



# SOLSTICE S500PB

## SCHEDULE OF BENEFITS

Members of the Solstice S500PB 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 copayments listed are guaranteed to be between 25% and 60% discount and are offered by a participating Solstice 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](http://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
	<b>APPOINTMENTS</b>			focused	
D0120	Periodic oral evaluation	No charge	D0170	Re-evaluation - limited, problem focused	No charge
D0140	Limited oral evaluation - problem focused	No charge	D0180	Comprehensive periodontal evaluation - new or established patient	No charge
D0150	Comprehensive oral evaluation - new or established patient	No charge	D9110	Palliative (emergency) treatment of dental pain	No charge
D0160	Detailed and extensive oral evaluation - problem	No charge	D9310	Consultation (diagnostic service provided by dentist)	25.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
	other than practitioner providing treatment)			Panoramic X-rays can be obtained for a \$15.00 fee.	
D9430	Office visit for observation/OSHA	No charge	D0290	Posterior-anterior or lateral skull and facial film	150.00
D9440	Office visit - after regularly scheduled hours	30.00	D0310	Sialography	150.00
D9490	Broken appointment fee	20.00	D0320	TMJ, including injection	250.00
	<b>RADIOGRAPHY / DIAGNOSTIC DENTISTRY</b>		D0321	Other TMJ films	150.00
D0210	X-Ray - intraoral - complete series (including bitewings)	No charge	D0322	Tomographic survey	150.00
D0220	X-Ray - intraoral - periapical first film	4.00	D0330	Panoramic film (not to replace FMX)	45.00
D0230	X-Ray - intraoral - periapical each additional film	2.00	D0340	Cephalometric film, non-orthodontic	100.00
D0240	X-Ray - intraoral - occlusal film	No charge	D0350	Oral/facial images (includes intra & extraoral)	20.00
D0250	X-Ray - extraoral - first film	No charge	D0415	Bacteriologic studies	No charge
D0260	X-Ray - extraoral - each additional film	No charge	D0425	Caries susceptibility tests	No charge
D0270	X-Ray - bitewing - single film	No charge	D0460	Pulp vitality tests	No charge
D0272	X-Ray - bitewing - two films	No charge	D0470	Diagnostic casts	No charge
D0274	X-Ray - bitewing - four films	No charge		<b>PREVENTIVE DENTISTRY</b>	
D0277	Vertical bitewings - 7 to 8 films	27.00	D1110	Routine prophylaxis-adult (once every 6 months)	No charge
	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.		D1110	Additional routine prophylaxis - adult	15.00
			D1120	Routine prophylaxis - children under the age of 16 (once every 6 months)	No charge
			D1120	Additional routine prophylaxis - children under the age of 16)	15.00
			D1203	Topical application of fluoride (excluding prophylaxis) children under	No charge



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	the age of 16		D2140	Amalgam - 1 surface, primary or permanent	No charge
D1204	Topical application of fluoride (excluding prophylaxis) adult	10.00	D2150	Amalgam - 2 surfaces, primary or permanent	No charge
D1205	Topical application of fluoride (including prophylaxis) adult	10.00	D2160	Amalgam - 3 surfaces, primary or permanent	No charge
D1310	Nutritional counseling for control of dental disease	No charge	D2161	Amalgam - 4 surfaces, primary or permanent	No charge
D1320	Tobacco counseling for the control & prevention of oral disease	No charge	D2330	Resin-based composite - 1 surface, anterior	25.00
D1330	Oral hygiene instructions	No charge	D2331	Resin-based composite - 2 surfaces, anterior	35.00
D1351	Application of sealant per tooth - children under the age of 16	No charge	D2332	Resin-based composite - 3 surfaces, anterior	45.00
D1510	Space maintainer - fixed - unilateral - children under the age of 16	No charge	D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, anterior	75.00
D1515	Space maintainer - fixed - bilateral - children under the age of 16	No charge	D2390	Resin-based composite crown, anterior	105.00
D1520	Space maintainer - removable - unilateral - children under the age of 16	No charge	D2391	Resin-based composite - 1 surface, posterior	55.00
D1525	Space maintainer - removable - bilateral - children under the age of 16	No charge	D2392	Resin-based composite - 2 surfaces, posterior	70.00
D1550	Recementation of space maintainer	10.00	D2393	Resin-based composite - 3 surfaces, posterior	85.00
D8210	Removable appliance therapy	103.00	D2394	Resin-based composite - 4 or more surfaces, posterior	105.00
D8220	Fixed appliance therapy	103.00	D2410	Gold foil - 1 surface	70.00
	<b>RESTORATIVE DENTISTRY</b>		D2420	Gold foil - 2 surfaces	92.00
			D2430	Gold foil - 3 surfaces	122.00
			D2510	Inlay - metallic - 1 surface	85.00
			D2520	Inlay - metallic - 2 surfaces	96.00
			D2530	Inlay - metallic - 3 or more	120.00



