



Maricopa County Community College District

Solstice Benefit Booklet

Dental



DENTAL COPAY / CO-INSURANCE COMPARISON CHART

| PLAN TYPE | | HIGH DPPO | | LOW DPPO | | S700B DHMO | |
|--|--------------|--|-----------------------------|----------------------|-----------------------------|--|--|
| BENEFIT LEVEL | | NETWORK ¹ | OUT-OF-NETWORK ² | NETWORK ¹ | OUT-OF-NETWORK ³ | Refer to Schedule of Benefits at www.smilemaricopa.com | |
| Deductible | Individual | \$50 | \$100 | \$0 | \$50 | No Deductibles | |
| | Family | \$100 | \$200 | \$0 | \$150 | | |
| Individual Benefit Maximum | Standard | \$6,000 | \$6,000 | \$1,000 | \$750 | No Maximums | |
| | Orthodontics | \$2,000 per lifetime | \$2,000 per lifetime | \$1,000 per lifetime | \$1,000 per lifetime | Listed Co-payments | |
| Preventive & Diagnostic Services | | 100% | 100% | 85% | 70% | Various Copays | |
| Basic Services (deductible applies) | | 90% | 75% | 60% | 40% | | |
| Major Services (deductible applies) | | 60% | 45% | 40% | 25% | | |
| Orthodontic Services | | 50% | 50% | 50% | 50% | | |
| High DPPO ⁴ | | Low DPPO ⁴ | | | | S700B DHMO ⁴ | |
| Preventive and Diagnostic Services | | | | | | <ul style="list-style-type: none"> Open Access Network - freedom to choose any dentist Two routine exams a year at no charge Two routine cleanings a year at no charge Fillings, crowns, root canals, deep cleanings, dentures, bridges, implants, extractions are all covered at the listed co-payments⁴ | |
| <ul style="list-style-type: none"> Exams Routine Radiographs Non-Routine Radiographs Cleanings (Prophylaxis) Fluoride Treatment up to age 18 Sealants up to age 19 Space Maintainers up to age 19 Palliative Treatment | | <ul style="list-style-type: none"> Exams Routine Radiographs Non-Routine Radiographs Cleanings (Prophylaxis) Fluoride Treatment up to age 16 | | | | | |
| Basic Services | | | | | | | |
| <ul style="list-style-type: none"> Restorations Simple Extractions Oral Surgery (includes surgical extraction) Periodontics - Surgical Periodontics - Non Surgical Endodontics Anesthetics Adjunctive Services | | <ul style="list-style-type: none"> Sealants up to age 16 Space Maintainers up to age 16 Palliative Treatment Restorations Simple Extractions Periodontics - Non Surgical - Perio Maintenance Adjunctive Services | | | | | |
| Major Services | | | | | | | |
| <ul style="list-style-type: none"> Inlays/Onlays/Crowns/Implants Dentures and other Removable Prosthetics Fixed Partial Dentures (Bridges) | | <ul style="list-style-type: none"> Oral Surgery (includes surgical extraction) Periodontics - Surgical Periodontics - Non Surgical - All Other Endodontics Anesthetics Inlays/Onlays/Crowns/Implants Dentures and other Removable Prosthetics Fixed Partial Dentures (Bridges) | | | | | |
| Orthodontic Services (for children and adults) | | | | | | | |
| <ul style="list-style-type: none"> Diagnose or correct misalignment of the teeth or bite | | | | | | | |

¹The network percentage of benefits is based on the discounted fees negotiated with the provider.

²Out-of-Network benefits are based on the 90th percentile of Usual and Customary Charge.

³Maximum Allowable Charge - payments to provider based on in-network contracted fees.

⁴Please refer to your dental plan schedule of benefits for a complete listing of covered services, limitations and member copays.

———— SOLSTICE ————

SPECIALTY REFERRAL CONCIERGE SERVICE

(applies to the S700B DHMO only)



When you need a dental specialist, the last thing you want to do is spend time on the phone trying to find one that takes your plan.



We take the pain out of the process by providing you with personalized service when you need it the most.

Do you need a **dental specialist**?
Call us toll-free at **1-844-224-4903** and we'll:



CALL

and find an available provider for you



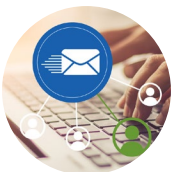
DISCUSS

plan coverage with you and your provider so you take full advantage of your benefits, and save with discounted fees.



ANSWER

any questions you may have.



SEND

pre-authorization* to the specialist you select for your exam.



*Specialist pre-authorization is the best way to take full advantage of your benefits at the listed co-payments. Without a pre-authorization, members can go directly to an in-network specialist at a 25% discount off the provider's fees.





Get the most out of your dental benefits!

Know the difference between a Usual, Customary, and Reasonable (UCR) and Maximum Allowable Charge (MAC) dental PPO (DPPO) plan when you go out-of-network

As a valued employee of the Maricopa County Community College District (MCCCD), Solstice understands how important it is for you to have all the information you need to make informed decisions about your dental care. Let's dive into a few examples that show how your two DPPO plan options will work if you go out-of-network with some common dental procedures.



UCR Plan | High DPPO

A Usual, Customary, and Reasonable Plan (UCR) is based off the percentile in your area. In the case of MCCCD, your plan is based off of 90th percentile UCR. In other words what 9 out of 10 providers in your area charge for any given service.



MAC Plan | Low DPPO

The out-of-network benefits are based on the fees for dental procedures negotiated between the insurer's in-network providers and the insurance company.

Please note that these are examples and estimations. Please review your plan benefits and consult with your dentist prior to treatment. All examples assume the annual out-of-network deductible has been met.

We always encourage our members to prioritize visiting in-network providers whenever possible to fully maximize their benefits.

FILLINGS

Fillings are covered at 40% on the MAC plan and 75% on the UCR plan. This is the amount that your dental plan will pay prior to your portion of the charges – and outside of your plan out-of-network deductible. This is how your plan will calculate:

UCR Plan | High DPPO



The dental plan pays 75% of the filling at an out-of-network dentist. 9 out of 10 dentists in your area charge \$195 for a filling. The plan pays 75% of \$195, or \$146.25. **The patient owes the remaining balance of \$53.75 (\$200 - \$146.25).**

MAC Plan | Low DPPO



The dental plan pays 40% of the contracted fees with an in-network provider for out-of-network services. However, the in-network negotiated fee for the filling is \$96. Therefore, the plan will pay 40% of \$96, which is \$38.40. **The patient owes the remaining balance of \$161.60 (\$200 - \$38.40).**

The member with the Solstice UCR High DPPO plan saved \$107.85.

CROWNS

Crowns are covered at 25% on the MAC plan and 45% on the UCR plan. This is the amount that your dental plan will pay prior to your portion of the charges – and outside of your plan out-of-network deductible. This is how your plan will calculate:

UCR Plan | High DPPO



The dental plan pays 45% of the crown at an out-of-network dentist. 9 out of 10 dentists in your area charge \$900 for a crown. The plan pays 45% of \$900, or \$405. **The patient owes the remaining balance of \$695 (\$1,100 - \$405).**

MAC Plan | Low DPPO



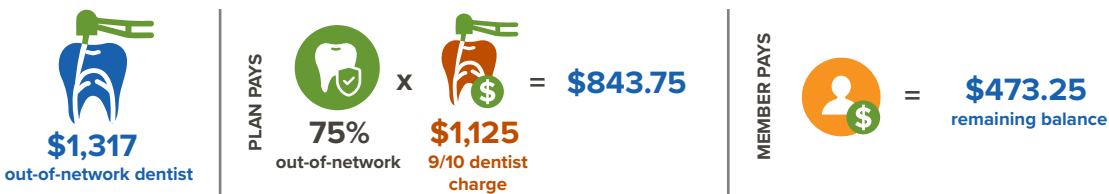
The dental plan pays 25% of the contracted fees with an in-network provider for out-of-network services. However, the in-network negotiated fee for the crown is \$650. Therefore, the plan will pay 25% of \$650, which is \$162.50. **The patient owes the remaining balance of \$937.50 (\$1,100 - \$162.50).**

The member with the Solstice UCR High DPPO plan saved \$242.50.

