieve pain IS NOT a covered benefit when done in conjunction with any services except X-rays, tests or exams.	
Restorations (Amalgam or Composite)	60%	40%	Amalgam and composite resin restorations are payable once per tooth surface within a 24 month period regardless of the number or combination of restorations placed on a surface	
Simple Extractions	60%	40%		
Periodontics - Non Surgical - Perio Maintenance	60%	40%	Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year	
Adjunctive Services	60%	40%		
MAJOR SERVICES				
Oral Surgery (includes surgical extractions)	40%	25%		
Periodontics - Surgical	40%	25%	Periodontal surgery is payable once per area in any 3 year period	
Periodontics - Non Surgical - All Other	40%	25%	Scaling and root planing are payable once per area in any 24 month period	
Endodontics	40%	25%	Endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in any 24 month period. Pulp caps are not covered services	
Anesthetics	40%	25%	If clinically necessary.	
Inlays/Onlays/Crowns/Implants	40%	25%	Indirect restorations (including crowns and onlays) and associated procedures such as cores and post core substructures on the same tooth are payable once in any 5 year period	
Dentures and other Removable Prosthetics	40%	25%	One complete upper and one complete lower denture is payable once in any 5 year period for any individual. A partial denture, fixed bridge and any associated services are payable once in any 5 year period	
Fixed Partial Dentures (Bridges)	40%	25%		
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	50%	50%		

*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out-of-Network benefits are based on the participating provider contracted fees.



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 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.smilemaricopa.com
 Member Services Department: 1-844-224-4903

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					
D0120	*Periodic oral evaluation - established patient	0	D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	0
D0140	Limited oral evaluation - problem focused	0	D0251	*Extra-oral posterior dental radiographic image	0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0270	*Bitewing - single radiographic image	0
D0150	*Comprehensive oral evaluation - new or established patient	0	D0272	*Bitewings - two radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0273	*Bitewings - three radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0274	*Bitewings - four radiographic images	0
D0171	Re-evaluation – post-operative office visit	0	D0277	*Vertical bitewings - 7 to 8 radiographic images	29.00
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0310	Sialography	150.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00	D0320	Temporomandibular joint arthrogram, including injection	250.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0321	Other temporomandibular joint radiographic images, by report	150.00
D9440	Office visit - after regularly scheduled hours	35.00	D0322	Tomographic survey	150.00
D9450	Case presentation, detailed and extensive treatment planning	0	D0330	*Panoramic radiographic image	50.00
D9986	Missed appointment	25.00	D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	125.00
DIAGNOSTIC IMAGING			D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	20.00
D0210	*Intraoral - complete series of radiographic images	0	D0364	*Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	169.00
D0220	Intraoral - periapical first radiographic image	4.00	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	149.00
D0230	Intraoral - periapical each additional radiographic image	2.00	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	139.00
D0240	Intraoral - occlusal radiographic image	0	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	139.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	184.00	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0369	*Maxillofacial MRI capture and interpretation	139.00	D0701	*Panoramic radiographic image – image capture only	50.00
D0370	*Maxillofacial ultrasound capture and interpretation	189.00	D0702	*2-D cephalometric radiographic image – image capture only	125.00
D0371	*Sialoendoscopy capture and interpretation	169.00	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	169.00	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	149.00	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	139.00	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	139.00	D0708	*Intraoral – bitewing radiographic image – image capture only	0
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	184.00	D0709	*Intraoral – complete series of radiographic images – image capture only	0
D0385	*Maxillofacial MRI image capture	139.00		DENTAL PROPHYLAXIS	
D0386	*Maxillofacial ultrasound image capture	169.00	D1110	*Prophylaxis - adult	0
D0393	*Treatment simulation using 3d image volume	9.00	D1110	Additional prophylaxis - adult	20.00
D0394	*Digital subtraction of two or more images or image volumes of the same modality	9.00	D1120	*Prophylaxis - child	0
D0395	*Fusion of two or more 3d image volumes of one or more modalities	9.00	D1120	Additional prophylaxis - child	20.00
	TESTS AND EXAMINATIONS			TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)	
D0415	Collection of microorganisms for culture and sensitivity	0	D1206	*Topical application of fluoride varnish	15.00
D0425	Caries susceptibility tests	0	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	65.00	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	15.00
			D1552	Re-cement or re-bond bilateral space maintainer - mandibular	15.00
