

State of Arizona

Benefit Booklet

UnitedHealthcare Dental Solstice S800B



ENSURING YOUR PROVIDER **IS IN NETWORK**



As a State of Arizona employee or retiree, you have the power to manage your oral health with a Solstice dental insurance plan. For those members enrolled in the **UnitedHealthcare Solstice S800B DHMO plan**, you receive well over 500 covered procedures at the listed co-payment and receive the highest level of benefit by visiting an in-network provider for your dental services. While you have a vast national network of providers available, you are still responsible for confirming if the provider participates with your plan.



HERE'S HOW YOU CAN DO THAT:

1. First, please visit your dedicated member site at www.smilestateofaz.com.
2. Click on the Find a Provider button in the upper right-hand corner.
3. You will then be directed to the provider search tool.
 - a. Enter plan name = S800B
 - b. Enter specialty
 - c. Use the zip code search according to your preference
 - d. Select your radius distance (2 to 100 miles)
4. The provider search tool will now generate a directory of participating providers.



FURTHER ASSISTANCE

If you still need assistance finding your provider, our member services team will be glad to assist at 1-844-208-0223. If your preferred provider is not in-network, a team member can help you find another provider or start the provider nomination process on your behalf.



IN-NETWORK PROVIDER

The importance of ensuring your provider participation is critical on the S800B plan as there is no out-of-network benefit available to you. Should you be seen by an out-of-network provider you can expect to pay the entirety of the billed cost. Ensuring you are visiting an in-network provider will guarantee maximizing your benefit and keeping your dental care cost low.

S800B Plan Dental Plan Schedule of Benefits

Members of the S800B 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.smilestateofaz.com