ROOT CANALS

Root canals are covered at 25% on the MAC plan and 75% on the UCR plan. This is the amount that your dental plan will pay prior to your portion of the charges – and outside of your plan out-of-network deductible. This is how your plan will calculate:

UCR Plan | High DPPO



The dental plan pays 75% of the root canal at an out-of-network dentist. 9 out of 10 dentists in your area charge \$1,125 for a root canal. The plan pays 75% of \$1,125, or \$843.75. **The patient owes the remaining balance of \$473.25 (\$1,317 - \$843.75).**

MAC Plan | Low DPPO



The dental plan pays 25% of the contracted fee with an in-network provider for out-of-network services. However, the in-network negotiated fee for the root canal is \$667. Therefore, the plan will pay 25% of \$667, which is \$166.75. **The patient owes the remaining balance of \$1,150.25 (\$1,317 - \$166.75).**

The member with the Solstice UCR High DPPO plan saved \$677.

PRENATAL CARE PROGRAM

IMPORTANCE OF ORAL CARE DURING PREGNANCY



Periodontal disease during pregnancy could lead to an **increased risk** of pre-term and very pre-term delivery.*



A UNC study indicates that pregnant women with gum disease may be **twice as likely** to be at risk for pre-term.**



Children of mothers who have high levels of untreated cavities or tooth loss are more than 3 times more likely to have cavities as a child.**

As a pregnant Solstice member with a dental plan (**second or third trimester**), you are eligible to take advantage of **Solstice oral health benefits** that are particularly essential to maintaining good periodontal health at no cost to you.



KEY COST SAVINGS

- No out-of-pocket costs for network services.
- No waiting periods apply if services are required by an in-network dentist
- No referral needed
- Fees and expenses will be **waived** for:
 - Cleanings
 - Deep scaling
 - Debridement
 - Periodontal maintenance



HOW DOES IT WORK?

- At your next visit, tell your dentist that you are pregnant.
- Provide the stage of your pregnancy and due date.
- Make sure the dentist takes note of your physician's or obstetrician's name.

*Baby Steps to a Healthy Pregnancy and On-time Delivery, American Academy of Periodontology, 2005.

**National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats

***American Dental Association, Today's News, (www.ada.org), March 28, 2002, "Study bolsters connection between preiodontal disease, premature birth."

PRESCRIPTION DISCOUNT PLAN

Our **prescription drug** benefit offers substantial savings on brand name prescriptions and generic drugs.

Through a network of over **65,000 retail pharmacies** nationwide, including major retail chains and through mail service for home delivery.

Your physician's choice of prescribed medications and your preference for brand or generic prescriptions will always be honored.



Savings on 99% of all commonly prescribed medications!



Save an average of **50% on generic medication** when you order by mail.



Save an average of **20% on brand and generic medication** at a pharmacy.



You and your family may use the discount drug program any time your prescription is **not covered by insurance**.



There are **no restrictions and no limits** on how many times you may use your card.



Plus, you can use this plan for some of your pet's medication as well!

Visit www.smilemaricopa.com and click on Prescription Discount to check drug costs, locate a participating pharmacy, order or refill mail order prescriptions, and much more!

Administered by CVS/Caremark. Accepted at more than 65,000 retail pharmacies nationally, including all major retail chains. This plan is not insurance. Savings are only available at participating pharmacies.



HEARING AID SAVINGS PLAN

Hearing Care Beyond Compare.

Hearing loss affects almost **40 million Americans**.

In other words, you're not alone. As a Solstice member, you have a hearing aid savings plan at no extra charge. The plan offers a complimentary hearing screening, a comprehensive exam for \$29, and savings up to 40% on retail prices on hearing aids.

Advantages of the hearing aid savings plan:



- Complimentary hearing screening
- 3-year warranty and 1-year battery supply with hearing aid purchase
- 1-year follow-up care at no cost
- 10% off at www.hearingshop.com with code EARUSA

If you'd like more information, call us any time at **1-844-224-4903** or visit our website at www.smilemaricopa.com.

Please note this savings plan is not insurance.



MEMBER PORTAL

www.smilemaricopa.com

As a Solstice member, you and your family will be able to securely log into the MySmile365 member portal and have complete access to your benefits

Take a look at a few of the capabilities the member portal offers:



Access your plan benefits information



View any previously filed claims or outstanding claim statuses



Use the provider search tool to find a provider in your area



And more!

Not using your MySmile365 member portal yet?

Sign up - it's easy!

1. Visit www.smilemaricopa.com and click "member portal", you'll then land on the mysmile365 login page.
2. Click "register" and the system will then display the member verification page.
3. Enter your membership information and click "continue".
4. The system will display your account creation page to create your username and password. Enter your information.
5. Once complete review and select that you agree to terms and conditions and click "continue".
6. Next, you'll set up your Multifactor Authentication by inputting your phone number, then inputting the code you receive, and clicking "authenticate".
7. You'll then be redirected to your profile dashboard for MySmile365.

Need help? We're here for you! Contact our customer care team at [1-844-224-4903](tel:1-844-224-4903)
Monday through Friday from 6:00 am - 6:00 pm AZ time





HOW TO FIND A PROVIDER

Finding a Solstice network provider is easier than ever with our provider search. Simply visit www.smilemaricopa.com and follow the instructions below.

LOCATE A SOLSTICE DENTAL PROVIDER ON THE WEB

STEP 1

Click on the Find A Provider button on the upper right corner of your dedicated website. Select dental as your product.

STEP 2

Select S700B if you have signed up for the DHMO plan. Select Solstice PPO if you have signed up for the High DPPO or Low DPPO plan as your plan.

STEP 3

Select the type of provider specialty you need to visit.

STEP 4

Enter your ZIP code then hit search.

LOCATE A SOLSTICE DENTAL PROVIDER ON MYSMILE365

STEP 1

Click the member portal on your dedicated website. Log into to the member portal.

STEP 2

Once logged into the MySmile365 member portal you'll click the menu icon on the right hand corner of your dashboard.

STEP 3

A menu page will open on the left side of the screen and you'll click Providers from the menu options. The Provider search screen will appear. Select the type of provider specialty.

STEP 4

Select the distance of your preferred office. Then select either the "use your current location" or "Zip Code" radio button and click search.





Solstice Wellness Rewards

Step 1

To be eligible for the program, members must register by clicking on the member portal button at www.smilemaricopa.com.

Step 2

Earn points automatically by visiting your dentist for routine care and earn additional points by engaging with us online:

| Points | Activity or Procedure | Points | Activity or Procedure |
|--------|--|--------|---|
| 10pts | <ul style="list-style-type: none"> Download a Solstice e-book | 20pts | <ul style="list-style-type: none"> Visit an in-network provider |
| 50pts | <ul style="list-style-type: none"> Follow us on all social media accounts Share a Solstice blog post on social media Comment on a social media post Register at mysmile365.com/mcccd | 50pts | <ul style="list-style-type: none"> Routine/Comprehensive Exam Dental Cleaning Sealant - <i>children only</i> |
| 100pts | <ul style="list-style-type: none"> Refer a new individual client Prenatal Cleanings Oral Cancer Screening | 300pts | <ul style="list-style-type: none"> Refer a new small group client |

**Please note that when you visit a provider and receive preventive services that are eligible for points (see earning schedule above). There must be a claim submitted on your behalf to be eligible. If you have signed up for the member portal, your points will automatically be loaded for you within 30-60 days from receiving the claim from your provider.
 **If you engage with us online, you will need to fill out an enrollment form. Please visit solsticebenefits.perkville.com or email wellness@solsticebenefits.com to request the form.*

Step 3

Once the claim is received, your points will be uploaded to your dashboard and you will receive an email from Solstice Benefits Rewards at Perkville.com notifying you of your point activity. You will be prompted to register to view your dashboard.

Step 4

Visit solsticebenefits.perkville.com to log-in and see your points and if eligible you can redeem your wellness reward!