			D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	15.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1556	Removal of fixed unilateral space maintainer - per quadrant	15.00		CROWNS - SINGLE RESTORATIONS ONLY	
D1557	Removal of fixed bilateral space maintainer - maxillary	15.00	D2710	*Crown - resin-based composite (indirect)	195.00
D1558	Removal of fixed bilateral space maintainer - mandibular	15.00	D2712	*Crown - ¾ resin-based composite (indirect)	195.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	0	D2720	*Crown - resin with high noble metal	245.00
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)		D2721	*Crown - resin with predominantly base metal	245.00
D2140	Amalgam - one surface, primary or permanent	0	D2722	*Crown - resin with noble metal	245.00
D2150	Amalgam - two surfaces, primary or permanent	0	D2740	*Crown - porcelain/ceramic	245.00
D2160	Amalgam - three surfaces, primary or permanent	0	D2750	*Crown - porcelain fused to high noble metal	245.00
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2751	*Crown - porcelain fused to predominantly base metal	245.00
	RESIN BASED COMPOSITE RESTORATIONS - DIRECT		D2752	*Crown - porcelain fused to noble metal	245.00
D2330	Resin-based composite - one surface, anterior	30.00	D2753	*Crown - porcelain fused to titanium and titanium alloys	245.00
D2331	Resin-based composite - two surfaces, anterior	37.00	D2780	*Crown - 3/4 cast high noble metal	245.00
D2332	Resin-based composite - three surfaces, anterior	50.00	D2781	*Crown - 3/4 cast predominantly base metal	245.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	80.00	D2782	*Crown - 3/4 cast noble metal	245.00
D2390	Resin-based composite crown, anterior	115.00	D2783	*Crown - 3/4 porcelain/ceramic	245.00
D2391	Resin-based composite - one surface, posterior	65.00	D2790	*Crown - full cast high noble metal	245.00
D2392	Resin-based composite - two surfaces, posterior	75.00	D2791	*Crown - full cast predominantly base metal	245.00
D2393	Resin-based composite - three surfaces, posterior	90.00	D2792	*Crown - full cast noble metal	245.00
D2394	Resin-based composite - four or more surfaces, posterior	115.00	D2794	*Crown - titanium and titanium alloys	245.00
	GOLD FOIL RESTORATIONS		D2799	*Interim crown - further treatment or completion of diagnosis necessary prior to final impression	125.00
D2410	Gold foil - one surface	75.00		OTHER RESTORATIVE SERVICES	
D2420	Gold foil - two surfaces	95.00	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15.00
D2430	Gold foil - three surfaces	125.00	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20.00
	INLAY/ONLAY RESTORATIONS		D2920	Re-cement or re-bond crown	15.00
D2510	Inlay - metallic - one surface	225.00	D2921	Reattachment of tooth fragment, incisal edge or cusp	15.00
D2520	Inlay - metallic - two surfaces	235.00	D2928	*Prefabricated porcelain/ceramic crown - permanent tooth	49.00
D2530	Inlay - metallic - three or more surfaces	245.00	D2929	*Prefabricated porcelain/ceramic crown - primary tooth	49.00
D2542	Onlay - metallic - two surfaces	325.00	D2930	Prefabricated stainless steel crown - primary tooth	45.00
D2543	Onlay - metallic - three surfaces	340.00	D2931	Prefabricated stainless steel crown - permanent tooth	55.00
D2544	Onlay - metallic - four or more surfaces	350.00	D2932	Prefabricated resin crown	95.00
D2610	Inlay - porcelain/ceramic - one surface	275.00	D2933	Prefabricated stainless steel crown with resin window	145.00
D2620	Inlay - porcelain/ceramic - two surfaces	300.00	D2940	Protective restoration	15.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	325.00	D2941	Interim therapeutic restoration - primary dentition	15.00
D2642	Onlay - porcelain/ceramic - two surfaces	360.00	D2949	Restorative foundation for an indirect restoration	20.00
D2643	Onlay - porcelain/ceramic - three surfaces	390.00	D2950	Core buildup, including any pins when required	70.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	400.00	D2951	Pin retention - per tooth, in addition to restoration	15.00
D2650	Inlay - resin-based composite - one surface	200.00	D2952	Post and core in addition to crown, indirectly fabricated	88.00
D2651	Inlay - resin-based composite - two surfaces	220.00	D2953	Each additional indirectly fabricated post - same tooth	95.00
D2652	Inlay - resin-based composite - three or more surfaces	260.00	D2954	Prefabricated post and core in addition to crown	75.00
D2662	Onlay - resin-based composite - two surfaces	240.00	D2955	Post removal	30.00
D2663	Onlay - resin-based composite - three surfaces	260.00	D2957	Each additional prefabricated post - same tooth	30.00
D2664	Onlay - resin-based composite - four or more surfaces	283.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2960	Labial veneer (resin laminate) - direct	200.00	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	90.00
D2961	Labial veneer (resin laminate) - indirect	255.00			
D2962	Labial veneer (porcelain laminate) - indirect	390.00			
D2971	Additional procedures to construct new crown under existing partial denture framework	45.00			
D2975	Coping	95.00	D3410	Apicoectomy - anterior	100.00
D2980	Crown repair necessitated by restorative material failure	95.00	D3421	Apicoectomy - premolar (first root)	315.00
D2981	Inlay repair necessitated by restorative material failure	95.00	D3425	Apicoectomy - molar (first root)	340.00
D2982	Onlay repair necessitated by restorative material failure	95.00	D3426	Apicoectomy (each additional root)	95.00
D2983	Veneer repair necessitated by restorative material failure	95.00	D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	47.00