Member Services Department: 1-844-208-0223

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	32.00
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 arthrograph, including injection	250.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	5.00	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	162.00
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	152.00
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	142.00
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	142.00
D0240	Intraoral - occlusal radiographic image	0	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	187.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	142.00	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0369	*Maxillofacial MRI capture and interpretation	192.00	D0701	*Panoramic radiographic image – image capture only	50.00
D0370	*Maxillofacial ultrasound capture and interpretation	172.00	D0702	*2-D cephalometric radiographic image – image capture only	162.00
D0371	*Sialoendoscopy capture and interpretation	172.00	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	152.00	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	142.00	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	142.00	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	187.00	D0708	*Intraoral – bitewing radiographic image – image capture only	0
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	142.00	D0709	*Intraoral – complete series of radiographic images – image capture only	0
D0385	*Maxillofacial MRI image capture	172.00	DENTAL PROPHYLAXIS		
D0386	*Maxillofacial ultrasound image capture	172.00	D1110	*Prophylaxis - adult	0
D0393	*Treatment simulation using 3d image volume	12.00	D1110	Additional prophylaxis - adult	20.00
D0394	*Digital subtraction of two or more images or image volumes of the same modality	12.00	D1120	*Prophylaxis - child	0
D0395	*Fusion of two or more 3d image volumes of one or more modalities	12.00	D1120	Additional prophylaxis - child	20.00
TESTS AND EXAMINATIONS			TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0415	Collection of microorganisms for culture and sensitivity	0.00	D1206	*Topical application of fluoride varnish	20.00
D0425	Caries susceptibility tests	0.00	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	75.00	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	22.00
			D1552	Re-cement or re-bond bilateral space maintainer - mandibular	22.00
			D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	22.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1556	Removal of fixed unilateral space maintainer - per quadrant	22.00	CROWNS - SINGLE RESTORATIONS ONLY		
D1557	Removal of fixed bilateral space maintainer - maxillary	22.00	D2710	*Crown - resin-based composite (indirect)	195.00
D1558	Removal of fixed bilateral space maintainer - mandibular	22.00	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	290.00
AMALGAMS RESTORATIONS (INCLUDING POLISHING)			D2721	*Crown - resin with predominantly base metal	290.00
D2140	Amalgam - one surface, primary or permanent	16.00	D2722	*Crown - resin with noble metal	290.00
D2150	Amalgam - two surfaces, primary or permanent	22.00	D2740	*Crown - porcelain/ceramic	290.00
D2160	Amalgam - three surfaces, primary or permanent	26.00	D2750	*Crown - porcelain fused to high noble metal	290.00
D2161	Amalgam - four or more surfaces, primary or permanent	30.00	D2751	*Crown - porcelain fused to predominantly base metal	290.00
RESIN BASED COMPOSITE RESTORATIONS - DIRECT			D2752	*Crown - porcelain fused to noble metal	290.00
D2330	Resin-based composite - one surface, anterior	37.00	D2753	*Crown - porcelain fused to titanium and titanium alloys	290.00
D2331	Resin-based composite - two surfaces, anterior	47.00	D2780	*Crown - 3/4 cast high noble metal	290.00
D2332	Resin-based composite - three surfaces, anterior	65.00	D2781	*Crown - 3/4 cast predominantly base metal	290.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	87.00	D2782	*Crown - 3/4 cast noble metal	290.00
D2390	Resin-based composite crown, anterior	130.00	D2783	*Crown - 3/4 porcelain/ceramic	290.00
D2391	Resin-based composite - one surface, posterior	72.00	D2790	*Crown - full cast high noble metal	290.00
D2392	Resin-based composite - two surfaces, posterior	82.00	D2791	*Crown - full cast predominantly base metal	290.00
D2393	Resin-based composite - three surfaces, posterior	97.00	D2792	*Crown - full cast noble metal	290.00
D2394	Resin-based composite - four or more surfaces, posterior	122.00	D2794	*Crown - titanium and titanium alloys	290.00
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	27.00
D2510	Inlay - metallic - one surface	285.00	D2921	Reattachment of tooth fragment, incisal edge or cusp	27.00
D2520	Inlay - metallic - two surfaces	285.00	D2928	*Prefabricated porcelain/ceramic crown – permanent tooth	54.00
D2530	Inlay - metallic - three or more surfaces	285.00	D2929	*Prefabricated porcelain/ceramic crown – primary tooth	54.00
D2542	Onlay - metallic - two surfaces	325.00	D2930	Prefabricated stainless steel crown - primary tooth	52.00
D2543	Onlay - metallic - three surfaces	340.00	D2931	Prefabricated stainless steel crown - permanent tooth	85.00
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	22.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	325.00	D2941	Interim therapeutic restoration – primary dentition	20.00
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	77.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	400.00	D2951	Pin retention - per tooth, in addition to restoration	22.00
D2650	Inlay - resin-based composite - one surface	237.00	D2952	Post and core in addition to crown, indirectly fabricated	97.00
D2651	Inlay - resin-based composite - two surfaces	250.00	D2953	Each additional indirectly fabricated post - same tooth	95.00
D2652	Inlay - resin-based composite - three or more surfaces	275.00	D2954	Prefabricated post and core in addition to crown	97.00
D2662	Onlay - resin-based composite - two surfaces	247.00	D2955	Post removal	37.00
D2663	Onlay - resin-based composite - three surfaces	267.00	D2957	Each additional prefabricated post - same tooth	30.00
D2664	Onlay - resin-based composite - four or more surfaces	287.00			

