

Members of the Plus Plan One dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- Two free cleanings (once every 6 months)
- Discounts on general and specialty procedures
- Topical application for children at no charge

The member payments listed are guaranteed to be between 30% and 40% discount and are offered by a participating Solstice provider. The member receives:

- Most diagnostic & preventive care at NO charge
- Cosmetic treatment

**This plan is not dental insurance. This plan provides discounts at certain dental providers for dental services. The plan does not make payments directly to the dental providers for dental services. The plan member is obligated to pay for all dental care services, but will receive a discount from those providers who have contracted with Solstice Benefits.**

CODE	DESCRIPTION	MEMBER FEE	CODE	DESCRIPTION	MEMBER FEE
<b>CLINICAL ORAL EVALUATIONS</b>			D0310	Sialography	150.00
D0120	*Periodic oral evaluation - established patient	No Charge	D0320	Temporomandibular joint arthrogram, including injection	250.00
D0140	Limited oral evaluation - problem focused	10.00	D0321	Other temporomandibular joint radiographic images, by report	150.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	30.00	D0322	Tomographic survey	150.00
D0150	*Comprehensive oral evaluation - new or established patient	No Charge	D0330	Panoramic radiographic image	25.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge	D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	150.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Charge	D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	20.00
D0171	Re-evaluation – post-operative office visit	No Charge	<b>TESTS AND EXAMINATIONS</b>		
D0180	Comprehensive periodontal evaluation - new or established patient	15.00	D0415	Collection of microorganisms for culture and sensitivity	No Charge
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20.00	D0425	Caries susceptibility tests	No Charge
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	10.00	D0460	Pulp vitality tests	10.00
D9440	Office visit - after regularly scheduled hours	50.00	D0470	Diagnostic casts	25.00
<b>DIAGNOSTIC IMAGING</b>			<b>ORAL PATHOLOGY LABORATORY</b>		
D0210	Intraoral - complete series of radiographic images	No Charge	D0601	Caries risk assessment and documentation, with a finding of low risk	No Charge
D0220	Intraoral - periapical first radiographic image	No Charge	D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge	D0603	Caries risk assessment and documentation, with a finding of high risk	No Charge
D0240	Intraoral - occlusal radiographic image	No Charge	<b>DENTAL PROPHYLAXIS</b>		
D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	No Charge	D1110	*Prophylaxis - adult	No Charge
D0270	*Bitewing - single radiographic image	No Charge	D1110	Additional prophylaxis - adult	15.00
D0272	*Bitewings - two radiographic images	No Charge	D1120	*Prophylaxis - child	No Charge
D0273	*Bitewings - three radiographic images	16.00	D1120	Additional prophylaxis - child	15.00
D0274	*Bitewings - four radiographic images	24.00	<b>TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)</b>		
D0277	Vertical bitewings - 7 to 8 radiographic images	28.00	D1206	Topical application of fluoride varnish	30.00
			D1208	Topical application of fluoride – excluding varnish	30.00