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	surfaces		D2720	Crown - resin with high noble metal	240.00*
D2542	Onlay - metallic - 2 surfaces	290.00	D2721	Crown - resin with predominantly base metal	240.00*
D2543	Onlay - metallic - 3 surfaces	300.00	D2722	Crown - resin with noble metal	240.00*
D2544	Onlay - metallic - 4 or more surfaces	330.00	D2740	Crown - porcelain/ceramic substrate	240.00*
D2610	Inlay - porcelain/ceramic - 1 surface	250.00*	D2750	Crown - porcelain fused to high noble metal	240.00*
D2620	Inlay - porcelain/ceramic - 2 surfaces	300.00*	D2751	Crown - porcelain fused to predominantly base metal	240.00*
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	325.00*	D2752	Crown - porcelain fused to noble metal	240.00*
D2642	Onlay - porcelain/ceramic - 2 surfaces	*340.00	D2780	Crown - 3/4 cast high noble metal	240.00*
D2643	Onlay - porcelain/ceramic - 3 surfaces	400.00*	D2781	Crown - 3/4 cast predominantly base metal	240.00*
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	410.00*	D2782	Crown - 3/4 cast noble metal	240.00*
D2650	Inlay - resin-based composite - 1 surface	195.00	D2783	Crown - 3/4 porcelain/ceramic	240.00*
D2651	Inlay - resin-based composite - 2 surfaces	205.00	D2790	Crown - full cast high noble metal	240.00*
D2652	Inlay - resin-based composite - 3 or more surfaces	255.00	D2791	Crown - full cast predominantly base metal	220.00*
D2662	Onlay - resin-based composite - 2 surfaces	230.00	D2792	Crown - full cast noble metal	220.00*
D2663	Onlay - resin-based composite - 3 surfaces	250.00	D2799	Provisional crown	125.00
D2664	Onlay - resin-based composite - 4 or more surfaces	280.00	D2910	Recement inlay	10.00
D2710	Crown - resin (indirect)	195.00	D2920	Recement crown	10.00
			D2930	Prefabricated stainless steel crown - primary tooth	40.00
			D2931	Prefabricated stainless	40.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
	steel crown - permanent tooth			per unit applies.	
				<b>ENDODONTIC SERVICES</b>	
D2932	Prefabricated resin crown	92.00	D3110	Pulp cap - direct (excluding final restoration)	20.00
D2933	Prefabricated stainless steel crown with resin window	140.00	D3120	Pulp cap - indirect (excluding final restoration)	20.00
D2940	Sedative filling	10.00	D3220	Therapeutic pulpotomy (excluding final restoration)	25.00
D2950	Core build up, including any pins	40.00	D3221	Pulpal debridement, primary and permanent teeth	95.00
D2951	Pin retention - per tooth, in addition to restoration	12.00	D3230	Pulpal therapy (resorb filling) - anterior, primary	45.00
D2952	Cast post and core in addition to crown	85.00	D3240	Pulpal therapy (resorbable filling) - posterior, primary	40.00
D2953	Each additional cast post - same tooth	95.00	D3310	Endodontic therapy - anterior (excluding final restoration)	100.00
D2954	Prefabricated post and core in addition to crown	75.00	D3320	Endodontic therapy - bicuspid (excluding final restoration)	185.00
D2955	Post removal (not in conjunction with endodontic therapy)	25.00	D3330	Endodontic therapy - molar (excluding final restoration)	225.00
D2957	Each additional prefabricated post - same tooth	30.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2960	Labial veneer (resin laminate) - chair side	200.00	D3332	Incomplete endodontic therapy; inoperable or fractured tooth	75.00
D2961	Labial veneer (resin laminate) - laboratory	225.00	D3333	Internal root repair of perforation defects	125.00
D2962	Labial veneer (porcelain laminate) - laboratory	350.00*	D3346	Retreatment of previous root canal therapy - anterior	280.00
D2970	Temporary crown (fractured tooth)	75.00	D3347	Retreatment of previous root canal therapy -	305.00
D2980	Crown repair	95.00			
	When crown and/or bridgework exceeds six (6) consecutive units, an additional charge of \$30.00				



