



CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1330	Oral hygiene instructions	No charge	D2953	Each additional cast post - same tooth	95.00
D1351	Application of sealant per tooth - children under the age of 16	No charge	D2954	Prefabricated post and core in addition to crown	75.00
D1510	Space maintainer - fixed - unilateral - children under the age of 16	No charge	D2955	Post removal (not in conjunction with endodontic therapy)	25.00
D1515	Space maintainer - fixed - bilateral - children under the age of 16	No charge	D2957	Each additional prefabricated post - same tooth	30.00
D1520	Space maintainer - removable - unilateral - children under the age of 16	No charge	D2960	Labial veneer (resin laminate) - chair side	200.00
D1525	Space maintainer - removable - bilateral - children under the age of 16	No charge	D2961	Labial veneer (resin laminate) - laboratory	225.00*
D1550	Recementation of space maintainer	10.00	D2962	Labial veneer (porcelain laminate) - laboratory	350.00*
D1555	Removal of fixed space maintainer	10.00	D2970	Temporary crown (fractured tooth)	75.00
D8210	Removable appliance therapy	103.00	D2980	Crown repair, by report	95.00
D8220	Fixed appliance therapy	103.00		When crown and/or bridgework exceeds six (6) consecutive units, an additional charge of \$30.00 per unit applies.	
	<b>RESTORATIVE DENTISTRY</b>			<b>ENDODONTIC SERVICES</b>	
D2140	Amalgam - 1 surface, primary or permanent	No charge	D3110	Pulp cap - direct (excluding final restoration)	20.00
D2150	Amalgam - 2 surfaces, primary or permanent	No charge	D3120	Pulp cap - indirect (excluding final restoration)	20.00
D2160	Amalgam - 3 surfaces, primary or permanent	No charge	D3220	Therapeutic pulpotomy (excluding final restoration)	25.00
D2161	Amalgam - 4 surfaces, primary or permanent	No charge	D3221	Pulpal debridement, primary and permanent teeth	95.00
D2330	Resin-based composite - 1 surface, anterior	25.00	D3230	Pulpal therapy (resorbable filling) - anterior, primary	45.00
D2331	Resin-based composite - 2 surfaces, anterior	35.00	D3240	Pulpal therapy (resorbable filling) - posterior, primary	40.00
D2332	Resin-based composite - 3 surfaces, anterior	45.00	D3310	Endodontic therapy - anterior (excluding final restoration)	100.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, anterior	75.00	D3320	Endodontic therapy - bicuspid (excluding final restoration)	185.00
D2390	Resin-based composite crown, anterior	105.00	D3330	Endodontic therapy - molar (excluding final restoration)	225.00
D2391	Resin-based composite - 1 surface, posterior	55.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2392	Resin-based composite - 2 surfaces, posterior	70.00	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00
D2393	Resin-based composite - 3 surfaces, posterior	85.00	D3333	Internal root repair of perforation defects	125.00
D2394	Resin-based composite - 4 or more surfaces, posterior	105.00	D3346	Retreatment of previous root canal therapy - anterior	280.00
D2410	Gold foil - 1 surface	70.00	D3347	Retreatment of previous root canal therapy - bicuspid	305.00
D2420	Gold foil - 2 surfaces	92.00	D3348	Retreatment of previous root canal therapy - molar	380.00
D2430	Gold foil - 3 surfaces	120.00	D3351	Apexification/recalcification - initial visit	90.00
D2510	Inlay - metallic - 1 surface	85.00	D3352	Apexification/recalcification - interim medication replacement	90.00
D2520	Inlay - metallic - 2 surfaces	96.00	D3353	Apexification/recalcification - final visit	90.00
D2530	Inlay - metallic - 3 or more surfaces	120.00	D3410	Apicoectomy/periradicular surgery - anterior	96.00
D2542	Onlay - metallic - 2 surfaces	290.00	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	305.00
D2543	Onlay - metallic - 3 surfaces	300.00	D3425	Apicoectomy/periradicular surgery - molar (first root)	320.00
D2544	Onlay - metallic - 4 or more surfaces	330.00	D3426	Apicoectomy/periradicular surgery - each additional root	80.00
D2610	Inlay - porcelain/ceramic - 1 surface	250.00*	D3430	Retrograde filling - per root	60.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	275.00*	D3450	Root amputation - per root	100.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	300.00*	D3470	Intentional reimplantation (including splinting)	175.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	335.00*	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	365.00*	D3920	Hemisection (including root removal)	85.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	375.00*	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2650	Inlay - resin-based composite - 1 surface	195.00		<b>PERIODONTIC SERVICES</b>	
D2651	Inlay - resin-based composite - 2 surfaces	220.00	D4210	Gingivectomy/gingivoplasty - 4 or more contiguous teeth per quad	175.00
D2652	Inlay - resin-based composite - 3 or more surfaces	255.00	D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth per quad	72.00
