

SOLSTICE S700

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 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

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			D0170	Re-evaluation - limited, problem focused	No charge
D0120	Periodic oral evaluation	No charge	D0180	Comprehensive periodontal evaluation - new or established patient	No charge
D0140	Limited oral evaluation - problem focused	No charge	D9110	Palliative (emergency) treatment of dental pain	No charge
D0150	Comprehensive oral evaluation - new or established patient	No charge	D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	25.00
D0160	Detailed and extensive oral evaluation - problem focused	No charge			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D9430	Office visit for observation/OSHA	No charge	D0310	Sialography	150.00
D9440	Office visit - after regularly scheduled hours	35.00	D0320	TMJ, including injection	250.00
D9490	Broken appointment fee	20.00	D0321	Other TMJ films	150.00
	RADIOGRAPHY / DIAGNOSTIC DENTISTRY		D0322	Tomographic survey	150.00
D0210	X-Ray - intraoral - complete series (including bitewings)	No charge	D0330	Panoramic film (not to replace FMX)	50.00
D0220	X-Ray - intraoral - periapical first film	4.00	D0340	Cephalometric film, non-orthodontic	125.00
D0230	X-Ray - intraoral - periapical each additional film	2.00	D0350	Oral/facial images (includes intra & extraoral)	20.00
D0240	X-Ray - intraoral - occlusal film	No charge	D0415	Bacteriologic studies	No charge
D0250	X-Ray - extraoral - first film	No charge	D0425	Caries susceptibility tests	No charge
D0260	X-Ray - extraoral - each additional film	No charge	D0460	Pulp vitality tests	No charge
D0270	X-Ray - bitewing - single film	No charge	D0470	Diagnostic casts	No charge
D0272	X-Ray - bitewing - two films	No charge		PREVENTIVE DENTISTRY	
D0274	X-Ray - bitewing - four films	No charge	D1110	Routine prophylaxis-adult (once every 6 months)	No charge
D0277	Vertical bitewings - 7 to 8 films	29.00	D1110	Additional routine prophylaxis - adult	20.00
	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.		D1120	Routine prophylaxis - children under the age of 16 (once every 6 months)	No charge
D0290	Posterior-anterior or lateral skull and facial film	150.00	D1120	Additional routine prophylaxis - children under the age of 16)	20.00
			D1201	Topical application of fluoride (including prophylaxis) children under the age of 16	No charge
			D1203	Topical application of fluoride (excluding prophylaxis) children under the age of 16	No charge
			D1204	Topical application of fluoride (excluding	15.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
	prophylaxis) adult		D2160	Amalgam - 3 surfaces, primary or permanent	No charge
D1205	Topical application of fluoride (including prophylaxis) adult	15.00	D2161	Amalgam - 4 surfaces, primary or permanent	No charge
D1310	Nutritional counseling for control of dental disease	No charge	D2330	Resin-based composite - 1 surface, anterior	30.00
D1320	Tobacco counseling for the control & prevention of oral disease	No charge	D2331	Resin-based composite - 2 surfaces, anterior	37.00
D1330	Oral hygiene instructions	No charge	D2332	Resin-based composite - 3 surfaces, anterior	50.00
D1351	Application of sealant per tooth - children under the age of 16	No charge	D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, anterior	80.00
D1510	Space maintainer - fixed - unilateral - children under the age of 16	No charge	D2390	Resin-based composite crown, anterior	115.00
D1515	Space maintainer - fixed - bilateral - children under the age of 16	No charge	D2391	Resin-based composite - 1 surface, posterior	65.00
D1520	Space maintainer - removable - unilateral - children under the age of 16	No charge	D2392	Resin-based composite - 2 surfaces, posterior	75.00
D1525	Space maintainer - removable - bilateral - children under the age of 16	No charge	D2393	Resin-based composite - 3 surfaces, posterior	90.00
			D2394	Resin-based composite - 4 or more surfaces, posterior	115.00
			D2410	Gold foil - 1 surface	75.00
D1550	Recementation of space maintainer	15.00	D2420	Gold foil - 2 surfaces	95.00
			D2430	Gold foil - 3 surfaces	125.00
D8210	Removable appliance therapy	103.00	D2510	Inlay - metallic - 1 surface	225.00
D8220	Fixed appliance therapy	103.00	D2520	Inlay - metallic - 2 surfaces	235.00
	RESTORATIVE DENTISTRY		D2530	Inlay - metallic - 3 or more surfaces	245.00
D2140	Amalgam - 1 surface, primary or permanent	No charge	D2542	Onlay - metallic - 2 surfaces	325.00
D2150	Amalgam - 2 surfaces, primary or permanent	No charge	D2543	Onlay - metallic - 3 surfaces	340.00



