



Solstice

EssentialSmile 212

Schedule of Benefits

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Plantation, FL 33318
Telephone: 877-760-2247
Fax: 954-370-1701
www.mysolstice.net]

Members can choose 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 Network 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 Specialty Dentist care.**

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		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.
Child (Applies to all classes)	\$30	
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	1 Every 6 Months	\$0	\$15
D0140	Limited Oral Evaluation - Problem Focused	1 Every 6 Months	\$0	\$15
D0150	Comprehensive Oral Evaluation-New Or Established Patient	1 Every 6 Months	\$0	\$15
D0160	Detailed And Extensive Oral Evaluation - Problem Focused		\$0	\$15
D0180	Comprehensive Periodontal Evaluation	1 Every 6 Months	\$0	\$15
RADIOGRAPHY / DIAGNOSTIC DENTISTRY				
D0210	Intraoral-Complete Series Including Bitewings	1 Every 60 Months	\$0	\$25
D0220	Intraoral-Periapical-First Film		\$0	\$15
D0230	Intraoral-Periapical-Each Additional Film		\$0	\$8
D0240	Intraoral-Occlusal Film		\$0	\$13
D0270	Bitewing - Single Film	1 Set Every 6 Months	\$0	\$12
D0272	Bitewings - Two Films	1 Set Every 6 Months	\$0	\$15
D0273	Bitewings - Three Films	1 Set Every 6 Months	\$0	\$15

Underwritten by Solstice Benefits, Inc.,

SBI-G-SCH-2-OF-FL0614 a Life and Health Insurer under the Florida Insurance Code.

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST- SHARING CHILD	MEMBER COST- SHARING ADULT
RADIOGRAPHY / DIAGNOSTIC DENTISTRY CONT.				
D0274	Bitewings - Four Films	1 Set Every 6 Months	\$0	\$15
D0277	Vertical Bitewings - 7 To 8 Films	1 Set Every 6 Months	\$0	\$15
D0330	Panoramic Film	1 Every 60 Months	\$0	\$25
D0340	Cephalometric radiographic images		\$125	\$125
D0350	Oral/facial photographic images		\$31	\$31
D0470	Diagnostic casts		\$55	\$55
PREVENTIVE DENTISTRY				
D1110	Prophylaxis- Adults	Limited To 1 Every 6 Months	\$0	\$0
D1120	Prophylaxis-Child	Limited To 1 Every 6 Months	\$0	\$0
D1208	Top Fluoride Not Including Prophy - Child	Limited To 2 Every 12 Months	\$0	\$15
D1206	Topical Fluoride Varnish; Therapeutic Application For Moderate To High Caries Risk Patients	Over Age 22 - 1 In 12 Months; Less Than Age 22 - 2 In 12 Months	\$0	\$16
D1351	Sealant - Per Tooth	1 Sealant Per Tooth Every 36 Months	\$0	\$29
D1510	Space Maintainer-Fixed Unilateral	1 time per consecutive 60 months	\$220	\$220
D1515	Space Maintainer-Fixed Bilateral	1 time per consecutive 60 months	\$296	\$296
D1520	Space Maintainer-Remov Unilateral	1 time per consecutive 60 months	\$223	\$223
D1525	Space Maintainer-Remov Bilateral	1 time per consecutive 60 months	\$350	\$390
D1550	Recementation Of Space Maintainer	1 time per consecutive 60 months	\$30	\$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 Orpermanent		\$85	\$85
D2161	Amalgam-Four Or More Surfaces Primary Or Permanent		\$109	\$109
D2330	Resin-One Surface Anterior		\$65	\$65
D2331	Resin-Two Surfaces Anterior		\$84	\$84
D2332	Resin-Three Surfaces Anterior		\$102	\$102
D2335	Resin 4 Or More Surf Or Inv Incisal Angle Ant		\$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 - 2 Surfaces		\$350	\$505
D2543	Onlay - Metallic - Three Surfaces		\$350	\$545
D2544	Onlay - Metallic - Four Or More Surfaces		\$350	\$560
D2642	Onlay - Porc/Ceramic - Two Surfaces		\$350	\$310^
D2643	Onlay - Porc/Ceramic - Three Surfaces		\$350	\$375^
D2740	Crown-Porcelain/Ceramic Substrate	Limited To 1 Per Tooth Every 60 Months	\$350	\$310^
D2750	Crwn-Prc Fused To Hi Noble Mtl	Limited To 1 Per Tooth Every 60 Months	\$350	\$305^