D2990	Resin infiltration of incipient smooth surface lesions	29.00	D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	42.00
	PULP CAPPING		D3430	Retrograde filling - per root	75.00
D3110	Pulp cap - direct (excluding final restoration)	25.00	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150.00
D3120	Pulp cap - indirect (excluding final restoration)	25.00	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	150.00
	PULPOTOMY		D3450	Root amputation - per root	110.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30.00	D3460	Endodontic endosseous implant	545.00
D3221	Pulpal debridement, primary and permanent teeth	95.00	D3470	Intentional reimplantation (including necessary splinting)	175.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75.00	D3471	Surgical repair of root resorption – anterior	100.00
	ENDODONTIC THERAPY ON PRIMARY TEETH		D3472	Surgical repair of root resorption – premolar	315.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50.00	D3473	Surgical repair of root resorption – molar	340.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50.00	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	100.00
	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)		D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	100.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110.00	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	100.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	195.00		OTHER ENDODONTIC PROCEDURES	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	245.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D3331	Treatment of root canal obstruction; non-surgical access	85.00	D3920	Hemisection (including any root removal), not including root canal therapy	90.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00	D3921	Decoronation or submergence of an erupted tooth	30.00
D3333	Internal root repair of perforation defects	125.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
	ENDODONTIC RETREATMENT			SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)	
D3346	Retreatment of previous root canal therapy - anterior	300.00	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175.00
D3347	Retreatment of previous root canal therapy - premolar	350.00	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	81.00
D3348	Retreatment of previous root canal therapy - molar	440.00	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	49.00
	APEXIFICATION/RECALCIFICATION PROCEDURES		D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	195.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90.00	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185.00
D3352	Apexification/recalcification – interim medication replacement	90.00	D4245	Apically positioned flap	150.00
			D4249	Clinical crown lengthening – hard tissue	230.00

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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	60.00
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	50.00
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	250.00	D5110	*Complete denture - maxillary	325.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	335.00	D5120	*Complete denture - mandibular	325.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	125.00	D5130	*Immediate denture - maxillary	350.00
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	350.00
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)	400.00
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)	400.00
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	299.00	D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	425.00
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)	425.00
NON SURGICAL PERIODONTAL SERVICE			D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	420.00
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)	420.00
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)	445.00
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	50.00	D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	445.00
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	43.00	D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	50.00	D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425.00
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50.00	D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	425.00
			D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	425.00
			D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	245.00
			D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	245.00
			ADJUSTMENTS TO DENTURES		
			D5410	Adjust complete denture - maxillary	15.00
			D5411	Adjust complete denture - mandibular	15.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D5421	Adjust partial denture - maxillary	15.00	D5988	Surgical splint	150.00
D5422	Adjust partial denture - mandibular	15.00		PRE-SURGICAL SERVICES	
	REPAIRS TO COMPLETE DENTURES		D6190	Radiographic/surgical implant index, by report	235.00
D5511	*Repair broken complete denture base, mandibular	35.00	D6198	Remove interim implant component	700.00
D5512	*Repair broken complete denture base, maxillary	35.00		SURGICAL SERVICES	
D5520	*Replace missing or broken teeth - complete denture (each tooth)	35.00	D6010	*Surgical placement of implant body: endosteal implant	1010.00
	REPAIRS TO PARTIAL DENTURES		D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1010.00
D5611	*Repair resin partial denture base, mandibular	35.00	D6100	Surgical removal of implant body	700.00
D5612	*Repair resin partial denture base, maxillary	35.00		IMPLANT SUPPORTED PROSTHETICS	
