

SOLSTICE S700/D0035

SCHEDULE OF BENEFITS

Members of the Solstice S700 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 a participating in-network provider. The member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & orthodontia treatment covered

Members can choose a participating provider at
www.myuhcdental.com

Member Services Department: 800-955-4137

The patient/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 General Dentist performs services. An "*" denotes limitation on certain benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
APPOINTMENTS			D0350	Oral/facial photographic images (includes intra & extraoral)	20.00
D0120	Periodic oral evaluation, established patient	No charge	D0415	Collection of microorganisms for culture and sensitivity	No charge
D0140	Limited oral evaluation - problem focused	No charge	D0425	Caries susceptibility tests	No charge
D0150	Comprehensive oral evaluation - new or established patient	No charge	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	65.00
D0160	Detailed and extensive oral evaluation - problem focused	No charge	D0460	Pulp vitality tests	No charge
D0170	Re-evaluation - limited, problem focused	No charge	D0470	Diagnostic casts	No charge
D0180	Comprehensive periodontal evaluation - new or established patient	No charge	PREVENTIVE DENTISTRY		
D9110	Palliative (emergency) treatment of dental pain	No charge	D1110	Routine prophylaxis-adult (once every 6 months)	No charge
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	25.00	D1110	Additional routine prophylaxis - adult	20.00
D9430	Office visit for observation/OSHA	No charge	D1120	Routine prophylaxis - children under the age of 16 (once every 6 months)	No charge
D9440	Office visit - after regularly scheduled hours	35.00	D1120	Additional routine prophylaxis - children under the age of 16	20.00
RADIOGRAPHY / DIAGNOSTIC DENTISTRY			D1203	Topical application of fluoride (excluding prophylaxis) children under the age of 16	No charge
D0210	*X-Ray - intraoral - complete series (including bitewings)	No charge	D1204	Topical application of fluoride (excluding prophylaxis) adult	15.00
D0220	X-Ray - intraoral - periapical first film	4.00	D1310	Nutritional counseling for control of dental disease	No charge
D0230	X-Ray - intraoral - periapical each additional film	2.00	D1320	Tobacco counseling for the control & prevention of oral disease	No charge
D0240	X-Ray - intraoral - occlusal film	No charge	D1330	Oral hygiene instructions	No charge
D0250	X-Ray - extraoral - first film	No charge	D1351	Application of sealant per tooth - children under the age of 16	No charge
D0260	X-Ray - extraoral - each additional film	No charge	D1510	Space maintainer - fixed - unilateral - children under the age of 16	No charge
D0270	*X-Ray - bitewing - single film	No charge	D1515	Space maintainer - fixed - bilateral - children under the age of 16	No charge
D0272	*X-Ray - bitewing - two films	No charge	D1520	Space maintainer - removable - unilateral - children under the age of 16	No charge
D0274	*X-Ray - bitewing - four films	No charge	D1525	Space maintainer - removable - bilateral - children under the age of 16	No charge
D0277	*Vertical bitewings - 7 to 8 films	29.00	D1550	Recementation of space maintainer	15.00
Not to be taken if D0274 was done within prior six months. Copies of X-rays can be obtained for \$2.00 per periapical film up to a maximum of \$30.00. Panoramic X-rays can be obtained for a \$15.00 fee.			D8210	Removable appliance therapy	103.00
D0290	Posterior-anterior or lateral skull and facial bone survey	150.00	D8220	Fixed appliance therapy	103.00
D0310	Sialography	150.00			
D0320	TMJ, including injection	250.00			
D0321	Other TMJ films, by report	150.00			
D0322	Tomographic survey	150.00			
D0330	Panoramic film (not to replace FMX)	50.00			
D0340	Cephalometric film, non-orthodontic	125.00			



Underwritten by Solstice, Inc.
Administered by Dental Benefit Providers, Inc.



CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
RESTORATIVE DENTISTRY			ENDODONTIC SERVICES		
D2140	Amalgam - 1 surface, primary or permanent	No charge	D3110	Pulp cap - direct (excluding final restoration)	25.00
D2150	Amalgam - 2 surfaces, primary or permanent	No charge	D3120	Pulp cap - indirect (excluding final restoration)	25.00
D2160	Amalgam - 3 surfaces, primary or permanent	No charge	D3220	Therapeutic pulpotomy (excluding final restoration)	30.00
D2161	Amalgam - 4 surfaces, primary or permanent	No charge	D3221	Pulpal debridement, primary and permanent teeth	95.00
D2330	Resin-based composite - 1 surface, anterior	30.00	D3230	Pulpal therapy (resorbable filling) - anterior, primary	50.00
D2331	Resin-based composite - 2 surfaces, anterior	37.00	D3240	Pulpal therapy (resorbable filling) - posterior, primary	50.00
D2332	Resin-based composite - 3 surfaces, anterior	50.00	D3310	Endodontic therapy - anterior (excluding final restoration)	110.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, anterior	80.00	D3320	Endodontic therapy - bicuspid (excluding final restoration)	195.00
D2390	Resin-based composite crown, anterior	115.00	D3330	Endodontic therapy - molar (excluding final restoration)	245.00
D2391	Resin-based composite - 1 surface, posterior	65.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2392	Resin-based composite - 2 surfaces, posterior	75.00	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75.00
D2393	Resin-based composite - 3 surfaces, posterior	90.00	D3333	Internal root repair of perforation defects	125.00
D2394	Resin-based composite - 4 or more surfaces, posterior	115.00	D3346	Retreatment of previous root canal therapy - anterior	300.00
D2410	Gold foil - 1 surface	75.00	D3347	Retreatment of previous root canal therapy - bicuspid	350.00
D2420	Gold foil - 2 surfaces	95.00	D3348	Retreatment of previous root canal therapy - molar	440.00
D2430	Gold foil - 3 surfaces	125.00	D3351	Apexification/recalcification - initial visit	90.00
D2510	Inlay - metallic - 1 surface	225.00	D3352	Apexification/recalcification - interim medication replacement	90.00
D2520	Inlay - metallic - 2 surfaces	235.00	D3353	Apexification/recalcification - final visit	90.00
D2530	Inlay - metallic - 3 or more surfaces	245.00	D3410	Apicoectomy/periradicular surgery - anterior	100.00
D2542	Onlay - metallic - 2 surfaces	325.00	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	315.00
D2543	Onlay - metallic - 3 surfaces	340.00	D3425	Apicoectomy/periradicular surgery - molar (first root)	340.00
D2544	Onlay - metallic - 4 or more surfaces	350.00	D3426	Apicoectomy/periradicular surgery - each additional root	95.00
D2610	Inlay - porcelain/ceramic - 1 surface	275.00*	D3430	Retrograde filling - per root	75.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	300.00*	D3450	Root amputation - per root	110.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	325.00*	D3470	Intentional reimplantation (including splinting)	175.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	360.00*	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	390.00*	D3920	Hemisection (including root removal)	90.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	400.00*	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2650	Inlay - resin-based composite - 1 surface	200.00	PERIODONTIC SERVICES		
D2651	Inlay - resin-based composite - 2 surfaces	220.00	D4210	Gingivectomy/gingivoplasty - 4 or more contiguous teeth per quad	175.00
D2652	Inlay - resin-based composite - 3 or more surfaces	260.00	D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth per quad	81.00