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CODE	DESCRIPTION	LIMITATIONS	MEMBER COST- SHARING CHILD	MEMBER COST- SHARING ADULT
RESTORATIVE DENTISTRY CONT.				
D2751	Crwn-Prc Fused To Pred Bas Mtl	Limited To 1 Per Tooth Every 60 Months	\$350	\$340^
D2752	Crwn-Porc Fused To Noble Mtl	Limited To 1 Per Tooth Every 60 Months	\$350	\$300^
D2780	Crown 3/4 Cast High Noble Metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$290^
D2781	Crown 3/4 Cast Base Metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$340^
D2783	Crown 3/4 Porcelain/Ceramic	Limited To 1 Per Tooth Every 60 Months	\$350	\$310^
D2790	Crown-Full Cast High Noble Metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$260^
D2791	Crown-Full Cast Predom Base Metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$285^
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	\$300^
D2910	Recement Inlay		\$36	\$36
D2920	Recement Crown		\$36	\$36
D2930	Prefab Stainl Stl Crwn-Prim To	Under Age 15 - Limited To 1 Per Tooth In 60 Months	\$110	\$110
D2931	Prefab Stainl Stl Crwn-Perm To	Under Age 15 - Limited To 1 Per Tooth In 60 Months	\$110	\$110
D2940	Sedative Filling		\$32	\$32
D2950	Crown Buildup - Including Any Pins	Limited To 1 Per Tooth Every 60 Months	\$90	\$90
D2951	Pin Reten-Per Tooth In Add To Rest		\$24	\$24
D2954	Prefab Post & Core In Add To Crown	Limited To 1 Per Tooth Every 60 Months	\$140	\$140
D2980	Crown Repair By Report		\$95	\$95
ENDODONTICS SERVICES				
D3220	Therapeutic Pulpotomy Exc Fin Rest	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	\$75	\$75

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST- SHARING CHILD	MEMBER COST- SHARING ADULT
ENDODONTICS SERVICES CONT.				
D3230	Pupal Ther(Resorb)-Ant Prim-Excl Final R	Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime	\$157	\$157
D3240	Pupal Ther(Resorb)-Post/Prim-Excl Final	Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime	\$200	\$200
D3310	Rc Ther - Ant Exc Final Restoration		\$350	\$495
D3320	Rc Ther-Bicuspid Exc Final Restorat		\$350	\$578
D3330	Rc Ther-Molar Exc Final Restoration		\$350	\$743
D3346	Retreatmt Prev Root Canal Ther - Ant*		\$350	\$605
D3347	Retreatmt Prev Root Can Ther - Bicuspid*		\$350	\$743
D3348	Retreatmt Prev Root Can Ther - Molar*		\$350	\$853
D3351	Apexific/Recalc-1St Visit (Apical Clos/C		\$160	\$160
D3352	Apexific/Recalc-Interim Medication Repla		\$90	\$90
D3353	Apexific/Recalc - Final Visit		\$235	\$235
D3410	Apicoectomy/Periradicular Surg-Ant		\$350	\$385
D3421	Apico/Perirad Surg-Bicus First Root		\$350	\$413
D3425	Apico/Perirad Surg-Molar First Root		\$350	\$495
D3426	Apico/Perirad Srg-Molar Ea Add Root		\$176	\$176
D3430	Retrograde filling - per root		\$95	\$95
D3450	Root Amputation-Per Root		\$235	\$235
D3920	Hemisect W Rt Rem-Wo Rt 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 Incl Rt Plan-Four Or More Contiguous Teeth Or Bounded Spaces Per Quadrant	Limited To 1 Every 36 Months	\$325	\$325
D4249	Clinical Crwn Lengthening Hard Tiss		\$350	\$460
D4260	Osseous Surgery - Incl Flap Entry/Closure Four Or More Contiguous Teeth Or Bounded Spaces Per	Limited To 1 Every 36 Months	\$350	\$786
D4270	Pedicle Soft Tissue Graft Procedure		\$350	\$447
D4271	Free Soft Tissue Gft & Donor S		\$350	\$554
D4273	Subepithelial Tissue Graft Procedures		\$350	\$550
D4341	Perio Scaling/Root Planing - Four Or More Contiguous Teeth Or Bounded Spaces Per Quadrant	Limited To 1 Every 24 Months	\$163†	\$163†
D4342	Perio Scaling/Root Planing - One To Three Teeth Per Quadrant	Limited To 1 Every 24 Months	\$91†	\$91†