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	bicuspid			teeth per quad	
D3348	Retreatment of previous root canal therapy - molar	380.00	D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth per quad	72.00
D3351	Apexification/recalcification - initial visit	90.00	D4220	Gingival curettage per quad (excluding root planning)	50.00
D3352	Apexification/recalcification - interim medication replacement	90.00	D4240	Gingival flap procedure, including root planing - 4 or more	187.00
D3353	Apexification/recalcification - final visit	90.00	D4241	Gingival flap procedure, including root planing - 1 to 3 teeth per quad	175.00
D3410	Apicoectomy/periradicular surgery - anterior	96.00	D4245	Apically positioned flap	150.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	305.00	D4249	Clinical crown lengthening - hard tissue	160.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	320.00	D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth per quad	300.00
D3426	Apicoectomy/periradicular surgery - each additional root	80.00	D4261	Osseous surgery (including flap entry and closure) - 1 to 3 teeth per quad	288.00
D3430	Retrograde filling - per root	60.00	D4263	Bone replacement graft - first site in quad	200.00
D3450	Root amputation - per root	100.00	D4264	Bone replacement graft - each additional site in quad	120.00
D3470	Intentional reimplantation (including splinting)	175.00	D4266	Guided tissue regeneration - resorbable barrier, per site	191.00
D3910	Surgical procedure for isolation of tooth with rubber dam	95.00	D4267	Guided tissue regeneration - nonresorbable barrier, per site	224.00
D3920	Hemisection (including root removal)	85.00	D4270	Pedicle soft tissue graft procedure	240.00
D3950	Canal preparation and fitting of preformed dowel or post	75.00	D4271	Free soft tissue graft procedure (including donor site surgery)	215.00
	<b>PERIODONTIC SERVICES</b>				
D4210	Gingivectomy/gingivoplasty - 4 or more contiguous	120.00			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D4273	Subepithelial connective tissue graft procedures	300.00		clasps)	
D4274	Distal or proximal wedge procedure	120.00	D5212	Mandibular partial denture - resin base (including clasps)	260.00*
D4341	Periodontal scaling and root planing - 4 or more contiguous teeth per quad	45.00†	D5213	Partial denture - maxillary cast metal - acrylic	280.00*
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quad	35.00†	D5214	Partial denture - mandibular cast metal - acrylic	280.00*
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35.00†	D5281	Removable unilateral partial denture - one piece cast metal	240.00*
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	45.00†	D5410	Adjustment - complete denture - maxillary	10.00
D4910	Periodontal maintenance	45.00	D5411	Adjustment - complete denture - mandibular	10.00
D4920	Unscheduled dressing change (by someone other than the treating dental office)	25.00	D5421	Adjustment - partial denture - maxillary	15.00
	<b>PROSTHODONTICS - REMOVABLE</b>		D5422	Adjustment - partial denture - mandibular	15.00
D5110	Complete denture - maxillary	260.00*		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.	
D5120	Complete denture - mandibular	260.00*	D5510	Repair broken complete denture base	15.00*
D5130	Immediate denture - maxillary (including two relines)	280.00*	D5520	Replace broken tooth - complete denture (each tooth)	10.00*
D5140	Immediate denture - mandibular (including two relines)	280.00*	D5610	Repair denture resin base	15.00*
D5211	Maxillary partial denture - resin base (including	260.00*	D5620	Repair cast framework	30.00*
			D5630	Repair or replace broken clasp	15.00*