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		APICOECTOMY/PERIRADICULAR SERVICES	
D2962	Labial veneer (porcelain laminate) - indirect	390.00	D3410	Apicoectomy - anterior	235.00
D2971	Additional procedures to construct new crown under existing partial denture framework	45.00	D3421	Apicoectomy - premolar (first root)	315.00
D2975	Coping	95.00	D3425	Apicoectomy - molar (first root)	347.00
D2980	Crown repair necessitated by restorative material failure	95.00	D3426	Apicoectomy (each additional root)	102.00
D2981	Inlay repair necessitated by restorative material failure	95.00	D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	47.00
D2982	Onlay repair necessitated by restorative material failure	95.00	D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	42.00
D2983	Veneer repair necessitated by restorative material failure	95.00	D3430	Retrograde filling - per root	82.00
D2990	Resin infiltration of incipient smooth surface lesions	29.00	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150.00
	PULP CAPPING		D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	150.00
D3110	Pulp cap - direct (excluding final restoration)	32.00	D3450	Root amputation - per root	170.00
D3120	Pulp cap - indirect (excluding final restoration)	32.00	D3460	Endodontic endosseous implant	549.00
	PULPOTOMY		D3470	Intentional reimplantation (including necessary splinting)	175.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	45.00	D3471	Surgical repair of root resorption – anterior	235.00
D3221	Pulpal debridement, primary and permanent teeth	95.00	D3472	Surgical repair of root resorption – premolar	315.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75.00	D3473	Surgical repair of root resorption – molar	347.00
	ENDODONTIC THERAPY ON PRIMARY TEETH		D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	235.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	65.00	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	235.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	57.00	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	235.00
	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)			OTHER ENDODONTIC PROCEDURES	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	240.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	250.00	D3920	Hemisection (including any root removal), not including root canal therapy	112.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	350.00	D3921	Decoronation or submergence of an erupted tooth	105.00
D3331	Treatment of root canal obstruction; non-surgical access	85.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00		SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)	
D3333	Internal root repair of perforation defects	125.00	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	182.00
	ENDODONTIC RETREATMENT		D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	119.00
D3346	Retreatment of previous root canal therapy - anterior	375.00	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	65.00
D3347	Retreatment of previous root canal therapy - premolar	425.00	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	217.00
D3348	Retreatment of previous root canal therapy - molar	500.00	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	207.00
	APEXIFICATION/RECALCIFICATION PROCEDURES		D4245	Apically positioned flap	150.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90.00	D4249	Clinical crown lengthening – hard tissue	245.00
D3352	Apexification/recalcification – interim medication replacement	90.00			