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D2544	Onlay - metallic - 4 or more surfaces	350.00	D2750	Crown - porcelain fused to high noble metal	245.00*
D2610	Inlay - porcelain/ceramic - 1 surface	275.00*	D2751	Crown - porcelain fused to predominantly base metal	245.00*
D2620	Inlay - porcelain/ceramic - 2 surfaces	300.00*	D2752	Crown - porcelain fused to noble metal	245.00*
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	325.00*	D2780	Crown - 3/4 cast high noble metal	245.00*
D2642	Onlay - porcelain/ceramic - 2 surfaces	360.00*	D2781	Crown - 3/4 cast predominantly base metal	245.00*
D2643	Onlay - porcelain/ceramic - 3 surfaces	390.00*	D2782	Crown - 3/4 cast noble metal	245.00*
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	400.00*	D2783	Crown - 3/4 porcelain/ceramic	245.00*
D2650	Inlay - resin-based composite - 1 surface	200.00	D2790	Crown - full cast high noble metal	245.00*
D2651	Inlay - resin-based composite - 2 surfaces	220.00	D2791	Crown - full cast predominantly base metal	245.00*
D2652	Inlay - resin-based composite - 3 or more surfaces	260.00	D2792	Crown - full cast noble metal	245.00*
D2662	Onlay - resin-based composite - 2 surfaces	240.00	D2799	Provisional crown	125.00
D2663	Onlay - resin-based composite - 3 surfaces	260.00	D2910	Recement inlay	15.00
D2664	Onlay - resin-based composite - 4 or more surfaces	283.00	D2920	Recement crown	15.00
D2710	Crown - resin (indirect)	195.00	D2930	Prefabricated stainless steel crown - primary tooth	45.00
D2720	Crown - resin with high noble metal	245.00*	D2931	Prefabricated stainless steel crown - permanent tooth	55.00
D2721	Crown - resin with predominantly base metal	245.00*	D2932	Prefabricated resin crown	95.00
D2722	Crown - resin with noble metal	245.00*	D2933	Prefabricated stainless steel crown with resin window	145.00
D2740	Crown - porcelain/ceramic substrate	245.00*	D2940	Sedative filling	15.00
			D2950	Core build up, including any pins	70.00



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D2951	Pin retention - per tooth, in addition to restoration	15.00		teeth	
D2952	Cast post and core in addition to crown	88.00	D3230	Pulpal therapy (resorb filling) - anterior, primary	50.00
D2953	Each additional cast post - same tooth	95.00	D3240	Pulpal therapy (resorbable filling) - posterior, primary	50.00
D2954	Prefabricated post and core in addition to crown	75.00	D3310	Endodontic therapy - anterior (excluding final restoration)	110.00
D2955	Post removal (not in conjunction with endodontic therapy)	30.00	D3320	Endodontic therapy - bicuspid (excluding final restoration)	195.00
D2957	Each additional prefabricated post - same tooth	30.00	D3330	Endodontic therapy - molar (excluding final restoration)	245.00
D2960	Labial veneer (resin laminate) - chair side	200.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2961	Labial veneer (resin laminate) - laboratory	255.00	D3332	Incomplete endodontic therapy; inoperable or fractured tooth	75.00
D2962	Labial veneer (porcelain laminate) - laboratory	390.00*	D3333	Internal root repair of perforation defects	125.00
D2970	Temporary crown (fractured tooth)	75.00	D3346	Retreatment of previous root canal therapy - anterior	300.00
D2980	Crown repair	95.00	D3347	Retreatment of previous root canal therapy - bicuspid	350.00
	When crown and/or bridgework exceeds six (6) consecutive units, an additional charge of \$30.00 per unit applies.		D3348	Retreatment of previous root canal therapy - molar	440.00
	ENDODONTIC SERVICES		D3351	Apexification/recalcification - initial visit	90.00
D3110	Pulp cap - direct (excluding final restoration)	25.00	D3352	Apexification/recalcification - interim medication replacement	90.00
D3120	Pulp cap - indirect (excluding final restoration)	25.00	D3353	Apexification/recalcification - final visit	90.00
D3220	Therapeutic pulpotomy (excluding final restoration)	30.00	D3410	Apicoectomy/periradicular surgery - anterior	100.00
D3221	Pulpal debridement, primary and permanent	95.00			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	315.00	D4249	Clinical crown lengthening - hard tissue	230.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	340.00	D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth per quad	375.00
D3426	Apicoectomy/periradicular surgery - each additional root	95.00	D4261	Osseous surgery (including flap entry and closure) - 1 to 3 teeth per quad	325.00
D3430	Retrograde filling - per root	75.00	D4263	Bone replacement graft - first site in quad	450.00
D3450	Root amputation - per root	110.00	D4264	Bone replacement graft - each additional site in quad	325.00
D3470	Intentional reimplantation (including splinting)	175.00	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D3910	Surgical procedure for isolation of tooth with rubber dam	95.00	D4267	Guided tissue regeneration - nonresorbable barrier, per site	325.00
D3920	Hemisection (including root removal)	90.00	D4270	Pedicle soft tissue graft procedure	250.00
D3950	Canal preparation and fitting of preformed dowel or post	75.00	D4271	Free soft tissue graft procedure (including donor site surgery)	245.00
PERIODONTIC SERVICES			D4273	Subepithelial connective tissue graft procedures	335.00
D4210	Gingivectomy/gingivoplasty - 4 or more contiguous teeth per quad	175.00	D4274	Distal or proximal wedge procedure	125.00
D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth per quad	81.00	D4341	Periodontal scaling and root planing - 4 or more contiguous teeth per quad	50.00†
D4220	Gingival curettage per quad (excluding root planing)	55.00†	D4342	Periodontal scaling and root planing - 1 to 3 teeth per quad	43.00†
D4240	Gingival flap procedure, including root planing - 4 or more	195.00	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	50.00†
D4241	Gingival flap procedure, including root planing - 1 to 3 teeth per quad	185.00	D4381	Localized delivery of chemotherapeutic agents	60.00†
D4245	Apically positioned flap	150.00			