CODE	DESCRIPTION	MEMBER FEE	CODE	DESCRIPTION	MEMBER FEE
D9910	Application of desensitizing medicament	20.00		<b>INLAY/ ONLAY RESTORATIONS</b>	
	<b>OTHER PREVENTIVE SERVICES</b>		D2510	Inlay - metallic - one surface	300.00
D1310	Nutritional counseling for control of dental disease	No Charge	D2520	Inlay - metallic - two surfaces	320.00
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge	D2530	Inlay - metallic - three or more surfaces	340.00
D1330	Oral hygiene instructions	No Charge	D2542	Onlay - metallic - two surfaces	325.00
D1351	*Sealant - per tooth	25.00	D2543	Onlay - metallic - three surfaces	330.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	40.00	D2544	Onlay - metallic - four or more surfaces	355.00
D1353	Sealant repair – per tooth	10.00	D2610	Inlay - porcelain/ceramic - one surface	325.00
	<b>SPACE MAINTAINERS (PASSIVE APPLIANCES)</b>		D2620	Inlay - porcelain/ceramic - two surfaces	350.00
D1510	*Space maintainer - fixed, unilateral	120.00	D2630	Inlay - porcelain/ceramic - three or more surfaces	375.00
D1516	*Space maintainer - fixed - bilateral, maxillary	175.00	D2642	Onlay - porcelain/ceramic - two surfaces	395.00
D1517	*Space maintainer - fixed - bilateral, mandibular	175.00	D2643	Onlay - porcelain/ceramic - three surfaces	415.00
D1520	*Space maintainer - removable - unilateral	160.00	D2644	Onlay - porcelain/ceramic - four or more surfaces	445.00
D1526	*Space maintainer - removable - bilateral, maxillary	250.00	D2650	Inlay - resin-based composite - one surface	195.00
D1527	*Space maintainer - removable - bilateral, mandibular	250.00	D2651	Inlay - resin-based composite - two surfaces	250.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	25.00	D2652	Inlay - resin-based composite - three or more surfaces	275.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	25.00	D2662	Onlay - resin-based composite - two surfaces	250.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	25.00	D2663	Onlay - resin-based composite - three surfaces	275.00
	<b>AMALGAMS RESTORATIONS (INCLUDING POLISHING)</b>		D2664	Onlay - resin-based composite - four or more surfaces	290.00
D2140	Amalgam - one surface, primary or permanent	50.00		<b>CROWNS - SINGLE RESTORATIONS ONLY</b>	
D2150	Amalgam - two surfaces, primary or permanent	55.00	D2710	Crown - resin-based composite (indirect)	210.00
D2160	Amalgam - three surfaces, primary or permanent	60.00	D2712	Crown - ¾ resin-based composite (indirect)	400.00
D2161	Amalgam - four or more surfaces, primary or	75.00	D2720	Crown - resin with high noble metal	455.00
	<b>RESIN BASED COMPOSITE RESTORATIONS - DIRECT</b>		D2721	Crown - resin with predominantly base metal	405.00
D2330	Resin-based composite - one surface, anterior	45.00	D2722	Crown - resin with noble metal	425.00
D2331	Resin-based composite - two surfaces, anterior	65.00	D2740	Crown - porcelain/ceramic	525.00
D2332	Resin-based composite - three surfaces, anterior	75.00	D2750	Crown - porcelain fused to high noble metal	499.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	88.00	D2751	Crown - porcelain fused to predominantly base metal	425.00
D2390	Resin-based composite crown, anterior	125.00	D2752	Crown - porcelain fused to noble metal	480.00
D2391	Resin-based composite - one surface, posterior	125.00	D2780	Crown - 3/4 cast high noble metal	430.00
D2392	Resin-based composite - two surfaces, posterior	80.00	D2781	Crown - 3/4 cast predominantly base metal	410.00
D2393	Resin-based composite - three surfaces, posterior	95.00	D2782	Crown - 3/4 cast noble metal	420.00
D2394	Resin-based composite - four or more surfaces, poster	120.00	D2783	Crown - 3/4 porcelain/ceramic	450.00
	<b>GOLD FOIL RESTORATIONS</b>		D2790	Crown - full cast high noble metal	499.00
D2410	Gold foil - one surface	75.00	D2791	Crown - full cast predominantly base metal	425.00
D2420	Gold foil - two surfaces	95.00	D2792	Crown - full cast noble metal	480.00
D2430	Gold foil - three surfaces	125.00	D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	130.00
				<b>OTHER RESTORATIVE SERVICES</b>	
			D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	25.00
			D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	25.00