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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	67.00
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	72.00
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	310.00	D5110	*Complete denture - maxillary	502.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	417.00	D5120	*Complete denture - mandibular	502.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	132.00	D5130	*Immediate denture - maxillary	485.00
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	485.00
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)	407.00
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)	407.00
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	372.00	D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	507.00
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)	507.00
NON SURGICAL PERIODONTAL SERVICE			D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	427.00
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)	427.00
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)	527.00
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	80.00	D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	527.00
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	55.00	D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	507.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	65.00	D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	507.00
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	65.00	D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	507.00
			D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	507.00
			D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	260.00
			D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	260.00
			ADJUSTMENTS TO DENTURES		
			D5410	Adjust complete denture - maxillary	19.00
			D5411	Adjust complete denture - mandibular	19.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D5421	Adjust partial denture - maxillary	19.00	D5988	Surgical splint	155.00
D5422	Adjust partial denture - mandibular	19.00		PRE-SURGICAL SERVICES	
	REPAIRS TO COMPLETE DENTURES		D6190	Radiographic/surgical implant index, by report	235.00
D5511	*Repair broken complete denture base, mandibular	57.00	D6198	Remove interim implant component	700.00
D5512	*Repair broken complete denture base, maxillary	57.00		SURGICAL SERVICES	
D5520	*Replace missing or broken teeth - complete denture (each tooth)	42.00	D6010	*Surgical placement of implant body: endosteal implant	1050.00
	REPAIRS TO PARTIAL DENTURES		D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1050.00
D5611	*Repair resin partial denture base, mandibular	42.00	D6100	Surgical removal of implant body	700.00
D5612	*Repair resin partial denture base, maxillary	42.00		IMPLANT SUPPORTED PROSTHETICS	
D5621	*Repair cast partial framework, mandibular	57.00	D6056	*Prefabricated abutment – includes modification and placement	475.00
D5622	*Repair cast partial framework, maxillary	57.00	D6057	*Custom fabricated abutment – includes placement	595.00
D5630	*Repair or replace broken retentive clasping materials – per tooth	87.00	D6058	*Abutment supported porcelain/ceramic crown	795.00
D5640	*Replace broken teeth - per tooth	42.00	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	795.00
D5650	*Add tooth to existing partial denture	72.00	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	795.00
D5660	*Add clasp to existing partial denture - per tooth	87.00	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	795.00
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	205.00	D6062	*Abutment supported cast metal crown (high noble metal)	795.00
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	205.00	D6063	*Abutment supported cast metal crown (predominantly base metal)	795.00
D5710	*Rebase complete maxillary denture	187.00	D6064	*Abutment supported cast metal crown (noble metal)	795.00
D5711	*Rebase complete mandibular denture	187.00	D6065	*Implant supported porcelain/ceramic crown	795.00
D5720	*Rebase maxillary partial denture	162.00	D6066	*Implant supported crown - porcelain fused to high noble alloys	795.00
D5721	*Rebase mandibular partial denture	162.00	D6067	*Implant supported crown - high noble alloys	795.00
D5725	*Rebase hybrid prosthesis	162.00	D6068	*Abutment supported retainer for porcelain/ceramic fpd	795.00
D5730	*Reline complete maxillary denture (direct)	117.00	D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	795.00
D5731	*Reline complete mandibular denture (direct)	117.00	D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	795.00
D5740	*Reline maxillary partial denture (direct)	102.00	D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	795.00
D5741	*Reline mandibular partial denture (direct)	102.00	D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	795.00
D5750	*Reline complete maxillary denture (indirect)	152.00	D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	795.00
D5751	*Reline complete mandibular denture (indirect)	152.00	D6074	*Abutment supported retainer for cast metal fpd (noble metal)	795.00
D5760	*Reline maxillary partial denture (indirect)	152.00	D6075	*Implant supported retainer for ceramic fpd	795.00
D5761	*Reline mandibular partial denture (indirect)	152.00	D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	795.00
D5765	*Soft liner for complete or partial removable denture – indirect	69.00	D6077	*Implant supported retainer for metal FPD - high noble alloys	795.00
	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	80.00
D5810	*Interim complete denture (maxillary)	250.00	D6082	*Implant supported crown - porcelain fused to predominantly base alloys	795.00
D5811	*Interim complete denture (mandibular)	250.00	D6083	*Implant supported crown - porcelain fused to noble alloys	795.00
D5820	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary	167.00			
D5821	*Interim partial denture (including retentive/ clasping materials, rests, and teeth), mandibular	167.00			
	OTHER REMOVABLE PROSTHESIS				
D5850	Tissue conditioning, maxillary	50.00			
D5851	Tissue conditioning, mandibular	50.00			
D5862	Precision attachment, by report	150.00			
D5899	Unspecified removable prosthodontic procedure, by report	0			
	NON-CLINICAL PROCEDURES				
D5982	Surgical stent	155.00			
D5987	Commissure splint	155.00			