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PERIODONTIC SERVICES CONT.				
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	Limited To 1 Per Lifetime	\$100†	\$100†
D4910	Periodontal Maintenance	4 In 12 Months Combined With Adult Prophylaxis After The Completion Of Active Periodontal Therapy	\$111	\$111
PROSTHODONTICS- REMOVABLE				
D5110	Complete Upper	Limited To 1 Every 60 Months	\$350	\$505^
D5120	Complete Lower	Limited To 1 Every 60 Months	\$350	\$505^
D5130	Immediate Upper	Limited To 1 Every 60 Months	\$350	\$575^
D5140	Immediate Lower	Limited To 1 Every 60 Months	\$350	\$575^
D5211	Upper Part Dent-Resin Base Incl Clsp	Limited To 1 Every 60 Months	\$350	\$400^
D5212	Lower Part Dent-Resin Base Incl Clsp	Limited To 1 Every 60 Months	\$350	\$400^
D5213	Up Part Dent-Met Base Res Sdl Incl Clsp	Limited To 1 Every 60 Months	\$350	\$625^
D5214	Lo Part Dent-Met Base Res Sdl Incl Clsp	Limited To 1 Every 60 Months	\$350	\$625^
D5281	Uni Part Dent-Met Base Cast Clsp	Limited To 1 Every 60 Months	\$350	\$245^
D5410	Adjust Complete Denture - Upper		\$30	\$30^
D5411	Adj Complete Denture Lower		\$30	\$30^
D5421	Adjust Partial Dent-Upper		\$30	\$30^
D5422	Adjust Partial Dent-Lower		\$30	\$30^
D5510	Repair Missing/Broken Teeth - Complete Dent (Ea Tooth)		\$110	\$60^
D5520	Repl Miss/Brkn T-Compl Dent-Ea		\$90	\$40^
D5610	Repair Acrylic Saddle Or Base		\$85	\$35^
D5620	Repair Cast Framework		\$90	\$40^
D5630	Repair Or Replace Broken Clasp		\$110	\$60^
D5640	Replace Broken Teeth-Per Tooth		\$90	\$40^
D5650	Add Tooth To Existing Part Denture		\$100	\$50^
D5660	Add Clasp To Existing Part Denture		\$125	\$75^
D5710	Rebase Comp Upper Denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$280	\$230^
D5720	Rebase Upper Partial Denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$250	\$200^

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST- SHARING CHILD	MEMBER COST- SHARING ADULT
PROSTHODONTICS- REMOVABLE CONT.				
D5721	Rebase Lower Partial Denture	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$250	\$200^
D5730	Reline Complete Upper Dent	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$155	\$105^
D5731	Reline Comp Lower Denture Chr	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$155	\$105^
D5740	Reline Upper Part Dent (Chairside)	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$130	\$80^
D5741	Reline Lower Part Denture-Chairside	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$130	\$80^
D5750	Reline Complete Upper Denture (Lab)	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$235	\$185^
D5751	Reline Lower Complete Dent-Lab	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$235	\$185^
D5760	Reline Upper Part Denture (Lab)	Limited To 1 In A 36- Month Period 6 Months After The Initial Installation	\$200	\$150^
D5761	Reline Lower Part Dent-Lab	Limited To 1 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- All Implant Services Are Covered for Children Under Age 19 Only				
D6010	Surgical Placement Of Implant Body (Endosteal)	1 Every 60 Months	\$350	-
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	1 Every 60 Months	\$350	-
D6040	Surgical Placement (Epoosteal)	1 Every 60 Months	\$350	-
D6050	Surgical Placement (Transosteal)	1 Every 60 Months	\$350	-
D6056	Prefabricated Abutment	1 Every 60 Months	\$350	-
D6058	Abutment Supported Porcelain/Ceramic Crown	1 Every 60 Months	\$350	-
D6059	Abutment Supported Porc-Fused-To-Metal (High Noble) Crown	1 Every 60 Months	\$350	-
D6060	Abutment Supported Porc-Fused-To-Metal (Base) Crown	1 Every 60 Months	\$350	-