D2662	Onlay - resin-based composite - 2 surfaces	230.00	D4240	Gingival flap procedure, including root planing - 4 or more teeth per quad	187.00
D2663	Onlay - resin-based composite - 3 surfaces	250.00	D4241	Gingival flap procedure, including root planing - 1 to 3 teeth per quad	175.00
D2664	Onlay - resin-based composite - 4 or more surfaces	280.00	D4245	Apically positioned flap	150.00
D2710	Crown - resin-based composite (indirect)	195.00	D4249	Clinical crown lengthening - hard tissue	175.00
D2712	Crown - ¾ resin-based composite (indirect)	195.00	D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth per quad	375.00
D2720	Crown - resin with high noble metal	240.00*	D4261	Osseous surgery (including flap entry and closure) - 1 to 3 teeth per quad	325.00
D2721	Crown - resin with predominantly base metal	240.00*	D4263	Bone replacement graft - first site in quad	450.00
D2722	Crown - resin with noble metal	240.00*	D4264	Bone replacement graft - each additional site in quad	325.00
D2740	Crown - porcelain/ceramic substrate	240.00*	D4265	Biologic materials to aid in soft and osseous tissue regeneration	325.00
D2750	Crown - porcelain fused to high noble metal	240.00*	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D2751	Crown - porcelain fused to predominantly base metal	240.00*	D4267	Guided tissue regeneration - nonresorbable barrier, per site	325.00
D2752	Crown - porcelain fused to noble metal	240.00*	D4270	Pedicle soft tissue graft procedure	240.00
D2780	Crown - 3/4 cast high noble metal	240.00*	D4271	Free soft tissue graft procedure (including donor site surgery)	215.00
D2781	Crown - 3/4 cast predominantly base metal	240.00*			
D2782	Crown - 3/4 cast noble metal	240.00*			
D2783	Crown - 3/4 porcelain/ceramic	240.00*			
D2790	Crown - full cast high noble metal	240.00*			
D2791	Crown - full cast predominantly base metal	220.00*			
D2792	Crown - full cast noble metal	220.00*			
D2799	Provisional crown	125.00			
D2910	Recement inlay, onlay, or partial coverage restoration	10.00			
D2915	Recement cast or prefabricated post and core	10.00			
D2920	Recement crown	10.00			
D2930	Prefabricated stainless steel crown - primary tooth	40.00			
D2931	Prefabricated stainless steel crown - permanent tooth	40.00			
D2932	Prefabricated resin crown	92.00			
D2933	Prefabricated stainless steel crown with resin window	140.00			
D2940	Sedative filling	10.00			
D2950	Core build up, including any pins	40.00			
D2951	Pin retention - per tooth, in addition to restoration	12.00			
D2952	Cast post and core in addition to crown	85.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D4273	Subepithelial connective tissue graft procedures	300.00		<b>PROSTHODONTICS - FIXED</b>	
D4274	Distal or proximal wedge procedure	120.00	D6210	Pontic - cast high noble metal	220.00*
D4275	Soft tissue allograft	502.00	D6211	Pontic - cast predominantly base metal	220.00*
D4320	Provisional splinting - intracoronal	115.00	D6212	Pontic - cast noble metal	220.00*
D4321	Provisional splinting - extracoronal	105.00	D6240	Pontic - porcelain fused to high noble metal	240.00*
D4341	Periodontal scaling and root planing - 4 or more contiguous teeth per quad	45.00†	D6241	Pontic - porcelain fused to predominantly base metal	240.00*
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quad	35.00†	D6242	Pontic - porcelain fused to noble metal	240.00*
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35.00†	D6245	Pontic - porcelain/ceramic	300.00*
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	45.00†	D6250	Pontic - resin with high noble metal	240.00*
D4910	Periodontal maintenance	45.00	D6251	Pontic - resin with predominantly base metal	240.00*
D4910	Additional periodontal maintenance procedures	100.00	D6252	Pontic - resin with noble metal	240.00*
D4920	Unscheduled dressing change (by someone other than the treating dental office)	25.00	D6253	Provisional pontic	No Charge
D4999	Periodontal charting for planning treatment of periodontal disease	No Charge	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00*
D4999	Periodontal hygiene instruction	No Charge	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*
	<b>PROSTHODONTICS - REMOVABLE</b>		D6600	Inlay - porcelain/ceramic, two surfaces	240.00*
D5110	Complete denture - maxillary	260.00*	D6601	Inlay - porcelain/ceramic, three or more surfaces	240.00*
D5120	Complete denture - mandibular	260.00*	D6602	Inlay - cast high noble metal, two surfaces	240.00*
D5130	Immediate denture - maxillary (including two relines)	280.00*	D6603	Inlay - cast high noble, three or more surfaces	240.00*
D5140	Immediate denture - mandibular (including two relines)	280.00*	D6604	Inlay - cast predominantly base metal, two surfaces	240.00*
D5211	Maxillary partial denture - resin base (including clasps)	260.00*	D6605	Inlay - cast predominantly base metal, three or more surfaces	240.00*
D5212	Mandibular partial denture - resin base (including clasps)	260.00*	D6606	Inlay - cast noble metal, two surfaces	240.00*