Step 5

Email wellness@solsticebenefits.com your mailing address when redeeming a physical item to confirm your mailing address. If you have any questions or want to follow-up on any claim that was submitted, please email the above.

If you have any questions, please reach out to your member services team.

Wellness Rewards Catalogue

Once you start earning points, you can **redeem:**

100pts



Toiletry Bag



Eyeglass Cleaning Kit



Duffel Bag



Fitness First Pedometer

200pts



Gym Towel



Bluetooth Ear Buds



Vacuum 26oz Bottle



Insulate 10oz cup

300pts



Blue Light Glasses



Fitness Tracker

400pts



Waterpik Cordless Water Flosser



Sonicare Toothbrush

Solstice Benefits Rewards will send you a communication the first time you earn points, which are automatically loaded to your account. You can use Perkville (solsticebenefits.perkville.com) to track your points and redeem your rewards.

QUESTIONS?

Can't find what you're looking for or have questions about your plan?

Our **Member Services Team** is here to help.

 **1-844-224-4903**

- Call us Monday — Friday from 6:00 a.m. to 6:00 p.m. AZ time
- Online chat, Monday — Friday from 6:00 a.m. to 6:00 p.m. AZ time
- Support in several languages
- Toll-free teletypewriter (TTY) service for hearing impaired members
- 4.7 **GOOGLE** Ratings



High Dental PPO Summary of Benefits Effective 1/1/2023

| | NON ORTHODONTICS | | ORTHODONTICS | |
|---|-------------------------------------|-------------------------------------|--------------------------------|--------------------------------|
| | NETWORK | OUT OF NETWORK | NETWORK | OUT OF NETWORK |
| Individual Annual Calendar Year Deductible | \$50 | \$100 | \$0 | \$0 |
| Family Annual Calendar Year Deductible | \$100 | \$200 | \$0 | \$0 |
| Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits) | \$6000 per person per Calendar Year | \$6000 per person per Calendar Year | \$2000 per person per Lifetime | \$2000 per person per Lifetime |

| | | |
|---|---------------------|---------------------|
| Annual deductible applies to preventive and diagnostic services | No (In Network) | No (Out-of-Network) |
| Maximum Carryover | No | |
| Orthodontic eligibility requirement | Adults and Children | |

| COVERED SERVICES | NETWORK PLAN PAYS* | OUT OF NETWORK PLAN PAYS** | BENEFIT GUIDELINES |
|------------------|--------------------|----------------------------|--------------------|
|------------------|--------------------|----------------------------|--------------------|

PREVENTIVE & DIAGNOSTIC SERVICES

| | | | |
|---|------|------|--|
| Periodic Oral Evaluation | 100% | 100% | Oral examinations submitted as a consultation or evaluation are payable twice in any Benefit Year |
| Routine Radiographs | 100% | 100% | Bitewing X-rays are payable once in any benefit year |
| Non-Routine - Complete Series Radiographs | 100% | 100% | Payable once in any 3 year period |
| Prophylaxis (Cleanings) | 100% | 100% | Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year |
| Fluoride Treatment | 100% | 100% | Topical fluoride treatments are payable once in a benefit year for Children under age 18 |
| Sealants | 100% | 100% | Payable only for the occlusal surface of first permanent molars for Children under age 9 and second permanent molars for Children under age 19. The surface must be free from decay and restorations. Sealants are a benefit payable once in any 3 year period |
| Space Maintainers | 100% | 100% | Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age 19 |
| Palliative Treatment | 100% | 100% | Emergency treatment to temporarily relieve pain IS NOT a covered benefit when done in conjunction with any services except X-rays, tests or exams. |

BASIC SERVICES

| | | | |
|--|-----|-----|--|
| Restorations (Amalgam or Composite) | 90% | 75% | Amalgam and composite resin restorations are payable once per tooth surface within a 24 month period regardless of the number or combination of restorations placed on a surface |
| Simple Extractions | 90% | 75% | |
| Oral Surgery (includes surgical extractions) | 90% | 75% | |
| Periodontics - Surgical | 90% | 75% | Periodontal surgery is payable once per area in any 3 year period |
| Periodontics - Non Surgical | 90% | 75% | Scaling and root planing are payable once per area in any 24 month period Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year |
| Endodontics | 90% | 75% | Endodontic therapy, endodontic retreatment, and apicoectomy /periradicular services are payable once per tooth in any 24 month period. Pulp caps are not covered services |
| Anesthetics | 90% | 75% | If clinically necessary. |
| Adjunctive Services | 90% | 75% | |

MAJOR SERVICES

| | | | |
|--|-----|-----|--|
| Inlays/Onlays/Crowns/Implants | 60% | 45% | Indirect restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any 5 year period |
| Dentures and other Removable Prosthetics | 60% | 45% | One complete upper and one complete lower denture is payable once in any 5 year period for any individual. A partial denture, fixed bridge and any associated services are payable once in any 5 year period |
| Fixed Partial Dentures (Bridges) | 60% | 45% | |

ORTHODONTIC SERVICES

| | | | |
|---|-----|-----|--|
| Diagnose or correct misalignment of the teeth or bite | 50% | 50% | |
|---|-----|-----|--|

*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out-of-Network benefits are based on the 90th Percentile of Usual and Customary Charge.



Low Dental PPO Summary of Benefits Effective 1/1/2023

| | NON ORTHODONTICS | | ORTHODONTICS | |
|---|-------------------------------------|------------------------------------|--|--------------------------------|
| | NETWORK | OUT OF NETWORK | NETWORK | OUT OF NETWORK |
| Individual Annual Calendar Year Deductible | \$0 | \$50 | \$0 | \$0 |
| Family Annual Calendar Year Deductible | \$0 | \$150 | \$0 | \$0 |
| Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits) | \$1000 per person per Calendar Year | \$750 per person per Calendar Year | \$1000 per person per Lifetime | \$1000 per person per Lifetime |
| Annual deductible applies to preventive and diagnostic services | | | No (In Network) | No (Out-of-Network) |
| Maximum Carryover | | | Yes | |
| Orthodontic eligibility requirement | | | Adults and Children | |
| COVERED SERVICES | NETWORK PLAN PAYS* | OUT OF NETWORK PLAN PAYS** | BENEFIT GUIDELINES | |
| PREVENTIVE & DIAGNOSTIC SERVICES | | | | |
| Periodic Oral Evaluation | 85% | 70% | Oral examinations submitted as a consultation or evaluation are payable twice in any benefit year | |
| Routine Radiographs | 85% | 70% | Bitewing X-rays are payable once in any benefit year | |
| Non-Routine - Complete Series Radiographs | 85% | 70% | Payable once in any 5 year period | |
| Prophylaxis (Cleanings) | 85% | 70% | Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year | |
| Fluoride Treatment | 85% | 70% | Topical fluoride treatments are payable once in a benefit year for Children under age 16 | |
| BASIC SERVICES | | | | |
| Sealants | 60% | 40% | Payable only for the occlusal surface of first permanent molars for Children under age 9 and second permanent molars for Children under age 16. The surface must be free from decay and restorations. Sealants are a benefit payable once in any 3 year period | |
| Space Maintainers | 60% | 40% | Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age 16 | |
| Palliative Treatment | 60% | 40% | Emergency treatment to temporarily relieve pain IS NOT a covered benefit when done in conjunction with any services except X-rays, tests or exams. | |
| Restorations (Amalgam or Composite) | 60% | 40% | Amalgam and composite resin restorations are payable once per tooth surface within a 24 month period regardless of the number or combination of restorations placed on a surface | |
| Simple Extractions | 60% | 40% | | |
| Periodontics - Non Surgical - Perio Maintenance | 60% | 40% | Prophylaxis, including periodontal maintenance procedures, are payable twice in any benefit year | |
| Adjunctive Services | 60% | 40% | | |
| MAJOR SERVICES | | | | |
| Oral Surgery (includes surgical extractions) | 40% | 25% | | |
| Periodontics - Surgical | 40% | 25% | Periodontal surgery is payable once per area in any 3 year period | |
| Periodontics - Non Surgical - All Other | 40% | 25% | Scaling and root planing are payable once per area in any 24 month period | |
| Endodontics | 40% | 25% | Endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in any 24 month period. Pulp caps are not covered services | |
| Anesthetics | 40% | 25% | If clinically necessary. | |
| Inlays/Onlays/Crowns/Implants | 40% | 25% | Indirect restorations (including crowns and onlays) and associated procedures such as cores and post core substructures on the same tooth are payable once in any 5 year period | |
| Dentures and other Removable Prosthetics | 40% | 25% | One complete upper and one complete lower denture is payable once in any 5 year period for any individual. A partial denture, fixed bridge and any associated services are payable once in any 5 year period | |
| Fixed Partial Dentures (Bridges) | 40% | 25% | | |
| ORTHODONTIC SERVICES | | | | |
| Diagnose or correct misalignment of the teeth or bite | 50% | 50% | | |

*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out-of-Network benefits are based on the participating provider contracted fees.



