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EssentialSmile 211 Schedule of Benefits

Members can search for a Network Provider at
www.solsticecare.com/provider-search.aspx
 Member Services: 1.877.760.2247

The Copayments listed on this Schedule of Benefits apply when a Participating Provider who is a General Dentist performs the Covered Services. **You are responsible for requesting Preauthorization for treatment of malignancies, cysts or neoplasms, general anesthesia, IV sedation, crowns, bridges, prosthetics, and Network Specialist Dentist**

Symbol Legend	† Procedures that are not eligible at a Specialist ^ Adult Copayments that do not include the cost of material and laboratory fees.	
COST-SHARING	Participating Member Responsibility for Cost-Sharing	Non-Participating Member Responsibility for Cost-Sharing
Deductible Child under age 19 (Applies to all classes)	\$30	Non-Participating Provider services are not Covered except for Emergency Dental Care. We Cover only palliative treatment for the abatement of pain up to \$100.00 per occurrence, or when authorized by Us.
Adult	\$0	
Out-of Pocket Limit One (1) Per Child under Age 19	\$350	
More than One (1) Child under Age 19	\$700	

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
APPOINTMENTS				
D0120	Periodic oral evaluation- established patient	1 Every 6 Months	\$0	\$10
D0140	Limited oral evaluation - problem focused	1 Every 6 Months	\$0	\$10
D0150	Comprehensive oral evaluation-new or established patient	1 Every 6 Months	\$0	\$10
D0160	Detailed and extensive oral evaluation - problem focused, by report	-	\$0	\$10
D0180	Comprehensive periodontal evaluation	1 Every 6 Months	\$0	\$10
D9110	Palliative (emergency) treatment of dental pain- minor procedure		\$40	\$40
D9310	Consultation- diagnostic service provided by dentist or physician other than requesting dentist or physician	-	\$25	\$25
RADIOGRAPHY / DIAGNOSTIC DENTISTRY				
D0210	Intraoral-complete series of radiographic images	1 Every 60 Months	\$0	\$20
D0220	Intraoral-periapical first radiographic image	-	\$0	\$10
D0230	Intraoral-periapical each additional radiographic image	-	\$0	\$3

Underwritten by Solstice Benefits, Inc.,
 a Life and Health Insurer under the Florida Insurance Code.

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
D0240	Intraoral-occlusal radiographic image	-	\$0	\$8
D0270	Bitewing - single radiographic image	1 Set Every 6 Months	\$0	\$7
RADIOGRAPHY / DIAGNOSTIC DENTISTRY CONT.				
D0272	Bitewings - two radiographic image	1 Set Every 6 Months	\$0	\$10
D0273	Bitewings - three radiographic image	1 Set Every 6 Months	\$0	\$10
D0274	Bitewings - four radiographic image	1 Set Every 6 Months	\$0	\$10
D0277	Vertical Bitewings - 7 To 8 radiographic image	1 Set Every 6 Months	\$0	\$10
D0330	Panoramic radiographic image	1 Every 60 Months	\$0	\$20
D0340	2D Cephalometric radiographic image-acquisition, measurement and analysis	-	\$125	\$120
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	-	\$31	\$26
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	-	-	\$147
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	-	-	\$137
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	-	-	\$137
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	-	-	\$182
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	-	-	\$137
D0369	Maxillofacial MRI capture and interpretation	-	-	\$187
D0370	Maxillofacial ultrasound capture and interpretation	-	-	\$167
D0371	Sialoendoscopy capture and interpretation	-	-	\$167
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	-	-	\$157
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	-	-	\$137
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	-	-	\$137
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	-	-	\$182
D0384	Cone beam CT image capture for TMJ series including two or more exposures	-	-	\$137
D0385	Maxillofacial MRI image capture	-	-	\$167
D0386	Maxillofacial ultrasound image capture	-	-	\$167
D0393	Treatment simulation using 3D image volume	-	-	\$7
D0394	Digital subtraction of two or more images or image volumes of the same modality	-	-	\$7
D0395	Fusion of two or more 3D image volumes of one or more modalities	-	-	\$7
D0415	Collection of microorganisms for culture and sensitivity	-	-	\$0
D0425	Caries susceptibility tests	-	-	\$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	-	-	\$70
D0460	Pulp vitality tests	-	-	\$0
D0470	Diagnostic casts	-	\$55	\$50
SBI-I-SCH-2-0F-FL0619				