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	via a controlled release vehicle into diseased crevicular tissue, per tooth		D5421	Adjustment - partial denture - maxillary	15.00
D4910	Periodontal maintenance	50.00	D5422	Adjustment - partial denture - mandibular	15.00
D4920	Unscheduled dressing change (by someone other than the treating dental office)	25.00		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.	
	PROSTHODONTICS - REMOVABLE				
D5110	Complete denture - maxillary	325.00*	D5510	Repair broken complete denture base	35.00*
D5120	Complete denture - mandibular	325.00*	D5520	Replace broken tooth - complete denture (each tooth)	35.00*
D5130	Immediate denture - maxillary (including two relines)	350.00*	D5610	Repair denture resin base	35.00*
D5140	Immediate denture - mandibular (including two relines)	350.00*	D5620	Repair cast framework	35.00*
D5211	Maxillary partial denture - resin base (including clasps)	400.00*	D5630	Repair or replace broken clasp	35.00*
D5212	Mandibular partial denture - resin base (including clasps)	400.00*	D5640	Repair broken teeth - per tooth	35.00*
D5213	Partial denture - maxillary cast metal - acrylic	425.00*	D5650	Add tooth to existing partial denture	35.00*
D5214	Partial denture - mandibular cast metal - acrylic	425.00*	D5660	Add clasp to existing partial denture	35.00*
D5281	Removable unilateral partial denture - one piece cast metal	245.00*	D5710	Rebase complete maxillary denture	135.00*
D5410	Adjustment - complete denture - maxillary	15.00	D5711	Rebase complete mandibular denture	135.00*
D5411	Adjustment - complete denture - mandibular	15.00	D5720	Rebase maxillary partial denture	155.00*
			D5721	Rebase mandibular partial denture	155.00*
			D5730	Reline complete maxillary denture - chairside	65.00*