S700B Dental Plan Schedule of Benefits

Members of the S700B Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting periods
- No deductibles
- No claim forms to submit

The Member Co-payments listed are offered by Network General Dentists. The Member receives:

- Most diagnostic & preventive care at no charge
- Cosmetic & orthodontia treatment covered

Members can locate a participating provider at
www.smilemaricopa.com
 Member Services Department: 1-844-224-4903

The member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any dental benefit provided by a Network Provider. We urge all of our Members to verify all fees for proposed treatment via the Schedule of Benefits and/or with our Member Services Department prior to treatment.

The following Member Copayments apply when a Participating Dentist who is a General Dentist performs the services. An "*" or a "+" denotes limitations and/or additional fees on certain benefits. See the Limitations and Additional Fees sections below for details.

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|----------------------------------|---|--------------|-------|--|--------------|
| CLINICAL ORAL EVALUATIONS | | | | | |
| D0120 | *Periodic oral evaluation - established patient | 0 | D0250 | Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector | 0 |
| D0140 | Limited oral evaluation - problem focused | 0 | D0251 | *Extra-oral posterior dental radiographic image | 0 |
| D0145 | *Oral evaluation for a patient under three years of age and counseling with primary caregiver | 0 | D0270 | *Bitewing - single radiographic image | 0 |
| D0150 | *Comprehensive oral evaluation - new or established patient | 0 | D0272 | *Bitewings - two radiographic images | 0 |
| D0160 | *Detailed and extensive oral evaluation - problem focused, by report | 0 | D0273 | *Bitewings - three radiographic images | 0 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | 0 | D0274 | *Bitewings - four radiographic images | 0 |
| D0171 | Re-evaluation – post-operative office visit | 0 | D0277 | *Vertical bitewings - 7 to 8 radiographic images | 29.00 |
| D0180 | *Comprehensive periodontal evaluation - new or established patient | 0 | D0310 | Sialography | 150.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 25.00 | D0320 | Temporomandibular joint arthrogram, including injection | 250.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | 0 | D0321 | Other temporomandibular joint radiographic images, by report | 150.00 |
| D9440 | Office visit - after regularly scheduled hours | 35.00 | D0322 | Tomographic survey | 150.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | 0 | D0330 | *Panoramic radiographic image | 50.00 |
| D9986 | Missed appointment | 25.00 | D0340 | 2d cephalometric radiographic image – acquisition, measurement and analysis | 125.00 |
| DIAGNOSTIC IMAGING | | | D0350 | 2d oral/facial photographic image obtained intra-orally or extra-orally | 20.00 |
| D0210 | *Intraoral - complete series of radiographic images | 0 | D0364 | *Cone beam CT capture and interpretation with limited field of view – less than one whole jaw | 169.00 |
| D0220 | Intraoral - periapical first radiographic image | 4.00 | D0365 | *Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | 149.00 |
| D0230 | Intraoral - periapical each additional radiographic image | 2.00 | D0366 | *Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | 139.00 |
| D0240 | Intraoral - occlusal radiographic image | 0 | D0367 | *Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | 139.00 |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|-------|---|-----------------|-------|--|-----------------|
| D0368 | *Cone beam CT capture and interpretation for TMJ series including two or more exposures | 184.00 | D0603 | Caries risk assessment and documentation, with a finding of high risk | 0 |
| D0369 | *Maxillofacial MRI capture and interpretation | 139.00 | D0701 | *Panoramic radiographic image – image capture only | 50.00 |
| D0370 | *Maxillofacial ultrasound capture and interpretation | 189.00 | D0702 | *2-D cephalometric radiographic image – image capture only | 125.00 |
| D0371 | *Sialoendoscopy capture and interpretation | 169.00 | D0703 | *2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only | 20.00 |
| D0380 | *Cone beam CT image capture with limited field of view – less than one whole jaw | 169.00 | D0705 | *Extra-oral posterior dental radiographic image – image capture only | 0 |
| D0381 | *Cone beam CT image capture with field of view of one full dental arch – mandible | 149.00 | D0706 | *Intraoral – occlusal radiographic image – image capture only | 0 |
| D0382 | *Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium | 139.00 | D0707 | *Intraoral – periapical radiographic image – image capture only | 2.00 |
| D0383 | *Cone beam CT image capture with field of view of both jaws; with or without cranium | 139.00 | D0708 | *Intraoral – bitewing radiographic image – image capture only | 0 |
| D0384 | *Cone beam CT image capture for TMJ series including two or more exposures | 184.00 | D0709 | *Intraoral – complete series of radiographic images – image capture only | 0 |
| D0385 | *Maxillofacial MRI image capture | 139.00 | | DENTAL PROPHYLAXIS | |
| D0386 | *Maxillofacial ultrasound image capture | 169.00 | D1110 | *Prophylaxis - adult | 0 |
| D0393 | *Treatment simulation using 3d image volume | 9.00 | D1110 | Additional prophylaxis - adult | 20.00 |
| D0394 | *Digital subtraction of two or more images or image volumes of the same modality | 9.00 | D1120 | *Prophylaxis - child | 0 |
| D0395 | *Fusion of two or more 3d image volumes of one or more modalities | 9.00 | D1120 | Additional prophylaxis - child | 20.00 |
| | TESTS AND EXAMINATIONS | | | TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE) | |
| D0415 | Collection of microorganisms for culture and sensitivity | 0 | D1206 | *Topical application of fluoride varnish | 15.00 |
| D0425 | Caries susceptibility tests | 0 | D1208 | *Topical application of fluoride – excluding varnish | 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 | 65.00 | D9910 | *Application of desensitizing medicament | 20.00 |
| D0460 | Pulp vitality tests | 0 | | OTHER PREVENTIVE SERVICES | |
| D0470 | Diagnostic casts | 0 | D1310 | Nutritional counseling for control of dental disease | 0 |
| | ORAL PATHOLOGY LABORATORY | | D1320 | Tobacco counseling for the control and prevention of oral disease | 0 |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | 0 | D1330 | Oral hygiene instructions | 0 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | 0 | D1351 | *Sealant - per tooth | 0 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | 0 | D1352 | *Preventive resin restoration in a moderate to high caries risk patient – permanent tooth | 0 |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | 0 | D1353 | Sealant repair – per tooth | 0 |
| D0486 | Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report | 0 | D1354 | *Application of caries arresting medicament – per tooth | 20.00 |
| D0502 | Other oral pathology procedures, by report | 0 | D1355 | Caries preventive medicament application – per tooth | 20.00 |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum | 0 | | SPACE MAINTAINERS (PASSIVE APPLIANCES) | |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | 0 | D1510 | *Space maintainer - fixed, unilateral - per quadrant | 0 |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | 0 | D1516 | *Space maintainer – fixed – bilateral, maxillary | 0 |
| | | | D1517 | *Space maintainer – fixed – bilateral, mandibular | 0 |
| | | | D1520 | *Space maintainer - removable, unilateral - per quadrant | 0 |
| | | | D1526 | *Space maintainer – removable – bilateral, maxillary | 0 |
| | | | D1527 | *Space maintainer – removable – bilateral, mandibular | 0 |
| | | | D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | 15.00 |
| | | | D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | 15.00 |
| | | | D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | 15.00 |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|-------|---|-----------------|-------|---|-----------------|
| D1556 | Removal of fixed unilateral space maintainer - per quadrant | 15.00 | | CROWNS - SINGLE RESTORATIONS ONLY | |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | 15.00 | D2710 | *Crown - resin-based composite (indirect) | 195.00 |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | 15.00 | D2712 | *Crown - ¾ resin-based composite (indirect) | 195.00 |
| D1575 | Distal shoe space maintainer - fixed, unilateral - per quadrant | 0 | D2720 | *Crown - resin with high noble metal | 245.00 |
| | AMALGAMS RESTORATIONS (INCLUDING POLISHING) | | D2721 | *Crown - resin with predominantly base metal | 245.00 |
| D2140 | Amalgam - one surface, primary or permanent | 0 | D2722 | *Crown - resin with noble metal | 245.00 |
| D2150 | Amalgam - two surfaces, primary or permanent | 0 | D2740 | *Crown - porcelain/ceramic | 245.00 |
| D2160 | Amalgam - three surfaces, primary or permanent | 0 | D2750 | *Crown - porcelain fused to high noble metal | 245.00 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | 0 | D2751 | *Crown - porcelain fused to predominantly base metal | 245.00 |
| | RESIN BASED COMPOSITE RESTORATIONS - DIRECT | | D2752 | *Crown - porcelain fused to noble metal | 245.00 |
| D2330 | Resin-based composite - one surface, anterior | 30.00 | D2753 | *Crown - porcelain fused to titanium and titanium alloys | 245.00 |
| D2331 | Resin-based composite - two surfaces, anterior | 37.00 | D2780 | *Crown - 3/4 cast high noble metal | 245.00 |
| D2332 | Resin-based composite - three surfaces, anterior | 50.00 | D2781 | *Crown - 3/4 cast predominantly base metal | 245.00 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | 80.00 | D2782 | *Crown - 3/4 cast noble metal | 245.00 |
| D2390 | Resin-based composite crown, anterior | 115.00 | D2783 | *Crown - 3/4 porcelain/ceramic | 245.00 |
| D2391 | Resin-based composite - one surface, posterior | 65.00 | D2790 | *Crown - full cast high noble metal | 245.00 |
| D2392 | Resin-based composite - two surfaces, posterior | 75.00 | D2791 | *Crown - full cast predominantly base metal | 245.00 |
| D2393 | Resin-based composite - three surfaces, posterior | 90.00 | D2792 | *Crown - full cast noble metal | 245.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | 115.00 | D2794 | *Crown - titanium and titanium alloys | 245.00 |
| | GOLD FOIL RESTORATIONS | | D2799 | *Interim crown - further treatment or completion of diagnosis necessary prior to final impression | 125.00 |
| D2410 | Gold foil - one surface | 75.00 | | OTHER RESTORATIVE SERVICES | |
| D2420 | Gold foil - two surfaces | 95.00 | D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 15.00 |
| D2430 | Gold foil - three surfaces | 125.00 | D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | 20.00 |
| | INLAY/ONLAY RESTORATIONS | | D2920 | Re-cement or re-bond crown | 15.00 |
| D2510 | Inlay - metallic - one surface | 225.00 | D2921 | Reattachment of tooth fragment, incisal edge or cusp | 15.00 |
| D2520 | Inlay - metallic - two surfaces | 235.00 | D2928 | *Prefabricated porcelain/ceramic crown - permanent tooth | 49.00 |
| D2530 | Inlay - metallic - three or more surfaces | 245.00 | D2929 | *Prefabricated porcelain/ceramic crown - primary tooth | 49.00 |
| D2542 | Onlay - metallic - two surfaces | 325.00 | D2930 | Prefabricated stainless steel crown - primary tooth | 45.00 |
| D2543 | Onlay - metallic - three surfaces | 340.00 | D2931 | Prefabricated stainless steel crown - permanent tooth | 55.00 |
| D2544 | Onlay - metallic - four or more surfaces | 350.00 | D2932 | Prefabricated resin crown | 95.00 |