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CODE	DESCRIPTION	LIMITATIONS	MEMBER COST- SHARING CHILD	MEMBER COST- SHARING ADULT
IMPLANT SERVICES CONT.				
D6061	Abutment Supported Porc-Fused-To-Metal (Noble) Crown	1 Every 60 Months	\$350	-
D6062	Abutment Supported Cast Metal (High Noble) Crown	1 Every 60 Months	\$350	-
D6063	Abutment Supported Cast Metal (Base) Crown	1 Every 60 Months	\$350	-
D6064	Abutment Supported Cast Metal (Noble) Crown	1 Every 60 Months	\$350	-
D6065	Implant Supported Porcelain/Ceramic Crown	1 Every 60 Months	\$350	-
D6066	Implant Supported Porc-Fused-To-Metal Crown(Titanium/High Noble)	1 Every 60 Months	\$350	-
D6067	Implant Supported Metal Crown (Titanium/High Noble)	1 Every 60 Months	\$350	-
D6068	Abutment Supported Retainer For Porc/Ceramic Bridge	1 Every 60 Months	\$350	-
D6069	Abutment Supported Retainer For Pfm (Hi Noble) Bridge	1 Every 60 Months	\$350	-
D6070	Abutment Supported Retainer For Pfm (Base) Bridge	1 Every 60 Months	\$350	-
D6071	Abutment Supported Retainer For Cast (Noble) Metal Bridge	1 Every 60 Months	\$350	-
D6072	Abutment Supported Retainer For Cast (Hi Noble) Metal Bridge	1 Every 60 Months	\$350	-
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	1 Every 60 Months	\$350	-
D6074	Abutment Supported Retainer For Cast (Noble) Metal Bridge	1 Every 60 Months	\$350	-
D6075	Implant Supported Retainer For Ceramic Bridge	1 Every 60 Months	\$350	-
D6076	Implant Supported Retainer For Pfm (Titanium/Hi Noble) Bridge	1 Every 60 Months	\$350	-
D6077	Implant Supported Retainer For Cast Met(Titanium/Hi Noble)Bridge	1 Every 60 Months	\$350	-
D6100	Implant Removal By Report	1 Every 60 Months	\$128	-
PROSTHODONTICS- FIXED				
D6210	Pontic-Cast High Noble Metal	1 Every 60 Months	\$350	\$260^
D6211	Pontic-Cast Predom Base Metal	1 Every 60 Months	\$350	\$290^
D6212	Pontic-Cast Noble Metal	1 Every 60 Months	\$350	\$250^
D6214	Pontic - titanium	1 Every 60 Months	\$350	\$300^
D6240	Pont-Porc Fused To Hi Noble Mtl	1 Every 60 Months	\$350	\$305^
D6241	Pont-Porc Fused To Pred Bs Mtl	1 Every 60 Months	\$350	\$340^
D6242	Pont-Porc Fused To Noble Metal	1 Every 60 Months	\$350	\$300^
D6245	Pontic - Porcelain/Ceramic	1 Every 60 Months	\$350	\$350^
D6545	Retain-Cast Mtl For Acid Etch Brdg	1 Every 60 Months	\$350	\$235^
D6548	Porcelain/Ceramic Retainer	1 Every 60 Months	\$350	\$380^
D6602	Inlay - metallic - two surfaces	1 Every 60 Months	\$350	\$390^
D6603	Inlay - metallic - three or more surfaces	1 Every 60 Months	\$350	\$492
D6609	Inlay/Onlay - porcelain/ceramic	1 Every 60 Months	\$350	\$563^
D6611	Onlay - Metallic - Three Surfaces	1 Every 60 Months	\$350	\$539
D6613	Onlay - Metallic - four or more surfaces	1 Every 60 Months	\$350	\$509
D6740	Crown- Porcelain/Ceramic	1 Every 60 Months	\$350	\$310^
D6750	Crown-Porc Fused To Hi Noble Metal	1 Every 60 Months	\$350	\$305^
D6751	Crown-Porc Fused To Predom Base Mtl	1 Every 60 Months	\$350	\$340^