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D5640	Repair broken teeth - per tooth	10.00*		mandibular	
D5650	Add tooth to existing partial denture	30.00*	D5820	Interim partial denture - maxillary	250.00*
D5660	Add clasp to existing partial denture	30.00*	D5821	Interim partial denture - mandibular	250.00*
D5710	Rebase complete maxillary denture	75.00*	D5850	Tissue conditioning - maxillary	25.00
D5711	Rebase complete mandibular denture	75.00*	D5851	Tissue conditioning - mandibular	25.00
D5720	Rebase maxillary partial denture	75.00*	D5862	Precision attachment	150.00
D5721	Rebase mandibular partial denture	75.00*	D5899	Denture cleaning	No charge
D5730	Reline complete maxillary denture - chairside	45.00*		<b>PROSTHODONTICS - FIXED</b>	
D5731	Reline complete mandibular denture - chairside	45.00*	D6210	Pontic - cast high noble metal	220.00*
D5740	Reline partial maxillary denture - chairside	45.00*	D6211	Pontic - cast predominantly base metal	220.00*
D5741	Reline partial mandibular denture - chairside	45.00*	D6212	Pontic - cast noble metal	220.00*
D5750	Reline complete maxillary denture - laboratory	35.00*	D6240	Pontic - porcelain fused to high noble metal	240.00*
D5751	Reline complete mandibular denture - laboratory	35.00*	D6241	Pontic - porcelain fused to predominantly base metal	240.00*
D5760	Reline partial maxillary denture - laboratory	35.00*	D6242	Pontic - porcelain fused to noble metal	240.00*
D5761	Reline partial mandibular denture - laboratory	35.00*	D6245	Pontic - porcelain/ceramic	300.00*
D5810	Interim complete denture - maxillary	250.00*	D6250	Pontic - resin with high noble metal	240.00*
D5811	Interim complete denture -	250.00*	D6251	Pontic - resin with predominantly base metal	240.00*
			D6252	Pontic - resin with noble metal	240.00*
			D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00*



