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Smile Now Florida - No Waiting Period PPO PED

Members can search for a Network Provider at www. Solsticecare.com/provider-search.aspx
Member Services: 1.855.574.1284

This is your Schedule of Benefits. It describes the Coinsurance, Deductibles, Out-of-Pocket Limits, and other limitations on Covered Services.

For purposes of this Schedule of Benefits, the term Child refers to a Child through the end of the calendar year in which the Child turns 19.

You must verify the accuracy and appropriateness of all Cost Sharing, including any Coinsurance and Deductibles aplicable to any Covered Service. We urge you to verify Coverage and Cost Sharing for proposed services via the Schedule of Benefits and/or with Member Services prior to treatment. If the charge for a Dental Service is expected to exceed $300, you should notify us and request a pre-treatment estimate.

Cost-Sharing	**Member Responsibility for Cost-Sharing In & Out of Network**
Deductible	**$60**
Out-of-Pocket Limit (1) Child (In-Network Only)	**$450**
More than One (1) Child	**$900**

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
	APPOINTMENTS			
D0120	Periodic oral evaluation - established patient	0%	50%	1 Every 6 Months
D0140	Limited oral evaluation - problem focused	0%	50%	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0%	50%	1 Every 6 Months
D0150	Comprehensive oral evaluation - new or established patient	0%	50%	1 Every 36 Months
D0160	Detailed and extensive oral evaluation - problem focused, by report	0%	50%	1 Every 6 Months
D0180	Comprehensive periodontal evaluation - new or established patient	0%	50%	1 Every 36 Months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
	RADIOGRAPHY / DIAGNOSTIC DENTISTRY			
D0210	Intraoral – comprehensive series of radiographic images	0%	50%	1 Every 60 Months
D0220	Intraoral - periapical first radiographic image	0%	50%	
D0230	Intraoral - periapical each additional radiographic image	0%	50%	
D0240	Intraoral - occlusal radiographic image	0%	50%	
D0270	Bitewing - single radiographic image	0%	50%	1 Set Every 6 Months
D0272	Bitewings - two radiographic images	0%	50%	1 Set Every 6 Months
D0274	Bitewings - four radiographic images	0%	50%	1 Set Every 6 Months
D0277	Vertical bitewings - 7 to 8 radiographic images	0%	50%	1 Set Every 6 Months
D0330	Panoramic radiographic image	0%	50%	1 Every 60 Months
D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	0%	50%	
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	0%	50%	
D0470	Diagnostic casts	0%	50%	
	PREVENTIVE DENTISTRY			
D1110	Prophylaxis - adult	0%	50%	
D1120	Prophylaxis - child	0%	50%	Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive (6) months
D1206	Topical application of fluoride varnish	0%	50%	Limited To 2 Every 12 Months
D1208	Topical application of fluoride – excluding varnish	0%	50%	Limited To 2 Every 12 Months
D1351	Sealant - per tooth	0%	50%	1 Sealant Per Unrestored Permanent Tooth Every 36 Months
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0%	50%	1 Sealant Per Unrestored Permanent Tooth Every 36 Months
D1510	Space maintainer - fixed, unilateral - per quadrant	0%	50%	1 time per consecutive 60 months
D1516	Space maintainer – fixed – bilateral, maxillary	0%	50%	1 time per consecutive 60 months
D1517	Space maintainer – fixed – bilateral, mandibular	0%	50%	1 time per consecutive 60 months
D1520	Space maintainer - removable, unilateral - per quadrant	0%	50%	1 time per consecutive 60 months
D1526	Space maintainer – removable – bilateral, maxillary	0%	50%	1 time per consecutive 60 months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D1527	Space maintainer – removable – bilateral, mandibular	0%	50%	1 time per consecutive 60 months
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0%	50%	1 time per consecutive 60 months
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0%	50%	1 time per consecutive 60 months
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	0%	50%	1 time per consecutive 60 months
	RESTORATIVE DENTISTRY			
D2140	Amalgam - one surface, primary or permanent	30%	50%	
D2150	Amalgam - two surfaces, primary or permanent	30%	50%	
D2160	Amalgam - three surfaces, primary or permanent	30%	50%	
D2161	Amalgam - four or more surfaces, primary or permanent	30%	50%	
D2330	Resin-based composite - one surface, anterior	30%	50%	
D2331	Resin-based composite - two surfaces, anterior	30%	50%	
D2332	Resin-based composite - three surfaces, anterior	30%	50%	
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	30%	50%	
D2510	Inlay - metallic - one surface	50%	50%	
D2520	Inlay - metallic - two surfaces	50%	50%	
D2530	Inlay - metallic - three or more surfaces	50%	50%	
D2542	Onlay - metallic - two surfaces	50%	50%	
D2543	Onlay - metallic - three surfaces	50%	50%	
D2544	Onlay - metallic - four or more surfaces	50%	50%	
D2740	Crown - porcelain/ceramic	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2750	Crown - porcelain fused to high noble metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2751	Crown - porcelain fused to predominantly base metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2752	Crown - porcelain fused to noble metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2780	Crown - 3/4 cast high noble metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2781	Crown - 3/4 cast predominantly base metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2783	Crown - 3/4 porcelain/ceramic	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2790	Crown - full cast high noble metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2791	Crown - full cast predominantly base metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2792	Crown - full cast noble metal	50%	50%	Limited To 1 Per Tooth Every 60 Months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D2794	Crown - titanium and titanium alloys	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	30%	50%	
D2920	Re-cement or re-bond crown	30%	50%	
D2930	Prefabricated stainless steel crown - primary tooth	30%	50%	
D2931	Prefabricated stainless steel crown - permanent tooth	30%	50%	
D2940	Protective restoration	30%	50%	
D2950	Core buildup, including any pins when required	30%	50%	Limited To 1 Per Tooth Every 60 Months
D2951	Pin retention - per tooth, in addition to restoration	30%	50%	
D2954	Prefabricated post and core in addition to crown	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2980	Crown repair necessitated by restorative material failure	50%	50%	
	ENDODONTIC SERVICES			
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30%	50%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	30%	50%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	30%	50%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	30%	50%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	50%	50%	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	50%	50%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	50%	50%	