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D2920	Re-cement or re-bond crown	25.00	D3347	Retreatment of previous root canal therapy - premolar	410.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	75.00	D3348	Retreatment of previous root canal therapy - molar	550.00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	40.00	<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>		
D2930	Prefabricated stainless steel crown - primary tooth	95.00	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	155.00
D2931	Prefabricated stainless steel crown - permanent tooth	95.00	D3352	Apexification/recalcification – interim medication replacement	110.00
D2932	Prefabricated resin crown	95.00	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	110.00
D2933	Prefabricated stainless steel crown with resin window	145.00	<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D2940	Protective restoration	40.00	D3410	Apicoectomy - anterior	275.00
D2950	Core buildup, including any pins when required	85.00	D3421	Apicoectomy - premolar (first root)	325.00
D2951	Pin retention - per tooth, in addition to restoration	20.00	D3425	Apicoectomy - molar (first root)	350.00
D2952	Post and core in addition to crown, indirectly fabricated	155.00	D3426	Apicoectomy (each additional root)	115.00
D2953	Each additional indirectly fabricated post - same tooth	105.00	D3430	Retrograde filling - per root	85.00
D2954	Prefabricated post and core in addition to crown	125.00	D3450	Root amputation - per root	199.00
D2955	Post removal	30.00	D3470	Intentional reimplantation (including necessary splinting)	180.00
D2957	Each additional prefabricated post - same tooth	30.00	<b>OTHER ENDODONTIC PROCEDURES</b>		
D2960	Labial veneer (resin laminate) - chairside	205.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2961	Labial veneer (resin laminate) - laboratory	260.00	D3920	Hemisection (including any root removal), not including root canal therapy	150.00
D2962	Labial veneer (porcelain laminate) - laboratory	425.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2980	Crown repair necessitated by restorative material failure	95.00	<b>SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)</b>		
<b>PULP CAPPING</b>			D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	195.00
D3110	Pulp cap - direct (excluding final restoration)	25.00	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50.00
D3120	Pulp cap - indirect (excluding final restoration)	25.00	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	325.00
<b>PULPOTOMY</b>			D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	250.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	75.00	D4245	Apically positioned flap	150.00
D3221	Pulpal debridement, primary and permanent teeth	95.00	D4249	Clinical crown lengthening – hard tissue	250.00
<b>ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES &amp; FOLLOW-UP CARE)</b>			D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	450.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	310.00	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	420.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	375.00	D4263	Bone replacement graft – retained natural tooth – first site in quadrant	200.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	485.00	D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	120.00
D3331	Treatment of root canal obstruction; non-surgical access	85.00	D4266	Guided tissue regeneration - resorbable barrier, per site	191.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	125.00			
D3333	Internal root repair of perforation defects	130.00			
<b>ENDODONTIC RETREATMENT</b>					
D3346	Retreatment of previous root canal therapy - anterior	375.00			