| D2610 | Inlay - porcelain/ceramic - one surface | 275.00 | D2933 | Prefabricated stainless steel crown with resin window | 145.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | 300.00 | D2940 | Protective restoration | 15.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | 325.00 | D2941 | Interim therapeutic restoration - primary dentition | 15.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | 360.00 | D2949 | Restorative foundation for an indirect restoration | 20.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | 390.00 | D2950 | Core buildup, including any pins when required | 70.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | 400.00 | D2951 | Pin retention - per tooth, in addition to restoration | 15.00 |
| D2650 | Inlay - resin-based composite - one surface | 200.00 | D2952 | Post and core in addition to crown, indirectly fabricated | 88.00 |
| D2651 | Inlay - resin-based composite - two surfaces | 220.00 | D2953 | Each additional indirectly fabricated post - same tooth | 95.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | 260.00 | D2954 | Prefabricated post and core in addition to crown | 75.00 |
| D2662 | Onlay - resin-based composite - two surfaces | 240.00 | D2955 | Post removal | 30.00 |
| D2663 | Onlay - resin-based composite - three surfaces | 260.00 | D2957 | Each additional prefabricated post - same tooth | 30.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces | 283.00 | | | |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|-------|---|-----------------|-------|--|-----------------|
| D2960 | Labial veneer (resin laminate) - direct | 200.00 | D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) | 90.00 |
| D2961 | Labial veneer (resin laminate) - indirect | 255.00 | | | |
| D2962 | Labial veneer (porcelain laminate) - indirect | 390.00 | | | |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | 45.00 | | | |
| D2975 | Coping | 95.00 | D3410 | Apicoectomy - anterior | 100.00 |
| D2980 | Crown repair necessitated by restorative material failure | 95.00 | D3421 | Apicoectomy - premolar (first root) | 315.00 |
| D2981 | Inlay repair necessitated by restorative material failure | 95.00 | D3425 | Apicoectomy - molar (first root) | 340.00 |
| D2982 | Onlay repair necessitated by restorative material failure | 95.00 | D3426 | Apicoectomy (each additional root) | 95.00 |
| D2983 | Veneer repair necessitated by restorative material failure | 95.00 | D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site | 47.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions | 29.00 | D3429 | Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site | 42.00 |
| | PULP CAPPING | | D3430 | Retrograde filling - per root | 75.00 |
| D3110 | Pulp cap - direct (excluding final restoration) | 25.00 | D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | 150.00 |
| D3120 | Pulp cap - indirect (excluding final restoration) | 25.00 | D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | 150.00 |
| | PULPOTOMY | | D3450 | Root amputation - per root | 110.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 30.00 | D3460 | Endodontic endosseous implant | 545.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | 95.00 | D3470 | Intentional reimplantation (including necessary splinting) | 175.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | 75.00 | D3471 | Surgical repair of root resorption – anterior | 100.00 |
| | ENDODONTIC THERAPY ON PRIMARY TEETH | | D3472 | Surgical repair of root resorption – premolar | 315.00 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 50.00 | D3473 | Surgical repair of root resorption – molar | 340.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 50.00 | D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | 100.00 |
| | ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE) | | D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | 100.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | 110.00 | D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | 100.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | 195.00 | | OTHER ENDODONTIC PROCEDURES | |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | 245.00 | D3910 | Surgical procedure for isolation of tooth with rubber dam | 95.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | 85.00 | D3920 | Hemisection (including any root removal), not including root canal therapy | 90.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 75.00 | D3921 | Decoronation or submergence of an erupted tooth | 30.00 |
| D3333 | Internal root repair of perforation defects | 125.00 | D3950 | Canal preparation and fitting of preformed dowel or post | 75.00 |
| | ENDODONTIC RETREATMENT | | | SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE) | |
| D3346 | Retreatment of previous root canal therapy - anterior | 300.00 | D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 175.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | 350.00 | D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 81.00 |
| D3348 | Retreatment of previous root canal therapy - molar | 440.00 | D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | 49.00 |
| | APEXIFICATION/RECALCIFICATION PROCEDURES | | D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 195.00 |
| D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 90.00 | D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 185.00 |
| D3352 | Apexification/recalcification – interim medication replacement | 90.00 | D4245 | Apically positioned flap | 150.00 |
| | | | D4249 | Clinical crown lengthening – hard tissue | 230.00 |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|---|---|-----------------|---|---|-----------------|
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | 375.00 | D4381 | *Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | 60.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | 325.00 | OTHER PERIODONTAL SERVICES | | |
| D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | 450.00 | D4910 | *Periodontal maintenance | 50.00 |
| D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | 325.00 | D4910 | Additional Periodontal maintenance procedures | 100.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | 82.00 | D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | 25.00 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | 325.00 | D4921 | Gingival irrigation – per quadrant | 15.00 |
| D4267 | Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | 325.00 | D4999 | Unspecified periodontal procedure, by report | 0 |
| D4268 | Surgical revision procedure, per tooth | 0 | COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) | | |
| D4270 | Pedicle soft tissue graft procedure | 250.00 | D5110 | *Complete denture - maxillary | 325.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | 335.00 | D5120 | *Complete denture - mandibular | 325.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | 125.00 | D5130 | *Immediate denture - maxillary | 350.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | 502.00 | D5140 | *Immediate denture - mandibular | 350.00 |
| D4276 | Combined connective tissue and pedicle graft, per tooth | 65.00 | PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) | | |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | 215.00 | D5211 | *Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | 400.00 |
| 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 | 75.00 | D5212 | *Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | 400.00 |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | 299.00 | D5213 | *Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) | 425.00 |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | 392.00 | D5214 | *Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth) | 425.00 |
| NON SURGICAL PERIODONTAL SERVICE | | | D5221 | *Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | 420.00 |
| D4322 | Splint – intra-coronal; natural teeth or prosthetic crowns | 115.00 | D5222 | *Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | 420.00 |
| D4323 | Splint – extra-coronal; natural teeth or prosthetic crowns | 105.00 | D5223 | *Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 445.00 |
| D4341 | *Periodontal scaling and root planing - four or more teeth per quadrant | 50.00 | D5224 | *Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 445.00 |
| D4342 | *Periodontal scaling and root planing - one to three teeth per quadrant | 43.00 | D5225 | *Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | 425.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | 50.00 | D5226 | *Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | 425.00 |
| D4355 | *Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | 50.00 | D5227 | *Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | 425.00 |
| | | | D5228 | *Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | 425.00 |
| | | | D5282 | *Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | 245.00 |
| | | | D5283 | *Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular | 245.00 |
| | | | ADJUSTMENTS TO DENTURES | | |
| | | | D5410 | Adjust complete denture - maxillary | 15.00 |
| | | | D5411 | Adjust complete denture - mandibular | 15.00 |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|-------|--|-----------------|-------|--|-----------------|
| D5421 | Adjust partial denture - maxillary | 15.00 | D5988 | Surgical splint | 150.00 |
| D5422 | Adjust partial denture - mandibular | 15.00 | | PRE-SURGICAL SERVICES | |
| | REPAIRS TO COMPLETE DENTURES | | D6190 | Radiographic/surgical implant index, by report | 235.00 |
| D5511 | *Repair broken complete denture base, mandibular | 35.00 | D6198 | Remove interim implant component | 700.00 |
| D5512 | *Repair broken complete denture base, maxillary | 35.00 | | SURGICAL SERVICES | |
| D5520 | *Replace missing or broken teeth - complete denture (each tooth) | 35.00 | D6010 | *Surgical placement of implant body: endosteal implant | 1010.00 |
| | REPAIRS TO PARTIAL DENTURES | | D6012 | *Surgical placement of interim implant body for transitional prosthesis: endosteal implant | 1010.00 |
| D5611 | *Repair resin partial denture base, mandibular | 35.00 | D6100 | Surgical removal of implant body | 700.00 |
| D5612 | *Repair resin partial denture base, maxillary | 35.00 | | IMPLANT SUPPORTED PROSTHETICS | |
| D5621 | *Repair cast partial framework, mandibular | 35.00 | D6056 | *Prefabricated abutment – includes modification and placement | 440.00 |
| D5622 | *Repair cast partial framework, maxillary | 35.00 | D6057 | *Custom fabricated abutment – includes placement | 550.00 |
| D5630 | *Repair or replace broken retentive clasping materials – per tooth | 35.00 | D6058 | *Abutment supported porcelain/ceramic crown | 750.00 |
| D5640 | *Replace broken teeth - per tooth | 35.00 | D6059 | *Abutment supported porcelain fused to metal crown (high noble metal) | 750.00 |
| D5650 | *Add tooth to existing partial denture | 35.00 | D6060 | *Abutment supported porcelain fused to metal crown (predominantly base metal) | 750.00 |
| D5660 | *Add clasp to existing partial denture - per tooth | 35.00 | D6061 | *Abutment supported porcelain fused to metal crown (noble metal) | 750.00 |
| D5670 | *Replace all teeth and acrylic on cast metal framework (maxillary) | 155.00 | D6062 | *Abutment supported cast metal crown (high noble metal) | 750.00 |
| D5671 | *Replace all teeth and acrylic on cast metal framework (mandibular) | 155.00 | D6063 | *Abutment supported cast metal crown (predominantly base metal) | 750.00 |
| D5710 | *Rebase complete maxillary denture | 135.00 | D6064 | *Abutment supported cast metal crown (noble metal) | 750.00 |
| D5711 | *Rebase complete mandibular denture | 135.00 | D6065 | *Implant supported porcelain/ceramic crown | 750.00 |
| D5720 | *Rebase maxillary partial denture | 155.00 | D6066 | *Implant supported crown - porcelain fused to high noble alloys | 750.00 |
| D5721 | *Rebase mandibular partial denture | 155.00 | D6067 | *Implant supported crown - high noble alloys | 750.00 |
| D5725 | *Rebase hybrid prosthesis | 155.00 | D6068 | *Abutment supported retainer for porcelain/ceramic fpd | 750.00 |
| D5730 | *Reline complete maxillary denture (direct) | 65.00 | D6069 | *Abutment supported retainer for porcelain fused to metal fpd (high noble metal) | 750.00 |