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D3346	Retreatment of previous root canal therapy - anterior	50%	50%	
D3347	Retreatment of previous root canal therapy - premolar	50%	50%	
D3348	Retreatment of previous root canal therapy - molar	50%	50%	
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	50%	50%	
D3352	Apexification/recalcification – interim medication replacement	50%	50%	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	50%	50%	
D3410	Apicoectomy - anterior	50%	50%	
D3421	Apicoectomy - premolar (first root)	50%	50%	
D3425	Apicoectomy - molar (first root)	50%	50%	
D3426	Apicoectomy (each additional root)	50%	50%	
D3450	Root amputation - per root	50%	50%	
D3920	Hemisection (including any root removal), not including root canal therapy	50%	50%	
	PERIODONTIC SERVICES			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	50%	50%	Limited To 1 Every 36 Months
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50%	50%	Limited To 1 Every 36 Months
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	50%	50%	Limited To 1 Every 36 Months
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	50%	50%	Limited To 1 Every 36 Months
D4249	Clinical crown lengthening – hard tissue	50%	50%	Limited To 1 Every 36 Months
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	50%	50%	Limited To 1 Every 36 Months
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	50%	50%	Limited To 1 Every 36 Months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D4270	Pedicle soft tissue graft procedure	50%	50%	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	50%	50%	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	50%	50%	
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	50%	50%	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	30%	50%	Limited To (1) Every 24 Months
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	30%	50%	Limited To (1) Every 24 Months
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	50%	50%	Limited To 1 Per Lifetime
D4910	Periodontal maintenance	30%	50%	Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive (6) months
	PROSTHODONTICS - REMOVABLE			
D5110	Complete denture - maxillary	50%	50%	Limited To 1 Every 60 Months
D5120	Complete denture - mandibular	50%	50%	Limited To 1 Every 60 Months
D5130	Immediate denture - maxillary	50%	50%	Limited To 1 Every 60 Months
D5140	Immediate denture - mandibular	50%	50%	Limited To 1 Every 60 Months
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	50%	50%	Limited To 1 Every 60 Months
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	50%	50%	Limited To 1 Every 60 Months
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	50%	50%	Limited To 1 Every 60 Months
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	50%	50%	Limited To 1 Every 60 Months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	50%	50%	Limited To 1 Every 60 Months
D5283	Removable unilateral partial denture – one piece cast metal (including rententive/clasping materias, rests, and teeth), mandibular	50%	50%	Limited To 1 Every 60 Months
D5410	Adjust complete denture - maxillary	30%	50%	
D5411	Adjust complete denture - mandibular	30%	50%	
D5421	Adjust partial denture - maxillary	30%	50%	
D5422	Adjust partial denture - mandibular	30%	50%	
D5511	Repair broken complete denture base, mandibular	30%	50%	
D5512	Repair broken complete denture base, maxillary	30%	50%	
D5520	Replace missing or broken teeth - complete denture (each tooth)	30%	50%	
D5611	Repair resin partial denture base, mandibular	30%	50%	
D5612	Repair resin partial denture base, maxillary	30%	50%	
D5621	Repair cast partial framework, mandibular	30%	50%	
D5622	Repair cast partial framework, maxillary	30%	50%	
D5630	Repair or replace broken retentive clasping materials – per tooth	30%	50%	
D5640	Replace broken teeth - per tooth	30%	50%	
D5650	Add tooth to existing partial denture	30%	50%	
D5660	Add clasp to existing partial denture - per tooth	30%	50%	
D5710	Rebase complete maxillary denture	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5720	Rebase maxillary partial denture	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5721	Rebase mandibular partial denture	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5730	Reline complete maxillary denture (direct)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5731	Reline complete mandibular denture (direct)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D5740	Reline maxillary partial denture (direct)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5741	Reline mandibular partial denture (direct)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5750	Reline complete maxillary denture (indirect)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5751	Reline complete mandibular denture (indirect)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5760	Reline maxillary partial denture (indirect)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5761	Reline mandibular partial denture (indirect)	30%	50%	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation