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
PREVENTIVE DENTISTRY				
D1110	Prophylaxis- adult	Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) months.	\$0	\$0
D1120	Prophylaxis- child	Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) months.	\$0	\$0
D1206	Topical application of fluoride varnish	Limited To 2 Every 12 Months	\$0	\$11
D1208	Topical application of fluoride- excluding varnish	Limited To 2 Every 12 Months	\$0	\$10
D1351	Sealant - per tooth	1 Sealant Per Unrestored Permanent Tooth Every 36 Months	\$0	\$24
D1510	Space maintainer-fixed -unilateral	1 time per consecutive 60 months	\$0	\$0
D1516	Space maintainer-fixed -bilateral, maxillary	1 time per consecutive 60 months	\$0	\$0
D1517	Space maintainer-fixed -bilateral, mandibular	1 time per consecutive 60 months	\$0	\$0
D1520	Space maintainer-removable -unilateral	1 time per consecutive 60 months	\$0	\$0
D1526	Space maintainer-removable -bilateral, maxillary	1 time per consecutive 60 months	\$0	\$0
D1527	Space maintainer-removable -bilateral, mandibular	1 time per consecutive 60 months	\$0	\$0
D1550	Re-cement or re-bond space maintainer	1 time per consecutive 60 months	\$0	\$30
RESTORATIVE DENTISTRY				
D2140	Amalgam-one surface primary or permanent	-	\$56	\$56
D2150	Amalgam-two surfaces primary or permanent	-	\$65	\$65
D2160	Amalgam-three surfaces primary or permanent	-	\$85	\$85
D2161	Amalgam-four or more surfaces primary or permanent	-	\$109	\$109
D2330	Resin-based composite- one surface, anterior	-	\$65	\$65
D2331	Resin-based composite- two surfaces, anterior	-	\$84	\$84
D2332	Resin-based composite- three surfaces, anterior	-	\$102	\$102
D2335	Resin-based composite- four or more surfaces or involving incisal angle (anterior)	-	\$124	\$124
D2510	Inlay-metallic-one surface	-	\$350	\$380
D2520	Inlay-metallic-two surfaces	-	\$350	\$420
D2530	Inlay-metallic-three or more surfaces	-	\$350	\$465
D2542	Onlay -metallic – two surfaces	-	\$350	\$505
D2543	Onlay - metallic - three surfaces	-	\$350	\$545
D2544	Onlay - metallic - four or more surfaces	-	\$350	\$560
D2642	Onlay - porcelain/ceramic - two surfaces	-	\$350	\$310^
D2643	Onlay - porcelain/ceramic - three surfaces	-	\$350	\$375^
D2740	Crown-porcelain/ceramic substrate	Limited To 1 Per Tooth Every 60 Months	\$350	\$260^
SBI-I-SCH-2-OF-FL0619				

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
RESTORATIVE DENTISTRY CONT.				
D2750	Crown- porcelain fused to high noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$255^
D2751	Crown- porcelain fused to predominantly base metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$290^
D2752	Crown- porcelain fused to noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$250^
D2780	Crown 3/4 cast high noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$240^
D2781	Crown 3/4 cast predominantly base metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$290^
D2783	Crown 3/4 porcelain/ceramic	Limited To 1 Per Tooth Every 60 Months	\$350	\$260^
D2790	Crown-full cast high noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$210^
D2791	Crown-full cast predominantly base metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$235^
D2792	Crown-full cast noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$250^
D2794	Crown – titanium	Limited To 1 Per Tooth Every 60 Months	\$350	\$250^
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	-	\$36	\$36
D2920	Re-cement or re-bond crown	-	\$36	\$36
D2930	Prefabricated stainless steel crown- primary tooth	Limited To 1 Per Tooth Every 60 Months	\$110	\$60
D2931	Prefabricated stainless steel crown- permanent tooth	Limited to 1 Per Tooth Every 60 Months	\$110	\$60
D2940	Protective restoration	-	\$32	\$32
D2950	Crown buildup, including any pins when required	Limited To 1 Per Tooth Every 60 Months	\$90	\$40
D2951	Pin retention- per tooth, in addition to restoration	-	\$24	\$24
D2954	Prefabricated post and core in addition to crown	Limited To 1 Per Tooth Every 60 Months	\$140	\$90
D2980	Crown repair necessitated by restorative material failure	-	\$95	\$45
ENDODONTICS SERVICES				
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service	\$65	\$65
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service	\$65	\$75
D3230	Pupal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration)	Limited to once per tooth per lifetime	\$65	\$157
D3240	Pupal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	Limited to once per tooth per lifetime	\$65	\$200
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	-	\$65	\$395
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	-	\$65	\$478
D3330	Endodontic therapy, molar (excluding final restoration)	-	\$65	\$643
SBI-I-SCH-2-0F-FL0619				