D5213	Partial denture - maxillary cast metal - acrylic	280.00*	D6607	Inlay - cast noble metal, three or more surfaces	240.00*
D5214	Partial denture - mandibular cast metal - acrylic	280.00*	D6608	Onlay - porcelain/ceramic, two surfaces	240.00*
D5225	Maxillary partial denture - flexible base	280.00*	D6609	Onlay - porcelain/ceramic, three or more surfaces	240.00*
D5226	Mandibular partial denture - flexible base	280.00*	D6610	Onlay - cast high noble metal, two surfaces	240.00*
D5281	Removable unilateral partial denture - one piece cast metal	240.00*	D6611	Onlay - cast high noble metal, three or more surfaces	240.00*
D5410	Adjustment - complete denture - maxillary	10.00	D6612	Onlay - cast predominantly base metal, two s urfaces	240.00*
D5411	Adjustment - complete denture - mandibular	10.00	D6613	Onlay - cast predominantly base metal, three or more surfaces	240.00*
D5421	Adjustment - partial denture - maxillary	15.00	D6614	Onlay - cast noble metal, two surfaces	240.00*
D5422	Adjustment - partial denture - mandibular	15.00	D6615	Onlay - cast noble metal, three or more surfaces	240.00*
	All denture adjustment charges are for dentures which were not fabricated in the present office; all denture adjustments for new dentures or dentures made within twelve (12) months are at no charge.		D6710	Crown - indirect resin based composite	240.00
D5510	Repair broken complete denture base	15.00	D6720	Crown - resin with high noble metal	240.00*
D5520	Replace missing or broken tooth - complete denture (each tooth)	10.00	D6721	Crown - resin with predominantly base metal	240.00*
D5610	Repair denture resin base	15.00	D6722	Crown - resin with noble metal	240.00*
D5620	Repair cast framework	30.00	D6740	Crown - porcelain/ceramic	240.00*
D5630	Repair or replace broken clasp	15.00	D6750	Crown - porcelain fused to high noble metal	240.00*
D5640	Repair broken teeth - per tooth	10.00	D6751	Crown - porcelain fused to predominantly base metal	240.00*
D5650	Add tooth to existing partial denture	30.00	D6752	Crown - porcelain fused to noble metal	240.00*
D5660	Add clasp to existing partial denture	30.00	D6780	Crown - 3/4 cast high noble metal	240.00*
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	100.00	D6781	Crown - 3/4 cast predominantly base metal	240.00*
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	100.00	D6782	Crown - 3/4 cast noble metal	240.00*
D5710	Rebase complete maxillary denture	75.00	D6783	Crown - 3/4 porcelain/ceramic	240.00*
D5711	Rebase complete mandibular denture	75.00	D6790	Crown - full cast high noble metal	220.00*
D5720	Rebase maxillary partial denture	75.00	D6791	Crown - full cast predominantly base metal	220.00*
D5721	Rebase mandibular partial denture	75.00	D6792	Crown - full cast noble metal	220.00*
D5730	Reline complete maxillary denture - chair side	45.00	D6930	Recement fixed partial denture	10.00
D5731	Reline complete mandibular denture - chair side	45.00	D6940	Stress breaker	125.00
D5740	Reline partial maxillary denture - chair side	45.00	D6950	Precision attachment	195.00
D5741	Reline partial mandibular denture - chair side	45.00	D6970	Cast post and core in addition to fixed partial denture retainer	65.00
D5750	Reline complete maxillary denture - laboratory	35.00*	D6971	Cast post as part of fixed partial denture retainer	60.00
D5751	Reline complete mandibular denture - laboratory	35.00*	D6972	Prefabricated post and core in addition to fixed partial denture retainer	50.00
D5760	Reline partial maxillary denture - laboratory	35.00*	D6973	Core build up for retainer, including pins	50.00
D5761	Reline partial mandibular denture - laboratory	35.00*	D6975	Coping - metal	95.00
D5810	Interim complete denture - maxillary	250.00*	D6976	Each additional cast post - same tooth	75.00
D5811	Interim complete denture - mandibular	250.00*	D6977	Each additional prefabricated post - same tooth	75.00
D5820	Interim partial denture - maxillary	250.00*	D6980	Fixed partial denture repair	80.00
D5821	Interim partial denture - mandibular	250.00*		<b>ORAL SURGERY</b>	
D5850	Tissue conditioning - maxillary	25.00	D7111	Coronal remnants - deciduous tooth	45.00
D5851	Tissue conditioning - mandibular	25.00	D7140	Extraction of erupted tooth or exposed root	10.00
D5862	Precision attachment	150.00	D7210	Surgical removal of erupted tooth	25.00
D5899	Denture cleaning	No charge	D7220	Removal of impacted tooth - soft tissue	40.00
			D7230	Removal of impacted tooth - partially bony	60.00
			D7240	Removal of impacted tooth - completely bony	75.00
			D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	128.00
			D7250	Surgical removal of residual tooth roots	25.00
			D7260	Oroantral fistula closure	160.00
			D7270	Tooth reimplantation	50.00
			D7280	Surgical access of an unerupted tooth	125.00
			D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00
			D7285	Biopsy of oral tissue - hard (bone, tooth)	115.00
			D7286	Biopsy of oral tissue - soft (all others)	75.00