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D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	224.00			
D4270	Pedicle soft tissue graft procedure	359.00			
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	395.00			
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	128.00			
	<b>NON SURGICAL PERIODONTAL SERVICES</b>			<b>REPAIRS TO PARTIAL DENTURES</b>	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	80.00	D5611	Repair resin partial denture base, mandibular	50.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	60.00	D5612	Repair resin partial denture base, maxillary	50.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	80.00	D5621	Repair cast partial framework, mandibular	55.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	70.00	D5622	Repair cast partial framework, maxillary	55.00
	<b>OTHER PERIODONTAL SERVICES</b>		D5630	Repair or replace broken retentive clasping materials - per tooth	55.00
D4910	*Periodontal maintenance	55.00	D5640	Replace broken teeth - per tooth	45.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25.00	D5650	Add tooth to existing partial denture	65.00
	<b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>		D5660	Add clasp to existing partial denture - per tooth	75.00
D5110	Complete denture - maxillary	625.00	D5710	Rebase complete maxillary denture	195.00
D5120	Complete denture - mandibular	625.00	D5711	Rebase complete mandibular denture	195.00
D5130	Immediate denture - maxillary	695.00	D5720	Rebase maxillary partial denture	175.00
D5140	Immediate denture - mandibular	695.00	D5721	Rebase mandibular partial denture	175.00
	<b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>		D5730	Reline complete maxillary denture (chairside)	85.00
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	450.00	D5731	Reline complete mandibular denture (chairside)	85.00
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	490.00	D5740	Reline maxillary partial denture (chairside)	65.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	655.00	D5741	Reline mandibular partial denture (chairside)	65.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	655.00	D5750	Reline complete maxillary denture (laboratory)	150.00
	<b>ADJUSTMENTS TO DENTURES</b>		D5751	Reline complete mandibular denture (laboratory)	150.00
D5410	Adjust complete denture - maxillary	20.00	D5760	Reline maxillary partial denture (laboratory)	110.00
D5411	Adjust complete denture - mandibular	20.00	D5761	Reline mandibular partial denture (laboratory)	110.00
D5421	Adjust partial denture - maxillary	20.00		<b>INTERIM PROSTHESIS</b>	
D5422	Adjust partial denture - mandibular	20.00	D5810	Interim complete denture (maxillary)	250.00
	<b>REPAIRS TO COMPLETE DENTURES</b>		D5811	Interim complete denture (mandibular)	250.00
D5511	Repair broken complete denture base, mandibular	75.00	D5820	Interim partial denture (maxillary)	250.00
D5512	Repair broken complete denture base, maxillary	75.00	D5821	Interim partial denture (mandibular)	250.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	70.00		<b>OTHER REMOVABLE PROSTHESIS</b>	
			D5850	Tissue conditioning, maxillary	55.00
			D5851	Tissue conditioning, mandibular	55.00
			D5862	Precision attachment, by report	150.00
			D5899	Unspecified removable prosthodontic procedure, by report	No Charge
				<b>FIXED PARTIAL DENTURE PONTICS</b>	
			D6210	Pontic - cast high noble metal	499.00
			D6211	Pontic - cast predominantly base metal	425.00
			D6212	Pontic - cast noble metal	480.00
			D6240	Pontic - porcelain fused to high noble metal	499.00
			D6241	Pontic - porcelain fused to predominantly base metal	425.00
			D6242	Pontic - porcelain fused to noble metal	480.00
			D6245	Pontic - porcelain/ceramic	495.00
			D6250	Pontic - resin with high noble metal	455.00
			D6251	Pontic - resin with predominantly base metal	405.00
			D6252	Pontic - resin with noble metal	425.00

CODE	DESCRIPTION	MEMBER FEE	CODE	DESCRIPTION	MEMBER FEE
	<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>		D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	120.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	190.00	D7286	Incisional biopsy of oral tissue-soft	95.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	230.00		<b>ALVEOPLASTY- SURGICAL PREPARATIONS OF RIDGE</b>	
	<b>FIXED PARTIAL DENTURE RETAINERS- CROWNS</b>		D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	95.00
D6720	Retainer crown - resin with high noble metal	455.00	D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	130.00
D6721	Retainer crown - resin with predominantly base metal	405.00		<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>	
D6722	Retainer crown - resin with noble metal	425.00	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00
D6740	Retainer crown - porcelain/ceramic	495.00		<b>SURGICAL INCISION</b>	
D6750	Retainer Crown - porcelain fused to high noble metal	499.00	D7510	Incision and drainage of abscess - intraoral soft tissue	55.00
D6751	Retainer Crown - porcelain fused to predominantly base metal	425.00		<b>OTHER REPAIR PROCEDURES</b>	
D6752	Retainer Crown - porcelain fused to noble metal	480.00	D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	110.00
D6780	Retainer crown - 3/4 cast high noble metal	430.00	D7970	Excision of hyperplastic tissue - per arch	140.00
D6781	Retainer crown - 3/4 cast predominantly base metal	410.00		<b>UNCLASSIFIED TREATMENT</b>	
D6782	Retainer crown - 3/4 cast noble metal	420.00	D9110	Palliative (emergency) treatment of dental pain - minor procedure	10.00
D6783	Retainer crown - 3/4 porcelain/ceramic	410.00		<b>ANESTHESIA</b>	
D6784	Retainer crown ¾ - titanium and titanium alloys	420.00	D9215	Local anesthesia in conjunction with operative or surgical procedures	No Charge
D6790	Retainer crown - full cast high noble metal	499.00	D9222	Deep sedation/general anesthesia – first 15 minutes	125.00
D6791	Retainer crown - full cast predominantly base metal	425.00	D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	55.00
D6792	Retainer crown - full cast noble metal	480.00	D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	20.00
	<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		D9239	Intravenous moderate (conscious) sedation/ analgesia- first 15 minutes	125.00
D6930	Re-cement or re-bond fixed partial denture	40.00	D9243	Intravenous moderate (conscious) sedation/ analgesia – each subsequent 15 minute increment	55.00
D6940	Stress breaker	125.00		<b>DRUGS</b>	
D6950	Precision attachment	195.00	D9630	Drugs or medicaments dispensed in the office for home use	15.00
	<b>EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST-OPERATIVE CARE)</b>			<b>MISCELLANEOUS SERVICES</b>	
D7111	Extraction, coronal remnants – primary tooth	45.00	D9910	Application of desensitizing medicament	20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	70.00	D9944	Occlusal guard – hard appliance, full arch	250.00
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	120.00	D9945	Occlusal guard – soft appliance, full arch	250.00
	<b>OTHER SURGICAL PROCEDURES</b>		D9946	Occlusal guard – hard appliance, partial arch	250.00
D7220	Removal of impacted tooth - soft tissue	125.00	D9950	Occlusion analysis - mounted case	75.00
D7230	Removal of impacted tooth - partially bony	145.00	D9951	Occlusal adjustment - limited	25.00
D7240	Removal of impacted tooth - completely bony	165.00	D9952	Occlusal adjustment - complete	150.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	180.00	D9995	Teledentistry - synchronous; real-time encounter	15.00
D7250	Removal of residual tooth roots (cutting procedure)	95.00	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	15.00
D7260	Oroantral fistula closure	165.00			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	56.00			
D7280	Exposure of an unerupted tooth	130.00			