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
D3346	Retreatment of previous root canal therapy - anterior	-	\$350	\$505
D3347	Retreatment of previous root canal therapy - bicuspid	-	\$350	\$643
D3348	Retreatment of previous root canal therapy - molar	-	\$350	\$753
D3351	Apexification/recalcification - initial visit (apical closure/calcfic repair of perforations, root resorption, etc.)	-	\$160	\$160
D3352	Apexification/recalcification - interim medication replacement	-	\$90	\$90
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcfic repair of perforations, root resorption, etc.)	-	\$235	\$235
D3410	Apicoectomy - anterior	-	\$350	\$385
D3421	Apicoectomy - bicuspid (first root)	-	\$350	\$413
D3425	Apicoectomy - molar (first root)	-	\$350	\$495
D3426	Apicoectomy (each additional root)	-	\$176	\$176
D3430	Retrograde filling - per root	-	\$95	\$95
D3450	Root amputation-per root	-	\$235	\$235
D3920	Hemisection (including any root removal), not including root canal therapy	-	\$205	\$205
PERIODONTIC SERVICES				
D4210	Gingivectomy/Gingivoplasty-four or more contiguous teeth or bounded spaces per quadrant	Limited to 1 Every 36 Months	\$350	\$418
D4211	Gingivectomy/Gingivoplasty- one to three teeth per quadrant	-	\$149	\$149
D4240	Gingival flap procedure including root planing-four or more contiguous teeth or bounded spaces per quadrant	Limited to 1 Every 36 Months	\$325	\$325
D4249	Clinical crown lengthening- hard tissue	-	\$350	\$460
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Limited to 1 Every 36 Months	\$350	\$786
D4270	Pedicle soft tissue graft procedure	-	\$350	\$447
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	-	\$350	\$550
D4277	Free soft tissue graft procedure (including recipient and donor sites), first tooth, implant, or edentulous tooth position in graft	-	\$350	\$554
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	-	\$350	\$554
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Limited To (1) per quadrant per 24 Months	\$150†	\$150†
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Limited to (1) per quadrant per 24 Months	\$80†	\$80†
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Limited to 1 Per Lifetime	\$90†	\$90†
D4910	Periodontal Maintenance	Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) months	\$100	\$100
SBI-I-SCH-2-0F-FL0619				