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	795.00	D6211	*Pontic - cast predominantly base metal	290.00
D6085	Interim implant crown	125.00	D6212	*Pontic - cast noble metal	290.00
D6086	*Implant supported crown - predominantly base alloys	795.00	D6214	*Pontic - titanium and titanium alloys	290.00
D6087	*Implant supported crown - noble alloys	795.00	D6240	*Pontic - porcelain fused to high noble metal	290.00
D6088	*Implant supported crown - titanium and titanium alloys	795.00	D6241	*Pontic - porcelain fused to predominantly base metal	290.00
D6094	*Abutment supported crown - titanium and titanium alloys	795.00	D6242	*Pontic - porcelain fused to noble metal	290.00
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	795.00	D6243	*Pontic - porcelain fused to titanium and titanium alloys	290.00
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	795.00	D6245	*Pontic - porcelain/ceramic	290.00
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	795.00	D6250	*Pontic - resin with high noble metal	290.00
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1300.00	D6251	*Pontic - resin with predominantly base metal	290.00
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1300.00	D6252	*Pontic - resin with noble metal	290.00
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	1040.00	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	1040.00	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ ONLAYS		
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3900.00	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3900.00	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2300.00	D6600	Retainer inlay - porcelain/ceramic, two surfaces	290.00
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2300.00	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	290.00
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1840.00	D6602	Retainer inlay - cast high noble metal, two surfaces	290.00
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1840.00	D6603	Retainer inlay - cast high noble metal, three or more surfaces	290.00
D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	795.00	D6604	Retainer inlay - cast predominantly base metal, two surfaces	290.00
D6121	*Implant supported retainer for metal FPD – predominantly base alloys	795.00	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	290.00
D6122	*Implant supported retainer for metal FPD – noble alloys	795.00	D6606	Retainer inlay - cast noble metal, two surfaces	290.00
D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	795.00	D6607	Retainer inlay - cast noble metal, three or more surfaces	290.00
OTHER IMPLANT SERVICES			D6608	Retainer onlay - porcelain/ceramic, two surfaces	290.00
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	290.00
D6090	Repair implant supported prosthesis, by report	400.00	D6610	Retainer onlay - cast high noble metal, two surfaces	290.00
D6092	Re-cement or re-bond implant/abutment supported crown	45.00	D6611	Retainer onlay - cast high noble metal, three or more surfaces	290.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65.00	D6612	Retainer onlay - cast predominantly base metal, two surfaces	290.00
D6095	Repair implant abutment, by report	220.00	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	290.00
D6096	Remove broken implant retaining screw	500.00	D6614	Retainer onlay - cast noble metal, two surfaces	290.00
FIXED PARTIAL DENTURE PONTICS			D6615	Retainer onlay - cast noble metal, three or more surfaces	290.00
D6205	*Pontic - indirect resin based composite	795.00	D6624	Retainer inlay - titanium	290.00
D6210	*Pontic - cast high noble metal	290.00	D6634	Retainer onlay - titanium	290.00
			FIXED PARTIAL DENTURE RETAINERS - CROWNS		
			D6710	*Retainer crown - indirect resin based composite	290.00
			D6720	*Retainer crown - resin with high noble metal	290.00
			D6721	*Retainer crown - resin with predominantly base metal	290.00
			D6722	*Retainer crown - resin with noble metal	290.00

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6740	*Retainer crown - porcelain/ceramic	290.00	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	155.00
D6750	*Retainer crown - porcelain fused to high noble metal	290.00	D7286	Incisional biopsy of oral tissue-soft	100.00
D6751	*Retainer crown - porcelain fused to predominantly base metal	290.00	D7287	Exfoliative cytological sample collection	85.00
D6752	*Retainer crown - porcelain fused to noble metal	290.00	D7288	Brush biopsy - transepithelial sample collection	25.00
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	290.00	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	40.00
D6780	*Retainer crown - 3/4 cast high noble metal	290.00	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE		
D6781	*Retainer crown - 3/4 cast predominantly base metal	290.00	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	290.00	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40.00
D6783	*Retainer crown - 3/4 porcelain/ceramic	290.00	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	157.00
D6784	*Retainer crown ¾ - titanium and titanium alloys	290.00	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	157.00
D6790	*Retainer crown - full cast high noble metal	290.00	VESTIBULOPLASTY		
D6791	*Retainer crown - full cast predominantly base metal	290.00	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370.00
D6792	*Retainer crown - full cast noble metal	290.00	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	290.00	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	30.00	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	65.00	D7472	Removal of torus palatinus	65.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35.00	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	105.00	D7485	Reduction of osseous tuberosity	95.00
OTHER SURGICAL PROCEDURES			SURGICAL INCISION		
D7220	Removal of impacted tooth - soft tissue	102.00	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D7230	Removal of impacted tooth - partially bony	107.00	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	162.00	D7520	Incision and drainage of abscess - extraoral soft tissue	20.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	157.00	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	95.00	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)	112.00	DRUGS		
D7962	Lingual frenectomy (frenulectomy)	112.00	D9610	Therapeutic parenteral drug, single administration	15.00
D7963	Frenuloplasty	112.00	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	1375.00	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8020	Limited orthodontic treatment of the transitional dentition	1375.00	D9932	Cleaning and inspection of removable complete denture, maxillary	0
D8030	Limited orthodontic treatment of the adolescent dentition	1375.00	D9933	Cleaning and inspection of removable complete denture, mandibular	0
D8040	Limited orthodontic treatment of the adult dentition	1800.00	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	2650.00	D9942	Repair and/or relines of occlusal guard	40.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2775.00	D9943	Occlusal guard adjustment	25.00
D8090	Comprehensive orthodontic treatment of the adult dentition	2875.00	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	137.00
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 two (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 two (2) times in any consecutive twelve (12) 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 .