CODE	DESCRIPTION	MEMBER COPAY		
D7287	Exfoliative cytological sample collection	65.00	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers
D7288	Brush biopsy – transepithelial sample collection	25.00		20.00
D7310	Alveoloplasty with extractions - per quad	20.00		
D7311	Alveoloplasty with extractions - one to three teeth, per quad	20.00		
D7320	Alveoloplasty without extractions - per quad	50.00		
D7321	Alveoloplasty without extractions – one to three teeth, per quad	50.00		
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	65.00		
D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	95.00		
D7471	Removal of lateral exostosis	95.00		
D7472	Removal of torus palatinus	95.00		
D7473	Removal of torus mandibularis	95.00		
D7485	Surgical reduction of osseous tuberosity	95.00		
D7510	Incision and drainage of abscess - intraoral soft tissue	20.00		
D7511	Incision and drainage of abscess – intraoral soft tissue - complicated	20.00		
D7520	Incision and drainage of abscess – extraoral soft tissue	20.00		
D7521	Incision and drainage of abscess – extraoral soft tissue - complicated	20.00		
D7910	Suture of recent small wounds up to 5 cm	35.00		
D7960	Frenulectomy - separate procedure	90.00		
D7963	Frenuloplasty	90.00		
D7970	Excision of hyperplastic tissue - per arch	140.00		
D7971	Excision of pericoronal gingiva	102.00		
	<b>MISCELLANEOUS SERVICES</b>			
D9120	Fixed partial denture sectioning	No charge		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No charge		
D9215	Local anesthesia	No charge		
D9220	Deep sedation, general anesthesia - first 30 minutes	125.00		
D9221	Deep sedation, general anesthesia - each additional 15 minutes	15.00		
D9230	Analgesia nitrous oxide - per 1/2 hour	20.00		
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	125.00		
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	55.00		
D9610	Therapeutic drug injection, by report	15.00		
D9630	Oral irrigation/other drugs/medicament - per quad	15.00		
D9910	Application of desensitizing medicament	20.00		
D9940	Occlusal guard	250.00		
D9942	Repair and/or relines of occlusal guard	40.00		
D9950	Occlusal analysis - mounted case	75.00		
D9951	Occlusal adjustment - limited	25.00		
D9952	Occlusal adjustment - complete	95.00		
D9972	External bleaching - per arch	150.00		
D9972	External bleaching - both arches (excluding bleaching material for home use)	275.00		
	Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence outside the service area (Florida).			
	<b>ORTHODONTIA</b>			
D8660	Pre-orthodontic treatment visit	35.00		
D8999	Orthodontic treatment plan & records	250.00		
D8010	Limited orthodontic treatment of the primary dentition (up to 24 months)	1,000.00		
D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	1,000.00		
D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	1,000.00		
D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	1,350.00		
D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,000.00		
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,050.00		
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,150.00		
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) - includes fee for fixed/removable retainers and monthly visits)	300.00		