D5850	Tissue conditioning, maxillary	30%	50%	
D5851	Tissue conditioning, mandibular	30%	50%	
	IMPLANT SERVICES			
D6010	Surgical placement of implant body: endosteal implant	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6040	Surgical placement: eposteal implant	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6050	Surgical placement: transosteal implant	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6055	Connecting bar – implant supported or abutment supported	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6056	Prefabricated abutment – includes modification and placement	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6058	Abutment supported porcelain/ceramic crown	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D6061	Abutment supported porcelain fused to metal crown (noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6062	Abutment supported cast metal crown (high noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6063	Abutment supported cast metal crown (predominantly base metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6064	Abutment supported cast metal crown (noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6065	Implant supported porcelain/ceramic crown	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6066	Implant supported crown - porcelain fused to high noble alloys	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6067	Implant supported crown - high noble alloys	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6068	Abutment supported retainer for porcelain/ceramic fpd	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6073	Abutment supported retainer for cast metal fpd (predominantly base metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6074	Abutment supported retainer for cast metal fpd (noble metal)	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6075	Implant supported retainer for ceramic fpd	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6077	Implant supported retainer for metal FPD - high noble alloys	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6090	Repair implant supported prosthesis, by report	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6091	Replacement of replaceable of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6095	Repair implant abutment, by report	50%	50%	Limited To 1 Per Tooth Every 60 Months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D6100	Surgical removal of implant body	50%	50%	Limited To 1 Per Tooth Every 60 Months
D6190	Radiographic/surgical implant index, by report	50%	50%	Limited To 1 Per Tooth Every 60 Months
	PROSTHODONTICS - FIXED			
D6210	Pontic - cast high noble metal	50%	50%	1 Every 60 Months
D6211	Pontic - cast predominantly base metal	50%	50%	1 Every 60 Months
D6212	Pontic - cast noble metal	50%	50%	1 Every 60 Months
D6214	Pontic - titanium and titanium alloys	50%	50%	1 Every 60 Months
D6240	Pontic - porcelain fused to high noble metal	50%	50%	1 Every 60 Months
D6241	Pontic - porcelain fused to predominantly base metal	50%	50%	1 Every 60 Months
D6242	Pontic - porcelain fused to noble metal	50%	50%	1 Every 60 Months
D6245	Pontic - porcelain/ceramic	50%	50%	1 Every 60 Months
D6545	Retainer - cast metal for resin bonded fixed prosthesis	50%	50%	1 Every 60 Months
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	50%	50%	1 Every 60 Months
D6740	Retainer crown - porcelain/ceramic	50%	50%	1 Every 60 Months
D6750	Retainer crown - porcelain fused to high noble metal	50%	50%	1 Every 60 Months
D6751	Retainer crown - porcelain fused to predominantly base metal	50%	50%	1 Every 60 Months
D6752	Retainer crown - porcelain fused to noble metal	50%	50%	1 Every 60 Months
D6780	Retainer crown - 3/4 cast high noble metal	50%	50%	1 Every 60 Months
D6781	Retainer crown - 3/4 cast predominantly base metal	50%	50%	1 Every 60 Months
D6782	Retainer crown - 3/4 cast noble metal	50%	50%	1 Every 60 Months
D6783	Retainer crown - 3/4 porcelain/ceramic	50%	50%	1 Every 60 Months
D6790	Retainer crown - full cast high noble metal	50%	50%	1 Every 60 Months
D6791	Retainer crown - full cast predominantly base metal	50%	50%	1 Every 60 Months
D6792	Retainer crown - full cast noble metal	50%	50%	
D6930	Re-cement or re-bond fixed partial denture	50%	50%	
D6980	Fixed partial denture repair necessitated by restorative material failure	50%	50%	
	ORAL SURGERY			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	30%	50%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30%	50%	
D7220	Removal of impacted tooth - soft tissue	30%	50%	
D7230	Removal of impacted tooth - partially bony	30%	50%	
D7240	Removal of impacted tooth - completely bony	30%	50%	