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST- SHARING CHILD	MEMBER COST- SHARING ADULT
PROSTHODONTICS- FIXED				
D6752	Crown-Porc Fused To Noble Metal	1 Every 60 Months	\$350	\$300^
D6780	Crown-3/4 Cast High Noble Metal	1 Every 60 Months	\$350	\$315^
D6781	Crown 3/4 Cast (Base) Metal	1 Every 60 Months	\$350	\$340^
D6782	Crown 3/4 Cast (Noble) Metal	1 Every 60 Months	\$350	\$300^
D6783	Crown - 3/4 Porcelain/Ceramic	1 Every 60 Months	\$350	\$310^
D6790	Crown-Full Cast High Noble Metal	1 Every 60 Months	\$350	\$305^
D6791	Crown-Full Cast Predom Base Metal	1 Every 60 Months	\$350	\$340^
D6792	Crown-Full Cast Noble Metal	1 Every 60 Months	\$350	\$300^
D6930	Recement Bridge		\$65	\$65
D6973	Core Buildup For Retainer Incl Any Pins	1 Every 60 Months	\$90	\$90
D6980	Bridge Repair By Report		\$95	\$95
ORAL SURGERY				
D7140	Extraction Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)		\$83	\$83
D7210	Surgical Removal Of Erupted Tooth		\$156	\$156
D7220	Rem Impacted Tooth-Soft Tissue		\$200	\$200
D7230	Rem Impacted Tooth-Part Bony		\$262	\$262
D7240	Rem Impacted Tooth-Compl Bony		\$312	\$312
D7241	Remv Impct Tth-Complt Bony;W/Complic		\$350	\$375
D7250	Surg Rem Resid T Roots-Cutting Proc		\$156	\$156
D7251	Coronectomy - Intentional Partial Tooth Removal		\$270	\$270
D7270	Tooth Reimplantation/Stabilization Of Accidentally Evulsed Or Displaced Tooth		\$350	\$357
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)		\$215	\$215
D7280	Surgical Access Of An Unerupted Tooth		\$350	\$370
D7310	Alveolopl In Conj W Extrac-Per Quad		\$131	\$131
D7311	Alveoplasty In Conjunction With Extraction - One To Three Teeth Or Tooth Spaces Per Quadran		\$54	\$54
D7320	Alveolopl No Extract-Per Quad		\$207	\$207
D7321	Alveoplasty Not In Conjunction With Extraction - One To Three Teeth Or Tooth Spaces Per Qua		\$93	\$93
D7471	Removal Lateral Exostosis - (Maxilla Or Mandible)		\$265	\$265
D7510	I&D Abscess-Intraoral Soft Tissue		\$124	\$124
D7910	Suture Simple Wounds Up To 5Cm		\$35	\$35
D7971	Excision Of Pericoronal Gingiva		\$150	\$150
ORTHODONTIA- Child Only				
D8010	Limited Trt Of Primary Dentition - Child	Medically Necessary Only - 24 Month WP	\$350	-
D8020	Limited Trt Of Transitional Dentition - Child	Medically Necessary Only - 24 Month WP	\$350	-
D8030	Limited Trt Of Adolescent Dentition - Child	Medically Necessary Only - 24 Month WP	\$350	-
D8050	Interceptive Orthodontice Treatment of the Primary Dentition - Child	Medically Necessary Only - 24 Month WP	\$350	-
D8060	Interceptive Orthodontice Treatment of the Transitional Dentition - Child	Medically Necessary Only - 24 Month WP	\$350	-

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST- SHARING CHILD	MEMBER COST- SHARING ADULT
ORTHODONTIA- Child Only CONT.				
D8070	Comprehensive Trt Of Transitional Dentition - Child	Medically Necessary Only - 24 Month WP	\$350	-
D8080	Comp Ortho Trt Adolesc Dentit - Child	Medically Necessary Only - 24 Month WP	\$350	-
D8210	Appli./Control Habit/Remv - Child	Medically Necessary Only - 24 Month WP	\$350	-
D8220	Appli/Control Habit/Fixed - Child	Medically Necessary Only - 24 Month WP	\$236	-
D8660	Pre-Ortho Trt Visit - Child	Medically Necessary Only - 24 Month WP	\$63	-
D8670	Periodic Ortho Trt Visit As Part Of Contract - Child	Medically Necessary Only - 24 Month WP	\$35	-
D8680	Ortho Retention - Child	Medically Necessary Only - 24 Month WP	\$15	-
ORTHODONTIA- Adult (Cosmetic)				
D8040	Lmtd Ortho Trt Adult Dentition	Adult Only	-	\$1,350
D8090	Comp Ortho Trt Adult Dentition	Adult Only	-	\$3,700
MISCELLANEOUS SERVICES				
D9110	Pall-Emer Treat Dent Pain-Mino		\$40	\$40
D9220	Deep Sedation/General Anesthesia-First 30 Minutes		\$160	\$160
D9221	Deep Sedation/Gen L Anesthesia-Each Add L 15 Min		\$65	\$65
D9241	Iv Conscious Sedation/Analgesia - First 30 Minutes		\$170	\$170
D9610	Therapeutic parenteral drug, single administration		\$25	\$25
D9930	Post Surg. Complications		\$39	\$39
D9940	Occlusal Guards By Report	1 In 12 Months For Patients 13 And Older	\$350	\$350



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