D2662	Onlay - resin-based composite - 2 surfaces	240.00	D4240	Gingival flap procedure, including root planing - 4 or more teeth per quad	195.00
D2663	Onlay - resin-based composite - 3 surfaces	260.00	D4241	Gingival flap procedure, including root planing - 1 to 3 teeth per quad	185.00
D2664	Onlay - resin-based composite - 4 or more surfaces	283.00	D4245	Apically positioned flap	150.00
D2710	Crown - resin-based composite (indirect)	195.00	D4249	Clinical crown lengthening - hard tissue	230.00
D2720	Crown - resin with high noble metal	245.00*	D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth per quad	375.00
D2721	Crown - resin with predominantly base metal	245.00*	D4261	Osseous surgery (including flap entry and closure) - 1 to 3 teeth per quad	325.00
D2722	Crown - resin with noble metal	245.00*	D4263	Bone replacement graft - first site in quad	450.00
D2740	Crown - porcelain/ceramic substrate	245.00*	D4264	Bone replacement graft - each additional site in quad	325.00
D2750	Crown - porcelain fused to high noble metal	245.00*	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D2751	Crown - porcelain fused to predominantly base metal	245.00*	D4267	Guided tissue regeneration - nonresorbable barrier, per site	325.00
D2752	Crown - porcelain fused to noble metal	245.00*	D4270	Pedicle soft tissue graft procedure	250.00
D2780	Crown - 3/4 cast high noble metal	245.00*	D4271	Free soft tissue graft procedure (including donor site surgery)	245.00
D2781	Crown - 3/4 cast predominantly base metal	245.00*	D4273	Subepithelial connective tissue graft procedures	335.00
D2782	Crown - 3/4 cast noble metal	245.00*	D4274	Distal or proximal wedge procedure	125.00
D2783	Crown - 3/4 porcelain/ceramic	245.00*	D4341	Periodontal scaling and root planing - 4 or more contiguous teeth per quad	50.00†
D2790	Crown - full cast high noble metal	245.00*	D4342	Periodontal scaling and root planing - 1 to 3 teeth per quad	43.00†
D2791	Crown - full cast predominantly base metal	245.00*	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	50.00†
D2792	Crown - full cast noble metal	245.00*	D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	60.00†
D2799	Provisional crown	125.00	D4910	Periodontal maintenance	50.00
D2910	Recement inlay, onlay, or partial coverage restoration	15.00	D4920	Unscheduled dressing change (by someone other than the treating dental office)	25.00
D2920	Recement crown	15.00			
D2930	Prefabricated stainless steel crown - primary tooth	45.00			
D2931	Prefabricated stainless steel crown - permanent tooth	55.00			
D2932	Prefabricated resin crown	95.00			
D2933	Prefabricated stainless steel crown with resin window	145.00			
D2940	Sedative filling	15.00			
D2950	Core build up, including any pins	70.00			
D2951	Pin retention - per tooth, in addition to restoration	15.00			
D2952	Cast post and core in addition to crown	88.00			
D2953	Each additional cast post - same tooth	95.00			
D2954	Prefabricated post and core in addition to crown	75.00			
D2955	Post removal (not in conjunction with endodontic therapy)	30.00			
D2957	Each additional prefabricated post - same tooth	30.00			
D2960	Labial veneer (resin laminate) - chair side	200.00			
D2961	Labial veneer (resin laminate) - laboratory	255.00			
D2962	Labial veneer (porcelain laminate) - laboratory	390.00*			
D2970	Temporary crown (fractured tooth)	75.00			
D2980	Crown repair, by report	95.00			
	When crown and/or bridgework exceeds six (6) consecutive units, an additional charge of \$30.00 per unit applies.				

CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
PROSTHODONTICS - REMOVABLE			D6940	Stress breaker	125.00
D5110	Complete denture - maxillary	325.00*	D6950	Precision attachment	195.00
D5120	Complete denture - mandibular	325.00*	D6970	Cast post and core in addition to fixed partial denture retainer	105.00
D5130	Immediate denture - maxillary (including two relines)	350.00*	D6972	Prefabricated post and core in addition to fixed partial denture retainer	75.00
D5140	Immediate denture - mandibular (including two relines)	350.00*	D6973	Core build up for retainer, including pins	70.00
D5211	Maxillary partial denture - resin base (including clasps)	400.00*	D6975	Coping - metal	95.00
D5212	Mandibular partial denture - resin base (including clasps)	400.00*	D6976	Each additional cast post - same tooth	75.00
D5213	Partial denture - maxillary cast metal - acrylic	425.00*	D6977	Each additional prefabricated post - same tooth	75.00
D5214	Partial denture - mandibular cast metal - acrylic	425.00*	ORAL SURGERY		
D5281	Removable unilateral partial denture - one piece cast metal	245.00*	D7111	Coronal remnants - deciduous tooth	50.00
D5410	Adjustment - complete denture - maxillary	15.00	D7140	Extraction of erupted tooth or exposed root	20.00
D5411	Adjustment - complete denture - mandibular	15.00	D7210	Surgical removal of erupted tooth	30.00
D5421	Adjustment - partial denture - maxillary	15.00	D7220	Removal of impacted tooth - soft tissue	50.00
D5422	Adjustment - partial denture - mandibular	15.00	D7230	Removal of impacted tooth - partially bony	65.00
All denture adjustment charges are for dentures which were not fabricated in the present office; all denture adjustments for new dentures or dentures made within twelve (12) months are at no charge.			D7240	Removal of impacted tooth - completely bony	80.00
D5510	Repair broken complete denture base	35.00*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135.00
D5520	Replace missing or broken tooth - complete denture (each tooth)	35.00*	D7250	Surgical removal of residual tooth roots	40.00
D5610	Repair denture resin base	35.00*	D7260	Oroantral fistula closure	160.00
D5620	Repair cast framework	35.00*	D7270	Tooth reimplantation	50.00
D5630	Repair or replace broken clasp	35.00*	D7280	Surgical access of an unerupted tooth	125.00
D5640	Repair broken teeth - per tooth	35.00*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00
D5650	Add tooth to existing partial denture	35.00*	D7285	Biopsy of oral tissue - hard (bone, tooth)	125.00
D5660	Add clasp to existing partial denture	35.00*	D7286	Biopsy of oral tissue - soft (all others)	85.00
D5710	Rebase complete maxillary denture	135.00*	D7310	Alveoloplasty with extractions - per quad	40.00
D5711	Rebase complete mandibular denture	135.00*	D7320	Alveoloplasty without extractions - per quad	60.00
D5720	Rebase maxillary partial denture	155.00*	D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	65.00
D5721	Rebase mandibular partial denture	155.00*	D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	95.00
D5730	Reline complete maxillary denture - chairside	65.00*	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D5731	Reline complete mandibular denture - chairside	65.00*	D7960	Frenulectomy - separate procedure	105.00
D5740	Reline partial maxillary denture - chairside	65.00*	D7970	Excision of hyperplastic tissue - per arch	140.00
D5741	Reline partial mandibular denture - chairside	65.00*	MISCELLANEOUS SERVICES		
D5750	Reline complete maxillary denture - laboratory	85.00*	D9215	Local anesthesia	No charge
D5751	Reline complete mandibular denture - laboratory	85.00*	D9220	General anesthesia - first 30 minutes	125.00
D5760	Reline partial maxillary denture - laboratory	85.00*	D9221	General anesthesia - each additional 15 minutes	15.00
D5761	Reline partial mandibular denture - laboratory	85.00*	D9230	Analgesia nitrous oxide - per 1/2 hour	20.00
D5810	Interim complete denture - maxillary	250.00*	D9241	Intravenous sedation/analgesia - first 30 minutes	125.00
D5811	Interim complete denture - mandibular	250.00*	D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	55.00
D5820	Interim partial denture - maxillary	175.00*	D9630	Oral irrigation/other drugs/medicament - per quad	15.00
D5821	Interim partial denture - mandibular	175.00*	D9910	Application of desensitizing medicament	20.00
D5850	Tissue conditioning - maxillary	20.00	D9940	Occlusal guard	250.00
D5851	Tissue conditioning - mandibular	20.00	D9950	Occlusal analysis - mounted case	75.00
D5862	Precision attachment, by report	150.00	D9951	Occlusal adjustment - limited	30.00
D5899	Denture cleaning	No charge	D9952	Occlusal adjustment - complete	100.00
PROSTHODONTICS - FIXED			D9972	External bleaching - per arch	150.00
D6210	Pontic - cast high noble metal	245.00*	D9972	External bleaching - both arches (excluding bleaching material for home use)	275.00
D6211	Pontic - cast predominantly base metal	245.00*	Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence outside the service area (Florida).		
D6212	Pontic - cast noble metal	245.00*	ORTHODONTIA		
D6240	Pontic - porcelain fused to high noble metal	245.00*	D8660	Pre-orthodontic treatment visit	35.00
D6241	Pontic - porcelain fused to predominantly base metal	245.00*	D8999	Orthodontic treatment plan & records	250.00
D6242	Pontic - porcelain fused to noble metal	245.00*	D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	1,000.00
D6245	Pontic - porcelain/ceramic	350.00*	D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	1,000.00
D6250	Pontic - resin with high noble metal	250.00*	D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	1,350.00
D6251	Pontic - resin with predominantly base metal	250.00*	D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,200.00
D6252	Pontic - resin with noble metal	250.00*	D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,250.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00*	D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,350.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) - includes fee for fixed/removable retainers and monthly visits)	300.00
D6720	Crown - resin with high noble metal	245.00*	Orthodontic treatment is prorated over 24 months and is only payable under a current status. Solstice bears no liability towards treatment unable to be completed due to a terminated status.		
D6721	Crown - resin with predominantly base metal	245.00*			
D6722	Crown - resin with noble metal	245.00*			
D6740	Crown - porcelain/ceramic	245.00*			
D6750	Crown - porcelain fused to high noble metal	245.00*			
D6751	Crown - porcelain fused to predominantly base metal	245.00*			
D6752	Crown - porcelain fused to noble metal	245.00*			
D6780	Crown - 3/4 cast high noble metal	245.00*			
D6781	Crown - 3/4 cast predominantly base metal	245.00*			
D6782	Crown - 3/4 cast noble metal	245.00*			
D6783	Crown - 3/4 porcelain/ceramic	245.00*			
D6790	Crown - full cast high noble metal	245.00*			
D6791	Crown - full cast predominantly base metal	245.00*			
D6792	Crown - full cast noble metal	245.00*			
D6930	Recement fixed partial denture	15.00			