| D5731 | *Reline complete mandibular denture (direct) | 65.00 | D6070 | *Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal) | 750.00 |
| D5740 | *Reline maxillary partial denture (direct) | 65.00 | D6071 | *Abutment supported retainer for porcelain fused to metal fpd (noble metal) | 750.00 |
| D5741 | *Reline mandibular partial denture (direct) | 65.00 | D6072 | *Abutment supported retainer for cast metal fpd (high noble metal) | 750.00 |
| D5750 | *Reline complete maxillary denture (indirect) | 85.00 | D6073 | *Abutment supported retainer for cast metal fpd (predominantly base metal) | 750.00 |
| D5751 | *Reline complete mandibular denture (indirect) | 85.00 | D6074 | *Abutment supported retainer for cast metal fpd (noble metal) | 750.00 |
| D5760 | *Reline maxillary partial denture (indirect) | 85.00 | D6075 | *Implant supported retainer for ceramic fpd | 750.00 |
| D5761 | *Reline mandibular partial denture (indirect) | 85.00 | D6076 | *Implant supported retainer for FPD - porcelain fused to high noble alloys | 750.00 |
| D5765 | *Soft liner for complete or partial removable denture – indirect | 69.00 | D6077 | *Implant supported retainer for metal FPD - high noble alloys | 750.00 |
| | INTERIM PROSTHESIS | | D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | 50.00 |
| D5810 | *Interim complete denture (maxillary) | 250.00 | D6082 | *Implant supported crown - porcelain fused to predominantly base alloys | 750.00 |
| D5811 | *Interim complete denture (mandibular) | 250.00 | D6083 | *Implant supported crown - porcelain fused to noble alloys | 750.00 |
| D5820 | *Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary | 175.00 | | | |
| D5821 | *Interim partial denture (including retentive/ clasping materials, rests, and teeth), mandibular | 175.00 | | | |
| | OTHER REMOVABLE PROSTHESIS | | | | |
| D5850 | Tissue conditioning, maxillary | 20.00 | | | |
| D5851 | Tissue conditioning, mandibular | 20.00 | | | |
| D5862 | Precision attachment, by report | 150.00 | | | |
| D5899 | Unspecified removable prosthodontic procedure, by report | 0 | | | |
| | NON-CLINICAL PROCEDURES | | | | |
| D5982 | Surgical stent | 150.00 | | | |
| D5987 | Commissure splint | 150.00 | | | |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|--------------------------------------|--|-----------------|---|--|-----------------|
| D6084 | *Implant supported crown - porcelain fused to titanium and titanium alloys | 750.00 | D6211 | *Pontic - cast predominantly base metal | 245.00 |
| D6085 | Interim implant crown | 125.00 | D6212 | *Pontic - cast noble metal | 245.00 |
| D6086 | *Implant supported crown - predominantly base alloys | 750.00 | D6214 | *Pontic - titanium and titanium alloys | 245.00 |
| D6087 | *Implant supported crown - noble alloys | 750.00 | D6240 | *Pontic - porcelain fused to high noble metal | 245.00 |
| D6088 | *Implant supported crown - titanium and titanium alloys | 750.00 | D6241 | *Pontic - porcelain fused to predominantly base metal | 245.00 |
| D6094 | *Abutment supported crown - titanium and titanium alloys | 750.00 | D6242 | *Pontic - porcelain fused to noble metal | 245.00 |
| D6097 | *Abutment supported crown - porcelain fused to titanium and titanium alloys | 750.00 | D6243 | *Pontic - porcelain fused to titanium and titanium alloys | 245.00 |
| D6098 | *Implant supported retainer - porcelain fused to predominantly base alloys | 750.00 | D6245 | *Pontic - porcelain/ceramic | 245.00 |
| D6099 | *Implant supported retainer for FPD - porcelain fused to noble alloys | 750.00 | D6250 | *Pontic - resin with high noble metal | 245.00 |
| D6110 | *Implant /abutment supported removable denture for edentulous arch – maxillary | 1255.00 | D6251 | *Pontic - resin with predominantly base metal | 245.00 |
| D6111 | *Implant /abutment supported removable denture for edentulous arch – mandibular | 1255.00 | D6252 | *Pontic - resin with noble metal | 245.00 |
| D6112 | *Implant /abutment supported removable denture for partially edentulous arch – maxillary | 995.00 | D6253 | *Interim pontic - further treatment or completion of diagnosis necessary prior to final impression | 0 |
| D6113 | *Implant /abutment supported removable denture for partially edentulous arch – mandibular | 995.00 | FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS | | |
| D6114 | *Implant /abutment supported fixed denture for edentulous arch – maxillary | 3855.00 | D6545 | Retainer - cast metal for resin bonded fixed prosthesis | 390.00 |
| D6115 | *Implant /abutment supported fixed denture for edentulous arch – mandibular | 3855.00 | D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | 225.00 |
| D6116 | *Implant /abutment supported fixed denture for partially edentulous arch – maxillary | 2255.00 | D6600 | Retainer inlay - porcelain/ceramic, two surfaces | 245.00 |
| D6117 | *Implant /abutment supported fixed denture for partially edentulous arch – mandibular | 2255.00 | D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | 245.00 |
| D6118 | *Implant/abutment supported interim fixed denture for edentulous arch – mandibular | 1804.00 | D6602 | Retainer inlay - cast high noble metal, two surfaces | 245.00 |
| D6119 | *Implant/abutment supported interim fixed denture for edentulous arch – maxillary | 1804.00 | D6603 | Retainer inlay - cast high noble metal, three or more surfaces | 245.00 |
| D6120 | *Implant supported retainer – porcelain fused to titanium and titanium alloys | 750.00 | D6604 | Retainer inlay - cast predominantly base metal, two surfaces | 245.00 |
| D6121 | *Implant supported retainer for metal FPD – predominantly base alloys | 750.00 | D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | 245.00 |
| D6122 | *Implant supported retainer for metal FPD – noble alloys | 750.00 | D6606 | Retainer inlay - cast noble metal, two surfaces | 245.00 |
| D6123 | *Implant supported retainer for metal FPD – titanium and titanium alloys | 750.00 | D6607 | Retainer inlay - cast noble metal, three or more surfaces | 245.00 |
| OTHER IMPLANT SERVICES | | | D6608 | Retainer onlay - porcelain/ceramic, two surfaces | 245.00 |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | 180.00 | D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | 245.00 |
| D6090 | Repair implant supported prosthesis, by report | 400.00 | D6610 | Retainer onlay - cast high noble metal, two surfaces | 245.00 |
| D6092 | Re-cement or re-bond implant/abutment supported crown | 45.00 | D6611 | Retainer onlay - cast high noble metal, three or more surfaces | 245.00 |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | 65.00 | D6612 | Retainer onlay - cast predominantly base metal, two surfaces | 245.00 |
| D6095 | Repair implant abutment, by report | 220.00 | D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | 245.00 |
| D6096 | Remove broken implant retaining screw | 500.00 | D6614 | Retainer onlay - cast noble metal, two surfaces | 245.00 |
| FIXED PARTIAL DENTURE PONTICS | | | D6615 | Retainer onlay - cast noble metal, three or more surfaces | 245.00 |
| D6205 | *Pontic - indirect resin based composite | 750.00 | D6624 | Retainer inlay - titanium | 245.00 |
| D6210 | *Pontic - cast high noble metal | 245.00 | D6634 | Retainer onlay - titanium | 245.00 |
| | | | FIXED PARTIAL DENTURE RETAINERS - CROWNS | | |
| | | | D6710 | *Retainer crown - indirect resin based composite | 245.00 |
| | | | D6720 | *Retainer crown - resin with high noble metal | 245.00 |
| | | | D6721 | *Retainer crown - resin with predominantly base metal | 245.00 |
| | | | D6722 | *Retainer crown - resin with noble metal | 245.00 |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|--|---|-----------------|--|---|-----------------|
| D6740 | *Retainer crown - porcelain/ceramic | 245.00 | D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | 125.00 |
| D6750 | *Retainer crown - porcelain fused to high noble metal | 245.00 | D7286 | Incisional biopsy of oral tissue-soft | 85.00 |
| D6751 | *Retainer crown - porcelain fused to predominantly base metal | 245.00 | D7287 | Exfoliative cytological sample collection | 75.00 |
| D6752 | *Retainer crown - porcelain fused to noble metal | 245.00 | D7288 | Brush biopsy - transepithelial sample collection | 25.00 |
| D6753 | *Retainer crown - porcelain fused to titanium and titanium alloys | 245.00 | D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | 40.00 |
| D6780 | *Retainer crown - 3/4 cast high noble metal | 245.00 | ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE | | |
| D6781 | *Retainer crown - 3/4 cast predominantly base metal | 245.00 | D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 40.00 |
| D6782 | *Retainer crown - 3/4 cast noble metal | 245.00 | D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 40.00 |
| D6783 | *Retainer crown - 3/4 porcelain/ceramic | 245.00 | D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 60.00 |
| D6784 | *Retainer crown ¾ - titanium and titanium alloys | 245.00 | D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 60.00 |
| D6790 | *Retainer crown - full cast high noble metal | 245.00 | VESTIBULOPLASTY | | |
| D6791 | *Retainer crown - full cast predominantly base metal | 245.00 | D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | 370.00 |
| D6792 | *Retainer crown - full cast noble metal | 245.00 | D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | 990.00 |
| D6793 | *Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression | 125.00 | SURGICAL EXCISION OF SOFT TISSUE LESIONS | | |
| D6794 | *Retainer crown - titanium and titanium alloys | 245.00 | D7410 | Excision of benign lesion up to 1.25 cm | 25.00 |
| OTHER FIXED PARTIAL DENTURE SERVICES | | | D7411 | Excision of benign lesion greater than 1.25 cm | 50.00 |
| D6930 | Re-cement or re-bond fixed partial denture | 15.00 | D7412 | Excision of benign lesion, complicated | 55.00 |
| D6940 | Stress breaker | 125.00 | SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS | | |
| D6950 | Precision attachment | 195.00 | D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | 65.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | 80.00 | EXCISION OF BONE TISSUE | | |
| EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE) | | | D7471 | Removal of lateral exostosis (maxilla or mandible) | 95.00 |
| D7111 | Extraction, coronal remnants – primary tooth | 50.00 | D7472 | Removal of torus palatinus | 95.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 20.00 | D7473 | Removal of torus mandibularis | 95.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 30.00 | D7485 | Reduction of osseous tuberosity | 95.00 |
| OTHER SURGICAL PROCEDURES | | | SURGICAL INCISION | | |
| D7220 | Removal of impacted tooth - soft tissue | 50.00 | D7510 | Incision and drainage of abscess - intraoral soft tissue | 20.00 |
| D7230 | Removal of impacted tooth - partially bony | 65.00 | D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 20.00 |
| D7240 | Removal of impacted tooth - completely bony | 80.00 | D7520 | Incision and drainage of abscess - extraoral soft tissue | 20.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | 135.00 | D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 20.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | 40.00 | REPAIR OF TRAUMATIC WOUNDS | | |
| D7251 | Coronectomy – intentional partial tooth removal | 270.00 | D7910 | Suture of recent small wounds up to 5 cm | 35.00 |
| D7260 | Oroantral fistula closure | 160.00 | OTHER REPAIR PROCEDURES | | |
| D7261 | Primary closure of a sinus perforation | 275.00 | D7921 | Collection and application of autologous blood concentrate product | 125.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 50.00 | D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report | 350.00 |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | 100.00 | D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | 800.00 |
| D7280 | Exposure of an unerupted tooth | 125.00 | | | |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | 125.00 | | | |
| D7283 | Placement of device to facilitate eruption of impacted tooth | 80.00 | | | |