D5621	*Repair cast partial framework, mandibular	35.00	D6056	*Prefabricated abutment – includes modification and placement	440.00
D5622	*Repair cast partial framework, maxillary	35.00	D6057	*Custom fabricated abutment – includes placement	550.00
D5630	*Repair or replace broken retentive clasping materials – per tooth	35.00	D6058	*Abutment supported porcelain/ceramic crown	750.00
D5640	*Replace broken teeth - per tooth	35.00	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	750.00
D5650	*Add tooth to existing partial denture	35.00	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	750.00
D5660	*Add clasp to existing partial denture - per tooth	35.00	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	750.00
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	155.00	D6062	*Abutment supported cast metal crown (high noble metal)	750.00
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	155.00	D6063	*Abutment supported cast metal crown (predominantly base metal)	750.00
D5710	*Rebase complete maxillary denture	135.00	D6064	*Abutment supported cast metal crown (noble metal)	750.00
D5711	*Rebase complete mandibular denture	135.00	D6065	*Implant supported porcelain/ceramic crown	750.00
D5720	*Rebase maxillary partial denture	155.00	D6066	*Implant supported crown - porcelain fused to high noble alloys	750.00
D5721	*Rebase mandibular partial denture	155.00	D6067	*Implant supported crown - high noble alloys	750.00
D5725	*Rebase hybrid prosthesis	155.00	D6068	*Abutment supported retainer for porcelain/ceramic fpd	750.00
D5730	*Reline complete maxillary denture (direct)	65.00	D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	750.00
D5731	*Reline complete mandibular denture (direct)	65.00	D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	750.00
D5740	*Reline maxillary partial denture (direct)	65.00	D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	750.00
D5741	*Reline mandibular partial denture (direct)	65.00	D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	750.00
D5750	*Reline complete maxillary denture (indirect)	85.00	D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	750.00
D5751	*Reline complete mandibular denture (indirect)	85.00	D6074	*Abutment supported retainer for cast metal fpd (noble metal)	750.00
D5760	*Reline maxillary partial denture (indirect)	85.00	D6075	*Implant supported retainer for ceramic fpd	750.00
D5761	*Reline mandibular partial denture (indirect)	85.00	D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	750.00
D5765	*Soft liner for complete or partial removable denture – indirect	69.00	D6077	*Implant supported retainer for metal FPD - high noble alloys	750.00
	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	50.00
D5810	*Interim complete denture (maxillary)	250.00	D6082	*Implant supported crown - porcelain fused to predominantly base alloys	750.00
D5811	*Interim complete denture (mandibular)	250.00	D6083	*Implant supported crown - porcelain fused to noble alloys	750.00
D5820	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary	175.00			
D5821	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), mandibular	175.00			
	OTHER REMOVABLE PROSTHESIS				
D5850	Tissue conditioning, maxillary	20.00			
D5851	Tissue conditioning, mandibular	20.00			
D5862	Precision attachment, by report	150.00			
D5899	Unspecified removable prosthodontic procedure, by report	0			
	NON-CLINICAL PROCEDURES				
D5982	Surgical stent	150.00			
D5987	Commissure splint	150.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	750.00	D6211	*Pontic - cast predominantly base metal	245.00
D6085	Interim implant crown	125.00	D6212	*Pontic - cast noble metal	245.00
D6086	*Implant supported crown - predominantly base alloys	750.00	D6214	*Pontic - titanium and titanium alloys	245.00
D6087	*Implant supported crown - noble alloys	750.00	D6240	*Pontic - porcelain fused to high noble metal	245.00
D6088	*Implant supported crown - titanium and titanium alloys	750.00	D6241	*Pontic - porcelain fused to predominantly base metal	245.00
D6094	*Abutment supported crown - titanium and titanium alloys	750.00	D6242	*Pontic - porcelain fused to noble metal	245.00
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	750.00	D6243	*Pontic - porcelain fused to titanium and titanium alloys	245.00
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	750.00	D6245	*Pontic - porcelain/ceramic	245.00
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	750.00	D6250	*Pontic - resin with high noble metal	245.00
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1255.00	D6251	*Pontic - resin with predominantly base metal	245.00
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1255.00	D6252	*Pontic - resin with noble metal	245.00
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	995.00	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	995.00	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS		
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3855.00	D6545	Retainer - cast metal for resin bonded fixed prosthesis	390.00
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3855.00	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2255.00	D6600	Retainer inlay - porcelain/ceramic, two surfaces	245.00
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2255.00	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	245.00
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1804.00	D6602	Retainer inlay - cast high noble metal, two surfaces	245.00
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1804.00	D6603	Retainer inlay - cast high noble metal, three or more surfaces	245.00