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
PROSTHODONTICS- REMOVABLE				
D5110	Complete denture- maxillary	Limited To 1 Every 60 Months	\$350	\$455^
D5120	Complete denture- mandibular	Limited To 1 Every 60 Months	\$350	\$455^
D5130	Immediate denture- maxillary	Limited To 1 Every 60 Months	\$350	\$525^
D5140	Immediate denture- mandibular	Limited To 1 Every 60 Months	\$350	\$525^
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Limited to 1 Every 60 Months	\$350	\$350^
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Limited to 1 Every 60 Months	\$350	\$350^
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Limited to 1 Every 60 Months	\$350	\$575^
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Limited to 1 Every 60 Months	\$350	\$575^
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	Limited to 1 Every 60 Months	\$350	\$195^
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	Limited to 1 Every 60 Months	\$350	\$195^
D5410	Adjust complete denture - maxillary	-	\$30	\$30^
D5411	Adjust complete denture- mandibular	-	\$30	\$30^
D5421	Adjust partial denture- maxillary	-	\$30	\$30^
D5422	Adjust partial denture- mandibular	-	\$30	\$30^
D5511	Repair broken complete denture base, mandibular	-	\$110	\$60^
D5512	Repair broken complete denture base, maxillary	-	\$110	\$60^
D5520	Replace missing or broken teeth- complete denture (each tooth)	-	\$90	\$40^
D5611	Repair resin partial denture base, mandibular	-	\$85	\$35^
D5612	Repair resin partial denture base maxillary	-	\$85	\$35^
D5621	Repair cast partial framework, mandibular	-	\$90	\$40^
D5622	Repair cast partial framework, maxillary	-	\$90	\$40^
D5630	Repair or replace broken clasp- per tooth	-	\$110	\$60^
D5640	Replace broken teeth-per tooth	-	\$90	\$40^
D5650	Add tooth to existing partial denture	-	\$100	\$50^
D5660	Add clasp to existing partial denture- per tooth	-	\$125	\$75^
D5710	Rebase complete maxillary denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$280	\$230^
D5720	Rebase maxillary partial denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$250	\$200^
D5721	Rebase mandibular partial denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$250	\$200^
D5730	Reline complete maxillary denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$155	\$105^
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CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
D5731	Reline complete mandibular denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$155	\$105^
D5740	Reline maxillary partial denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$130	\$80^
D5741	Reline mandibular partial denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$130	\$80^
D5750	Reline complete maxillary denture (laboratory)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$235	\$185^
D5751	Reline complete mandibular denture (laboratory)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$235	\$185^
D5760	Reline maxillary partial denture (laboratory)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$200	\$150^
D5761	Reline mandibular partial denture (laboratory)	Limited to In A 36-Month Period 6 Months After The Initial Installation	\$200	\$150^
D5850	Tissue conditioning, maxillary	-	\$75	\$75
D5851	Tissue conditioning, mandibular	-	\$75	\$75
IMPLANT SERVICES				
D6010	Surgical placement of implant body: endosteal implant	Limited to 1 Per Tooth Every 60 months	\$350	\$1,050
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Limited to 1 Per Tooth Every 60 months	\$350	\$1,050
D6040	Surgical placement: eposteal	Limited to 1 Per Tooth Every 60 months	\$350	-
D6050	Surgical placement: transosteal	Limited to 1 Per Tooth Every 60 months	\$350	-
D6056	Prefabricated abutment- includes modification and placement	Limited to 1 Per Tooth Every 60 months	\$350	\$475
D6058	Abutment supported porcelain/ceramic crown	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6062	Abutment supported cast metal crown (high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6063	Abutment supported cast metal crown (predominantly base metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6064	Abutment supported cast metal crown (noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6065	Implant supported porcelain/ceramic crown	Limited to 1 Per Tooth Every 60 months	\$350	-

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6068	Abutment supported retainer for porcelain/ceramic FPD	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6075	Implant supported retainer for ceramic FPD	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	Limited to 1 Per Tooth Every 60 months	\$350	\$750
D6100	Implant removal, by report	Limited to 1 Per Tooth Every 60 months	\$128	\$600
PROSTHODONTICS- FIXED				
D6210	Pontic-cast high noble metal	1 Every 60 Months	\$350	\$210^
D6211	Pontic-cast predominantly base metal	1 Every 60 Months	\$350	\$240^
D6212	Pontic-cast noble metal	1 Every 60 Months	\$350	\$200^
D6214	Pontic - titanium	1 Every 60 Months	\$350	\$250^
D6240	Pont- porcelain fused to high noble metal	1 Every 60 Months	\$350	\$255^
D6241	Pont- porcelain fused to predominantly base metal	1 Every 60 Months	\$350	\$290^
D6242	Pont- porcelain fused to noble metal	1 Every 60 Months	\$350	\$250^
D6245	Pontic- porcelain/ceramic	1 Every 60 Months	\$350	\$300^
D6545	Retainer- cast metal for resin bonded fixed prosthesis	1 Every 60 Months	\$350	\$185^
D6548	Retainer- porcelain/ceramic for resin bonded fixed prosthesis	1 Every 60 Months	\$350	\$330^
D6602	Inlay- cast high noble metal, two surfaces	1 Every 60 Months	\$350	\$340^
D6603	Inlay- cast high noble metal ,three or more surfaces	1 Every 60 Months	\$350	\$442
D6609	Onlay- porcelain/ceramic, three or more surfaces	1 Every 60 Months	\$350	\$513^
D6611	Onlay- cast high noble metal, three or more surfaces	1 Every 60 Months	\$350	\$489
D6613	Onlay- cast predominantly base metal, three or more surfaces	1 Every 60 Months	\$350	\$459
D6740	Retainer Crown- porcelain/ceramic	1 Every 60 Months	\$350	\$260^
D6750	Retainer Crown- porcelain fused to high noble metal	1 Every 60 Months	\$350	\$255^
D6751	Retainer Crown- porcelain fused to predominantly base metal	1 Every 60 Months	\$350	\$290^
SBI-I-SCH-2-OF-FL0619				