## **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 listed on the Schedule of Benefits 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 Dental Procedures listed. The Copayments shown apply to Participating 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, Periodontist, or Pediatric Dentist) be necessary, you may receive this care by going directly to a Participating Specialist with no referral and receive a 25% reduction off the Provider's usual and customary fee; or you may obtain prior written authorization from Solstice and receive specialty treatment by an approved Participating Specialist at the listed Copayments. Please refer to the Specialty Care Referral Policy in your Certificate of Coverage.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a Participating Specialist with no referral and receive a 25% reduction off the Provider's usual and customary fee; or (2) you may contact Member Services to locate your nearest Participating Orthodontist who will perform Covered Services at the listed Member Copayment.

## **NON-COVERED SERVICES**

1. Services performed by a General Dentist or Specialist not contracted with Solstice without prior approval.
2. Any Dental Services or appliances which are determined to be not Reasonable and/or Necessary for maintaining or improving the Member's dental health and/or experimental in nature, as determined by the Participating Dentist.
3. 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.
4. Any inpatient/outpatient hospital charges of any kind, including dentist and/or physician charges, prescriptions, or medications.
5. Treatment of malignancies, cysts, or neoplasms, without proof of medical Necessity and prior Solstice approval.
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.
8. Bleaching materials for home use related to D9972.

## **LIMITATIONS**

1. Any oral evaluation (excluding problem-focused) is limited to one (1) time in any six (6) consecutive month period at no charge. All subsequent oral evaluations (excluding problem-focused) will be at a 25% reduction off the Provider's usual and customary fee without a frequency limitation.
2. All bitewing X-rays are limited to one (1) set in any twelve (12) consecutive month period.
3. The dental prophylaxis or periodontal maintenance procedure is limited to one (1) in any six (6) consecutive 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 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. General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically Necessary, and previously approved by Solstice.
9. New dentures include one (1) reline within the first six (6) months.
10. Replacement of crowns, fixed bridges or dentures is limited to one (1) time per five (5) year period.
11. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
12. Copayments for endodontic procedures do not include the cost of the final restoration.
13. Copayments marked by "\*" do not include the cost of material and laboratory fees. Additional cost to the Member is as follows:
  - High noble metal (precious) up to \$145.00
  - Noble metal (semi-precious) up to \$120.00
  - Predominantly base metal (non-precious) up to \$55.00
  - Crown laboratory fees up to \$155.00
  - Laboratory fees on dentures up to \$225.00
  - Porcelain laboratory fees for D2610-D2644, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
  - Denture repair laboratory fees up to \$50.00
  - All ceramic and/or porcelain crown material fees up to \$155.00
14. Copayments marked by "+" are not eligible at a Specialist.
15. Either D0210 or D0330 are reimbursable one (1) time per five (5) year period.
16. Copies of X-rays can be obtained for \$2.00 per periapical film up to a maximum of \$30.00. Panoramic X-ray can be obtained for a \$15.00 fee.
17. D0274, D0277 or D0210 are payable only when other inclusive films have not been taken (paid) within the last six (6) months.
18. All denture adjustment fees are for dentures which were not fabricated at the present office; all denture adjustments for new dentures made within twelve (12) months are at no fee to the Member.
19. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
20. A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
21. Surgical removal of wisdom teeth 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.
22. Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed Member Orthodontic Copayment plus the difference in cost for the enhanced treatment.

## **IMPORTANT DISCLAIMER**

The above Summary of Benefits is for informational purposes only and is not an offer of coverage. For a complete listing of your coverage, including specialty services, non covered services, exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the Certificate of Coverage/benefits administrator will govern. All terms and conditions and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.