| CODE | DESCRIPTION | MEMBER COPAY | CODE | DESCRIPTION | MEMBER COPAY |
|--|---|-----------------|-------------------------------|--|-----------------|
| D7952 | Sinus augmentation via a vertical approach | 350.00 | D9243 | Intravenous moderate (conscious) sedation/ analgesia – each subsequent 15 minute increment | 65.00 |
| D7953 | Bone replacement graft for ridge preservation - per site | 100.00 | D9248 | Non-intravenous conscious sedation | 15.00 |
| D7961 | Buccal / labial frenectomy (frenulectomy) | 105.00 | DRUGS | | |
| D7962 | Lingual frenectomy (frenulectomy) | 105.00 | D9610 | Therapeutic parenteral drug, single administration | 15.00 |
| D7963 | Frenuloplasty | 105.00 | D9630 | Drugs or medicaments dispensed in the office for home use | 15.00 |
| D7970 | Excision of hyperplastic tissue - per arch | 140.00 | MISCELLANEOUS SERVICES | | |
| D7971 | Excision of pericoronal gingiva | 102.00 | D9910 | *Application of desensitizing medicament | 20.00 |
| D7972 | Surgical reduction of fibrous tuberosity | 125.00 | D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | 0 |
| LIMITED ORTHODONTIC TREATMENT | | | D9912 | Pre-visit patient screening | 0 |
| D8010 | Limited orthodontic treatment of the primary dentition | 1000.00 | D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | 0 |
| D8020 | Limited orthodontic treatment of the transitional dentition | 1000.00 | D9932 | Cleaning and inspection of removable complete denture, maxillary | 0 |
| D8030 | Limited orthodontic treatment of the adolescent dentition | 1000.00 | D9933 | Cleaning and inspection of removable complete denture, mandibular | 0 |
| D8040 | Limited orthodontic treatment of the adult dentition | 1350.00 | D9934 | Cleaning and inspection of removable partial denture, maxillary | 0 |
| COMPREHENSIVE ORTHODONTIC TREATMENT | | | D9935 | Cleaning and inspection of removable partial denture, mandibular | 0 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | 2200.00 | D9942 | Repair and/or relines of occlusal guard | 40.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | 2250.00 | D9943 | Occlusal guard adjustment | 25.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | 2350.00 | D9944 | *Occlusal guard – hard appliance, full arch | 250.00 |
| MINOR TREATMENT TO CONTROL HARMFUL HABITS | | | D9945 | *Occlusal guard – soft appliance, full arch | 250.00 |
| D8210 | *Removable appliance therapy | 103.00 | D9946 | *Occlusal guard – hard appliance, partial arch | 250.00 |
| D8220 | *Fixed appliance therapy | 103.00 | D9947 | Custom sleep apnea appliance fabrication and placement | 1900.00 |
| OTHER ORTHODONTIC SERVICES | | | D9948 | Adjustment of custom sleep apnea appliance | 85.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | 35.00 | D9949 | Repair of custom sleep apnea appliance | 88.00 |
| D8670 | Periodic orthodontic treatment visit | 0 | D9950 | Occlusion analysis - mounted case | 75.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | 300.00 | D9951 | Occlusal adjustment - limited | 30.00 |
| D8681 | Removable orthodontic retainer adjustment | 0 | D9952 | Occlusal adjustment - complete | 100.00 |
| D8698 | Re-cement or re-bond fixed retainer – maxillary | 0 | D9973 | External bleaching - per tooth | 30.00 |
| D8699 | Re-cement or re-bond fixed retainer – mandibular | 0 | D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | 240.00 |
| D8999 | Unspecified orthodontic procedure, by report | 250.00 | D9991 | Dental case management – addressing appointment compliance barriers | 0 |
| UNCLASSIFIED TREATMENT | | | D9992 | Dental case management – care coordination | 0 |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | 0 | D9993 | Dental case management – motivational interviewing | 0 |
| D9120 | Fixed partial denture sectioning | 0 | D9994 | Dental case management – patient education to improve oral health literacy | 0 |
| ANESTHESIA | | | D9997 | Dental case management - patients with special health care needs | 0 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | 0 | | | |
| D9211 | Regional block anesthesia | 0 | | | |
| D9212 | Trigeminal division block anesthesia | 0 | | | |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | 0 | | | |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | 50.00 | | | |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | 50.00 | | | |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | 20.00 | | | |
| D9239 | Intravenous moderate (conscious) sedation/ analgesia- first 15 minutes | 65.00 | | | |