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D5731	Reline complete mandibular denture - chairside	65.00*	D6212	Pontic - cast noble metal	245.00*
D5740	Reline partial maxillary denture - chairside	65.00*	D6240	Pontic - porcelain fused to high noble metal	245.00*
D5741	Reline partial mandibular denture - chairside	65.00*	D6241	Pontic - porcelain fused to predominantly base metal	245.00*
D5750	Reline complete maxillary denture - laboratory	85.00*	D6242	Pontic - porcelain fused to noble metal	245.00*
D5751	Reline complete mandibular denture - laboratory	85.00*	D6245	Pontic - porcelain/ceramic	350.00*
D5760	Reline partial maxillary denture - laboratory	85.00*	D6250	Pontic - resin with high noble metal	250.00*
D5761	Reline partial mandibular denture - laboratory	85.00*	D6251	Pontic - resin with predominantly base metal	250.00*
D5810	Interim complete denture - maxillary	250.00*	D6252	Pontic - resin with noble metal	250.00*
D5811	Interim complete denture - mandibular	250.00*	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00*
D5820	Interim partial denture - maxillary	175.00*	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00*
D5821	Interim partial denture - mandibular	175.00*	D6720	Crown - resin with high noble metal	245.00*
D5850	Tissue conditioning - maxillary	20.00	D6721	Crown - resin with predominantly base metal	245.00*
D5851	Tissue conditioning - mandibular	20.00	D6722	Crown - resin with noble metal	245.00*
D5862	Precision attachment	150.00	D6740	Crown - porcelain/ceramic	245.00*
D5899	Denture cleaning	No charge	D6750	Crown - porcelain fused to high noble metal	245.00*
PROSTHODONTICS - FIXED			D6751	Crown - porcelain fused to predominantly base metal	245.00*
D6210	Pontic - cast high noble metal	245.00*	D6752	Crown - porcelain fused to noble metal	245.00*
D6211	Pontic - cast predominantly base metal	245.00*	D6780	Crown - 3/4 cast high noble metal	245.00*
			D6781	Crown - 3/4 cast	245.00*



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
	predominantly base metal		D7210	Surgical removal of erupted tooth	30.00
D6782	Crown - 3/4 cast noble metal	245.00*	D7220	Removal of impacted tooth - soft tissue	50.00
D6783	Crown - 3/4 porcelain/ceramic	245.00*	D7230	Removal of impacted tooth - partially bony	65.00
D6790	Crown - full cast high noble metal	245.00*	D7240	Removal of impacted tooth - completely bony	80.00
D6791	Crown - full cast predominantly base metal	245.00*	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135.00
D6792	Crown - full cast noble metal	245.00*	D7250	Surgical removal of residual tooth roots	40.00
D6930	Recement fixed partial denture	15.00	D7260	Oroantral fistula closure	160.00
D6940	Stress breaker	125.00	D7270	Tooth reimplantation	50.00
D6950	Precision attachment	195.00	D7280	Surgical access of an unerupted tooth	125.00
D6970	Cast post and core in addition to fixed partial denture retainer	105.00	D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	125.00
D6971	Cast post as part of a fixed partial denture retainer	125.00	D7285	Biopsy of oral tissue - hard (bone, tooth)	125.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	75.00	D7286	Biopsy of oral tissue - soft (all others)	85.00
D6973	Core build up for retainer, including pins	70.00	D7310	Alveoplasty with extractions - per quad	40.00
D6975	Coping - metal	95.00	D7320	Alveoplasty without extractions - per quad	60.00
D6976	Each additional cast post - same tooth	75.00	D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	65.00
D6977	Each additional prefabricated post - same tooth	75.00	D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	95.00
	ORAL SURGERY		D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D7111	Coronal remnants - deciduous tooth	50.00			
D7140	Extraction of erupted tooth or exposed root	20.00			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D7960	Frenulectomy - separate procedure	105.00		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			
	MISCELLANEOUS SERVICES			ORTHODONTIA	
D9215	Local anesthesia	No charge			
D9220	General anesthesia - first 30 minutes	125.00	D8660	Pre-orthodontic treatment visit	35.00
D9221	General anesthesia - each additional 15 minutes	15.00	D8999	Orthodontic treatment plan & records	250.00
D9230	Analgesia nitrous oxide - per 1/2 hour	20.00	D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	1,000.00
D9241	Intravenous sedation/analgesia - first 30 minutes	125.00	D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	1,000.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	55.00	D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	1,350.00
D9630	Oral irrigation/other drugs/medicament - per quad	15.00	D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,200.00
D9910	Application of desensitizing medicament	20.00			
D9940	Occlusal guard	250.00			
D9950	Occlusal analysis - mounted case	75.00	D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,250.00
D9951	Occlusal adjustment - limited	30.00			
D9952	Occlusal adjustment - complete	100.00			
D9972	Cosmetic bleaching - per arch	150.00	D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	2,350.00
D9972	Cosmetic bleaching - both arches (excluding bleaching material for home use)	275.00			



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CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) - includes fee for fixed/removable retainers and monthly visits) Orthodontic treatment is prorated over 24 months	300.00		and is only payable under a current status. Solstice bears no liability towards treatment unable to be completed due to a terminated status.	

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 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.



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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.
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. 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
22. Copayments marked by "+" are not eligible for reimbursement under specialty plans.
23. Either D0210 or D0330 are reimburseable once every five years.



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