SPECIALTY REFERRAL CONCIERGE SERVICE

(applies to the UnitedHealthcare Dental Solstice S800B)



When looking for a specialist, the last thing you want to do is spend time trying to find one that accepts your plan.



We take the pain out of the process by providing you with quick personalized service.

Do you need a **dental specialist**?
Call us toll-free at **1-844-208-0223** 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.



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 periodontal disease, premature birth."



Oral Cancer Screening

Screening for Oral Cancer is Crucial to Overall Health and Solstice Proudly Covers New Oral Screening Procedures!

A DEADLY DISEASE PREVIOUSLY DIFFICULT TO DIAGNOSE

Oral cancer is the sixth most commonly diagnosed form of cancer in the United States. Presently, 30,000 patients are diagnosed annually with oral cancer. The five-year survival rate is only 50 percent, accounting for 8,000 deaths each year. Oral cancer is one of the few cancers whose survival rate has not improved significantly in the past 50 years, primarily due to the fact that during this time we had not changed the way we screen for this disease (typically a visual and manual examination of the oral cavity, head and neck). This has recently begun to change. In any case, oral cancers can be dangerous and aggressive:

- In 2022, there were about 54,000 new cases of oral cavity or oropharyngeal cancer.
- Risk factors for oral cancer include smoking, tobacco chewing and drinking alcohol. However, a full 25% of cases have no risk factors at all.
- The average age of most people diagnosed is 63, but they can occur in young people. Just over 20% (1 in 5) of cases occur in patients younger than 55.
- Recently, Human Papillomavirus (HPV) has been implicated as an additional risk factor in oral cancer.



Oral Cancer Screening Spotlight

Butch Davis, Head Coach for the University of North Carolina, said he wasn't even aware he had a growth when he saw his dentist for a routine cleaning. After the growth was removed, a biopsy diagnosed it as non-Hodgkin's lymphoma. It was caught in time and he's doing well-thanks in part to his dentist and the oral cancer screening.

Butch Davis

Former University of Miami Head Coach



How to detect and treat Oral Cancer

Diagnosis and prevention are as important as early detection in the treatment of caries and periodontal disease. In addition, to limiting risk factors, patients should have an oral cancer screening as part of their regular dental exams. In approximately 10 percent of patients, dentists may notice a white or red spot or sore.

Examples include:

- Red, white or mixed lesion
- Chronic ulceration
- Unusual surface changes (ex. granular appearance)
- A lesion unresponsive to treatment
- A persistent lesion that previously tested negative to biopsy
- Mucosal (the tissue lining the inside of the mouth) changes in patients who have a previous history of oral or head and neck cancer

Biopsies & Other Techniques Paved the Way for Better Screenings

In the past, if additional examination was warranted, the dentist or surgeon was limited to a scalpel biopsy. Two recent technology improvements allow for earlier and less invasive screening. The first of these to be available is the Brush Biopsy. This technique encourages dentists to test lesions that did not warrant a full-scalpel biopsy, but that may have been put on watch in the past. Using a hand held brush, the dentist will take a small tissue sample from the suspicious area, place it on a slide and send it to the laboratory for examination.

Data from the maker of the brush biopsy indicates that **approximately 85 percent** of lesions examined will prove to be negative; the rest will show atypical or positive results. These should be followed up with a full scalpel biopsy. By performing the screen rather than simply monitoring lesions, there is a higher chance of early detection.

Brush biopsy has been available for several years now and is covered by Solstice. In fact, we have covered the procedure since it was first introduced, (one of the first dental insurers to do so), as part of our commitment to prevention, wellness and the benefits of oral health as a component of overall health.

New Oral Cancer Screening Procedures are Covered!