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*	D6970	Cast post and core in addition to fixed partial denture retainer	65.00
D6720	Crown - resin with high noble metal	240.00*	D6971	Cast post as part of a fixed partial denture retainer	105.00
D6721	Crown - resin with predominantly base metal	240.00*	D6972	Prefabricated post and core in addition to fixed partial denture retainer	50.00
D6722	Crown - resin with noble metal	240.00*	D6973	Core build up for retainer, including pins	50.00
D6740	Crown - porcelain/ceramic	240.00*	D6975	Coping - metal	95.00
D6750	Crown - porcelain fused to high noble metal	240.00*	D6976	Each additional cast post - same tooth	75.00
D6751	Crown - porcelain fused to predominantly base metal	240.00*	D6977	Each additional prefabricated post - same tooth	75.00
D6752	Crown - porcelain fused to noble metal	240.00*	<b>ORAL SURGERY</b>		
D6780	Crown - 3/4 cast high noble metal	240.00*	D7111	Coronal remnants - deciduous tooth	45.00
D6781	Crown - 3/4 cast predominantly base metal	240.00*	D7140	Extraction of erupted tooth or exposed root	10.00
D6782	Crown - 3/4 cast noble metal	240.00*	D7210	Surgical removal of erupted tooth	25.00
D6783	Crown - 3/4 porcelain/ceramic	240.00*	D7220	Removal of impacted tooth - soft tissue	40.00
D6790	Crown - full cast high noble metal	220.00*	D7230	Removal of impacted tooth - partially bony	60.00
D6791	Crown - full cast predominantly base metal	220.00*	D7240	Removal of impacted tooth - completely bony	75.00
D6792	Crown - full cast noble metal	220.00*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	128.00
D6930	Recement fixed partial denture	10.00	D7250	Surgical removal of residual tooth roots	25.00
D6940	Stress breaker	125.00			
D6950	Precision attachment	195.00			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D7260	Oroantral fistula closure	160.00	D9230	Analgesia nitrous oxide - per 1/2 hour	20.00
D7270	Tooth reimplantation	50.00	D9241	Intravenous sedation/analgesia - first 30 minutes	125.00
D7280	Surgical access of an unerupted tooth	125.00	D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	55.00
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption.	\$125.00	D9630	Other drugs/medicament by report- per quad	15.00
D7285	Biopsy of oral tissue - hard (bone, tooth)	115.00	D9910	Application of desensitizing medicament	20.00
D7286	Biopsy of oral tissue - soft (all others)	75.00	D9940	Occlusal guard	250.00
D7310	Alveoloplasty with extractions - per quad	20.00	D9950	Occlusal analysis - mounted case	75.00
D7320	Alveoloplasty without extractions - per quad	50.00	D9951	Occlusal adjustment - limited	25.00
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	65.00	D9952	Occlusal adjustment - complete	95.00
D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	95.00	D9972	Cosmetic bleaching - per arch	150.00
D7510	Incision and drainage of abscess - intraoral soft tissue	20.00	D9972	Cosmetic bleaching - both arches (excluding bleaching material for home use)	275.00
D7960	Frenulectomy - separate procedure	90.00		Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence outside the service area (Florida).	
D7970	Excision of hyperplastic tissue - per arch	140.00		<b>ORTHODONTIA</b>	
	<b>MISCELLANEOUS SERVICES</b>		D8660	Pre-orthodontic treatment visit	0.00
D9215	Local anesthesia	No charge	D8999	Orthodontic treatment plan	225.00
D9220	General anesthesia - first 30 minutes	125.00			
D9221	General anesthesia - each additional 15 minutes	15.00			



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	& records			the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	
D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	1,000.00			
D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	1,000.00	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) - includes fee for fixed/removable retainers and monthly visits)	300.00
D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	1,350.00			
D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,600.00		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.	
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,600.00			
D8090	Comprehensive orthodontic treatment of	1,950.00			

### 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, Orthodontist, Periodontist, Prosthodontist or Pedodontist) 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



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and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member ID packet.

### EXCLUSIONS/LIMITATIONS

1. Any oral evaluation is limited to one (1) time in any six (6) consecutive month period at no charge. All subsequent oral evaluations will be at a 25% discount off the dentist's usual and customary fee without a frequency limitation.
2. Bitewing X-rays (2-4 films) 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. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
9. 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.
10. 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.
11. General anesthesia or IV sedation unless otherwise listed as a covered benefit on the Schedule of Benefits.
12. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
13. Treatment of malignancies, cysts, or neoplasms.
14. Dental implants and related services.
15. Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
16. 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.
17. New dentures include one (1) reline within the first six (6) months.
18. Replacement of crowns, fixed bridges or dentures is limited to once every five (5) years.



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19. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
20. Copayments for endodontic procedures do not include the cost of the final restoration.
21. Either D0120 or D0330 reimbursable once every five years.
22. Copies of X-rays can be obtained for \$2 per periapical filmup to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
23. D0274, D0277 or D0210 are payable only when other inclusive films have not been taken (paid) within the last six months.
24. All denture adjustments fees are for dentures which were not fabricated at the present office; All dentures adjustment for new dentures made within 12 months are at no fee to the member.
25. D9972 Excludes bleaching materials for home use.
26. Co-payments marked by "†" are not eligible for reimbursement under specialty plans.
27. Emergency treatment is available for palliative treatment for abatement of pain for up to \$100 per occurrence outside the service area (Florida).
28. Surgical removal of impacted tooth covered when pathology (disease) exists. Surgical removal of wisdom tooth/3rd molar when pathology does not exist will be covered at 25% off of the general dentist or specialist usual and customary fees.
29. Copayments marked by "\*" do not include the cost of metal 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 and D2962 up to \$50.00
  - Denture repair laboratory fees up to \$40.00



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