D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	750.00	D6604	Retainer inlay - cast predominantly base metal, two surfaces	245.00
D6121	*Implant supported retainer for metal FPD – predominantly base alloys	750.00	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	245.00
D6122	*Implant supported retainer for metal FPD – noble alloys	750.00	D6606	Retainer inlay - cast noble metal, two surfaces	245.00
D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	750.00	D6607	Retainer inlay - cast noble metal, three or more surfaces	245.00
OTHER IMPLANT SERVICES			D6608	Retainer onlay - porcelain/ceramic, two surfaces	245.00
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	245.00
D6090	Repair implant supported prosthesis, by report	400.00	D6610	Retainer onlay - cast high noble metal, two surfaces	245.00
D6092	Re-cement or re-bond implant/abutment supported crown	45.00	D6611	Retainer onlay - cast high noble metal, three or more surfaces	245.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65.00	D6612	Retainer onlay - cast predominantly base metal, two surfaces	245.00
D6095	Repair implant abutment, by report	220.00	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	245.00
D6096	Remove broken implant retaining screw	500.00	D6614	Retainer onlay - cast noble metal, two surfaces	245.00
FIXED PARTIAL DENTURE PONTICS			D6615	Retainer onlay - cast noble metal, three or more surfaces	245.00
D6205	*Pontic - indirect resin based composite	750.00	D6624	Retainer inlay - titanium	245.00
D6210	*Pontic - cast high noble metal	245.00	D6634	Retainer onlay - titanium	245.00
			FIXED PARTIAL DENTURE RETAINERS - CROWNS		
			D6710	*Retainer crown - indirect resin based composite	245.00
			D6720	*Retainer crown - resin with high noble metal	245.00
			D6721	*Retainer crown - resin with predominantly base metal	245.00
			D6722	*Retainer crown - resin with noble metal	245.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6740	*Retainer crown - porcelain/ceramic	245.00	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	125.00
D6750	*Retainer crown - porcelain fused to high noble metal	245.00	D7286	Incisional biopsy of oral tissue-soft	85.00
D6751	*Retainer crown - porcelain fused to predominantly base metal	245.00	D7287	Exfoliative cytological sample collection	75.00
D6752	*Retainer crown - porcelain fused to noble metal	245.00	D7288	Brush biopsy - transepithelial sample collection	25.00
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	245.00	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40.00
D6780	*Retainer crown - 3/4 cast high noble metal	245.00	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE		
D6781	*Retainer crown - 3/4 cast predominantly base metal	245.00	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40.00
D6782	*Retainer crown - 3/4 cast noble metal	245.00	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40.00
D6783	*Retainer crown - 3/4 porcelain/ceramic	245.00	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60.00
D6784	*Retainer crown ¾ - titanium and titanium alloys	245.00	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	60.00
D6790	*Retainer crown - full cast high noble metal	245.00	VESTIBULOPLASTY		
D6791	*Retainer crown - full cast predominantly base metal	245.00	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370.00
D6792	*Retainer crown - full cast noble metal	245.00	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	245.00	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	15.00	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	50.00	D7472	Removal of torus palatinus	95.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00	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	30.00	D7485	Reduction of osseous tuberosity	95.00
OTHER SURGICAL PROCEDURES			SURGICAL INCISION		
D7220	Removal of impacted tooth - soft tissue	50.00	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D7230	Removal of impacted tooth - partially bony	65.00	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	80.00	D7520	Incision and drainage of abscess - extraoral soft tissue	20.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135.00	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	50.00	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)	105.00		DRUGS	
D7962	Lingual frenectomy (frenulectomy)	105.00	D9610	Therapeutic parenteral drug, single administration	15.00
D7963	Frenuloplasty	105.00	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	1000.00	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8020	Limited orthodontic treatment of the transitional dentition	1000.00	D9932	Cleaning and inspection of removable complete denture, maxillary	0
D8030	Limited orthodontic treatment of the adolescent dentition	1000.00	D9933	Cleaning and inspection of removable complete denture, mandibular	0
D8040	Limited orthodontic treatment of the adult dentition	1350.00	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	2200.00	D9942	Repair and/or reline of occlusal guard	40.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2250.00	D9943	Occlusal guard adjustment	25.00
D8090	Comprehensive orthodontic treatment of the adult dentition	2350.00	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	100.00
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 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 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 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) reline 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 .

NOTES

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