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	30%	50%	
D7250	Removal of residual tooth roots (cutting procedure)	30%	50%	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	30%	50%	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	30%	50%	
D7280	Exposure of an unerupted tooth	30%	50%	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30%	50%	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30%	50%	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30%	50%	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30%	50%	
D7471	Removal of lateral exostosis (maxilla or mandible)	30%	50%	
D7510	Incision and drainage of abscess - intraoral soft tissue	30%	50%	
D7910	Suture of recent small wounds up to 5 cm	30%	50%	
D7971	Excision of pericoronal gingiva	30%	50%	
	ORTHODONTIA- CHILD Orthodontic treatment is Medically Necessary only and limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.			
D8010	Limited orthodontic treatment of the primary dentition	50%	50%	Children Under Age 19
D8020	Limited orthodontic treatment of the transitional dentition	50%	50%	Children Under Age 19
D8030	Limited orthodontic treatment of the adolescent dentition	50%	50%	Children Under Age 19
D8070	Comprehensive orthodontic treatment of the transitional dentition	50%	50%	Children Under Age 19
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%	50%	Children Under Age 19
D8210	Removable appliance therapy	50%	50%	Children Under Age 19
D8220	Fixed appliance therapy	50%	50%	Children Under Age 19
D8660	Pre-orthodontic treatment examination to monitor growth and development	50%	50%	Children Under Age 19
D8670	Periodic orthodontic treatment visit	50%	50%	Children Under Age 19

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	50%	50%	Children Under Age 19
	MISCELLANEOUS SERVICES			
D9110	Palliative treatment of dental pain - per visit	0%	50%	For Emergency Dental Care
D9222	Deep sedation/general anesthesia – first 15 minutes	30%	50%	
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	30%	50%	
D9239	Intravenous moderate (conscious) sedation/analgesia-first 15 minutes	30%	50%	
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	30%	50%	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	30%	50%	
D9610	Therapeutic parenteral drug, single administration	30%	50%	
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	30%	50%	
D9944	Occlusal guard – hard appliance, full arch	30%	50%	1 In 12 Months For Patient 13 and older
D9945	Occlusal guard – soft appliance, full arch	30%	50%	1 In 12 Months For Patient 13 and older
D9946	Occlusal guard – hard appliance, partial arch	30%	50%	1 In 12 Months For Patient 13 and older