Solstice has agreed to cover these procedures, and like brush biopsy, our coverage of newer oral cancer screening technologies demonstrates our commitment to wellness, prevention and good overall health in addition to oral health.

We urge our members to discuss oral cancer screening with their dentist and to have regular examinations in order to catch or even prevent this very dangerous disease.

MYSMILE365 BENEFITS PORTAL

www.smilestateofaz.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.smilestateofaz.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 enter account.

Need help? We're here for you! Contact our customer care team at **1-844-208-0223**
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.smilestateofaz.com** and follow the instructions below.



LOCATE A SOLSTICE DENTAL PROVIDER **ON THE WEB**

STEP 1

Select dental as your product.

STEP 2

Select S800B as your plan.

STEP 3

Select the type of provider specialty you need to visit.

STEP 4

Enter your ZIP code then hit search.



Solstice Orthodontic Transition of Care **FAQ**

1. Q: How do you handle transition of care (TOC) for employees who began orthodontic treatment with our prior dental insurance carrier?

A: Solstice provides coverage for orthodontic transition of care. To determine the employee's remaining orthodontic benefits, Solstice will need the prior insurance carrier's Explanation of Benefits (EOB) and a TOC application that provides:

- ✓ Patient information
 - ✓ Treating orthodontist's name and contact information
 - ✓ Date the original treatment started
 - ✓ Type of orthodontic services the member received
-

2. Q: Will the employee's orthodontic treatment be covered by Solstice if he or she started orthodontic treatment prior to the transition but did not elect benefits with the previous carrier?

A: The orthodontic treatment would not be covered by Solstice because this is considered a treatment already in progress. Transition of care is when the employee moves benefits from one insurance company to another.

3. Q: With transition of care, does the employee need to change their orthodontist to receive benefits once the Solstice plan becomes active?

A: No, if the member is transitioning to a dental HMO plan, he or she will receive benefits only if the treating orthodontist is an in-network DHMO provider.

Q: What's the process if an employee wanted to transfer to an in-network DHMO orthodontist to continue orthodontic care?

- 4. A:** The employee is eligible for orthodontic benefits. We will consider the remaining months at the negotiated rate of the in-network DHMO provider minus the amount paid by the other carrier and any copayments paid by the member.
-

5. Q: How do you determine an employee's benefits once we switch over to Solstice?

A: Here's the calculation for determining an employee's orthodontic benefits when transition of care occurs:

A. **Take current orthodontic lifetime maximum – Total amounts** already paid by prior carrier = Remaining orthodontic benefit

B. **Take remaining orthodontic maximum ÷ Remaining months** of ortho treatment = Monthly orthodontic payment amount

6. Q: How are orthodontic payments made?

A: We pay for orthodontic cases on a prorated basis. The remaining months of treatment are automatically paid monthly for the remainder of the member's orthodontic treatment. Payment can be sent either directly to the employee or to the provider based on the employee's preference.

7.

Q: Are new hires eligible for transition of care?

A: Transition of care is only available for employees who are employed by the group on the effective date of the plan.

QUESTIONS?

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

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

 **1-844-208-0223**

- 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



NOTES

"Solstice" is the brand name for plans, products, and services provided by the subsidiaries and affiliate companies of Solstice Benefits, Inc. Plans, products, and services are provided by one or more Solstice entities. Not all plans, products, and services are available in each state. Solstice legal entities include: Solstice Benefits, Inc., Solstice Health Insurance Company, Solstice Healthplans, Inc., Solstice Healthplans of Arizona, Inc., Solstice Healthplans of Colorado, Inc., Solstice of Illinois, Inc., Solstice Healthplans of Ohio, Inc., Solstice Healthplans of Texas, Inc., Solstice of New York, Inc., Solstice Administrators, Inc., Solstice Administrators of Alabama, Inc., Solstice of Minnesota, Inc., Solstice Administrators of Missouri, Inc., Solstice Administrators of North Carolina, Inc., Claims Management Systems, Inc. Administrative Office for all Solstice entities: 7901 SW 6th Ct., Ste. 400, Plantation, FL 33324. 954.370.1700. www.solsticebenefits.com

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