SPECIALTY SERVICES

1. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
2. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
3. The participating General Dentist you select may not perform all procedures listed. The copayments shown apply to participating General Dentists who do perform these services. Therefore, you are encouraged to secure availability of the scheduled services with your participating General Dentist.
4. Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member handbook.
5. Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member co-pay.

EXCLUSIONS

1. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
2. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
3. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
4. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
5. Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
6. Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
7. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
8. D9972 Excludes bleaching material for home use.

LIMITATIONS

1. Any oral evaluation (excluding problem-focused) is limited to one (1) time in any six (6) consecutive month period at no charge. All subsequent oral evaluations (excluding problem-focused) will be at a 25% reduction off the 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 in any six (6) consecutive month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
5. Sealants are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice Benefits.
9. New dentures include one (1) reline within the first six (6) months.
10. Replacement of crowns, fixed bridges or dentures is limited to once every five (5) years.
11. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
12. Copayments for endodontic procedures do not include the cost of the final restoration.
13. Copayments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
 - High noble metal (precious) up to \$130.00
 - Noble metal (semi-precious) up to \$110.00
 - Predominantly base metal (non-precious) up to \$55.00
 - Crown laboratory fees up to \$125.00
 - Laboratory fees on dentures up to \$200.00
 - Porcelain laboratory fees for D2610-D2644, D2961, and D2962 up to \$50.00
 - Denture repair laboratory fees up to \$40.00
 - All ceramic and/or porcelain crown material fees up to \$130.00
14. Copayments marked by "+" are not eligible for reimbursement under specialty plans.
15. Either D0210 or D0330 are reimburseable once every five years.
16. Copies of X-rays can be obtained for \$2 per periapical film up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
17. D0274, D0277 or D0210 are payable only when other inclusive films have not been taken (paid) within the last six months.
18. 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.
19. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
20. A broken appointment fee up to \$20 may be charged by the dental office if 24 hour prior notice is not given.
21. Surgical removal of impacted 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.
22. Member may choose Invisilene in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.