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
PROSTHODONTICS- FIXED				
D6752	Retainer Crown- porcelain fused to noble metal	1 Every 60 Months	\$350	\$250^
D6780	Retainer Crown-3/4 cast high noble metal	1 Every 60 Months	\$350	\$265^
D6781	Retainer Crown 3/4 cast predominantly base metal	1 Every 60 Months	\$350	\$290^
D6782	Retainer Crown 3/4 cast noble metal	1 Every 60 Months	\$350	\$250^
D6783	Retainer Crown - 3/4 porcelain/ceramic	1 Every 60 Months	\$350	\$260^
D6790	Retainer Crown-full cast high noble metal	1 Every 60 Months	\$350	\$255^
D6791	Retainer Crown-full cast predominantly base metal	1 Every 60 Months	\$350	\$290^
D6792	Retainer Crown-full cast noble metal	1 Every 60 Months	\$350	\$250^
D6930	Re-cement or re-bond fixed partial denture	-	\$65	\$65
D6980	Fixed partial denture repair necessitated by restorative material failure	-	\$95	\$95
ORAL SURGERY				
D7140	Extraction erupted tooth or exposed root (elevation and/or forceps)	-	\$83	\$83
D7210	Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	-	\$156	\$156
D7220	Removal of impacted tooth- soft tissue	-	\$200	\$200
D7230	Removal of impacted tooth- partially bony	-	\$262	\$262
D7240	Removal of impacted tooth- completely bony	-	\$312	\$312
D7241	Removal of impacted tooth- completely bony, unusual surgical complications	-	\$350	\$375
D7250	Removal of residual tooth roots (cutting procedure)	-	\$156	\$156
D7251	Cronectomy- intentional partial tooth removal	-	\$270	\$270
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	-	\$350	\$357
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	-	\$215	\$215
D7280	Exposure of an unerupted tooth	-	\$350	\$370
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	-	\$131	\$131
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	-	\$54	\$54
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	-	\$207	\$207
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	-	\$93	\$93
D7471	Removal lateral exostosis (maxilla or mandible)	-	\$265	\$265
D7510	Incision and drainage of abscess- intraoral soft tissue	-	\$124	\$124
D7910	Suture of recent small wounds up to 5cm	-	\$35	\$35
D7971	Excision of pericoronal gingiva	-	\$150	\$150
ORTHODONTIA- Children Under Age 19				
D8010	Limited orthodontic treatment of the primary dentition	Medically Necessary Only	\$350	-
D8020	Limited orthodontic treatment of the transitional dentition	Medically Necessary Only	\$350	-
D8030	Limited orthodontic treatment of the adolescent dentition	Medically Necessary Only	\$350	-
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CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
D8050	Interceptive orthodontic treatment of the primary dentition	Medically Necessary Only	\$350	-
D8060	Interceptive orthodontic treatment of the transitional dentition	Medically Necessary Only	\$350	-
	ORTHODONTIA- CONT.			
D8070	Comprehensive orthodontic treatment of the transitional dentition	Medically Necessary Only	\$350	-
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Medically Necessary Only	\$350	-
D8210	Removable appliance therapy	Medically Necessary Only	\$350	\$350
D8220	Fixed appliance therapy	Medically Necessary Only	\$236	\$236
D8660	Pre-orthodontic treatment examination to monitor growth and development	Medically Necessary Only	\$63	-
D8670	Periodic orthodontic treatment visit	Medically Necessary Only	\$35	-
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Medically Necessary Only	\$15	\$300
	ORTHODONTIA- Adult (Cosmetic)			
D8040	Limited orthodontic treatment of the adult dentition	Adult Only	-	\$1,350
D8090	Comprehensive orthodontic treatment of the adult dentition	Adult Only	-	\$3,700
	MISCELLANEOUS SERVICES			
D9222	Deep sedation/ general anesthesia- first 15 minutes	-	\$65	\$65
D9223	Deep sedation/ general anesthesia- each 15 minute increment	-	\$65	\$65
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	-	\$55	\$55
D9243	Intravenous moderate (conscious) sedation/analgesia- each 15 minute increment	-	\$55	\$55
D9610	Therapeutic parenteral drug, single administration	-	\$25	\$25
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	-	\$39	\$39
D9944	Occlusal guard - hard appliance, full arch	1 In 12 Months For Patients 13 And Older	\$350	\$350
D9945	Occlusal guard - soft appliance, full arch	1 In 12 Months For Patients 13 And Older	\$350	\$350
D9946	Occlusal guard - hard appliance, partial arch	1 In 12 Months For Patients 13 And Older	\$350	\$350
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