## SPECIALTY SERVICES

1. This Member Fee Schedule applies when listed dental services are performed by a participating general dentist, unless otherwise authorized by Solstice Benefits.
2. Procedures not listed on the Member Fee Schedule that are performed by a participating general dentist will be charged at the participating general dentist's usual and customary fee less 25%.
3. The participating general dentist you select may not perform all procedures listed. The member fee shown apply to participating general dentists who do perform these services. Therefore, you are encouraged to secure availability of the scheduled services with your participating general dentist.
4. Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, Prosthodontist or Pediatric Dentist) be necessary, you may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee.

**The patient/member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any Solstice dental service provided by a Solstice network provider. Solstice urges all of its members to verify all fees for proposed treatment via the "Member Fee Schedule" and/or with Solstice Member Services Department prior to treatment.**

## EXCLUSIONS AND LIMITATIONS

1. Any oral evaluation is limited to one (1) time in any six (6) consecutive month period at no charge. All subsequent oral evaluations will be at a 25% discount off the doctor's usual and customary fee without a frequency limitation.
2. Bitewing X-rays (2-4 films) are limited to one set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one in any six (6) consecutive month period. Any additional procedures will follow D1110 and D4910 member fee as listed in the Member Fee Schedule.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
5. Sealants are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
9. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health or experimental in nature, as determined by the participating Solstice dentist.
10. 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 Member Fee Schedule.
11. General anesthesia or IV sedation unless otherwise listed as a covered benefit on the Member Fee Schedule.
12. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
13. Treatment of malignancies, cysts, or neoplasms.
14. Dental implants and related services.
15. Dental procedures initiated prior to the member's eligibility under this benefit plan or started after the member's termination from the plan.
16. 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.
17. New dentures include one (1) relines within the first six (6) months.
18. Replacement of crowns, fixed bridges or dentures is limited to once every five (5) years.
19. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
20. Member fees for endodontic procedures do not include the cost of the final restoration.
21. D9972 Excludes bleaching material for home use.
22. Lab and related costs are included in the listed member fee.
23. Copies of X-rays can be obtained for \$2 per periapical film up to a maximum of \$30. Panoramic X-rays can be obtained for a \$15 fee.

*Solstice Benefits, Inc. is a licensed Prepaid Limited Health Services Organization,  
Discount Medical Plan Organization under Chapter 636 F.S. and Third Party Administrator under Chapter 626 F.S.*