Certain dental procedures that the provider may consider and propose as an upgraded procedure, may require additional costs of material and laboratory fees in addition to the stated copayment.

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 covered on the Schedule of Benefits that are performed by a participating Dentist will be charged at the participating 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 Dental Services. Therefore, you are encouraged to secure availability of the scheduled Dental 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 obtaining written authorization from Solstice and You may receive specialty treatment by an approved Participating Specialist at the listed Copayments
- 5 Should the services of an Orthodontist be necessary, you may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
- 6 Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at www.solsticebenefits.com under "Locate A Provider."

Exclusions


- 1 Services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice.
- 2 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.
- 3 We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational.
- 4 We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and preauthorization from Solstice.
- 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.

Limitations

- 1 Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation
- 2 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
- 3 The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) 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.
- 5 Sealants (D1351 or D1352) 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 Harmful habit appliances are limited to one (1) time per person under the age of 16.
- 7 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 8 New dentures include one (1) reline within the first six (6) months
- 9 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years. These restorative services will be provided more frequently if medically necessary.
- 10 When crown , implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 11 Copayments for endodontic procedures do not include the cost of the final restoration.
- 12 Copayments marked by "+" are not eligible at a specialist.
- 13 Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 14 Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- 15 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 16 All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
- 17 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 18 A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
- 19 Surgical removal of wisdom tooth 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.
- 20 Member may choose upgraded treatment in place of traditional Orthodontic treatment, and would pay the difference of the listed member Ortho co-pay for the enhanced treatment.
- 21 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
- 22 D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.
- 23 Diagnostic and restorative services will be provided more frequently if determined to be medically necessary .

NOTES

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