Solstice Benefits, Inc
UnitedHealthcare Preferred Care Network Medicare Advantage Plans

Code	Description	Copay	Supplement	Limitation
D0120	Periodic oral evaluation - established patient	$0	$0	Two (2) periodic oral exams per year
D0140	Limited oral evaluation - problem focused	$10	$0	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$30	$0	
D0150	Comprehensive oral evaluation - new or established patient	$0	$0	One (1) comprehensive exam per year
D0160	Detailed and extensive oral evaluation - problem focused, by report	$0	$0	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0	$0	
D0171	Re-evaluation – post-operative office visit	$0	$0	
D0180	Comprehensive periodontal evaluation - new or established patient	$15	$0	
D0210	Intraoral - complete series (including bitewings)	$0	$0	No charge for six (6) x-rays
D0220	Intraoral - periapical first radiographic images	$0	$0	No charge for six (6) x-rays
D0230	Intraoral - periapical each additional radiographic images	$0	$0	No charge for six (6) x-rays
D0240	Intraoral - occlusal radiographic images	$0	$0	No charge for six (6) x-rays
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$0	$0	No charge for six (6) x-rays
D0270	Bitewing - single radiographic images	$0	$0	No charge for six (6) x-rays
D0272	Bitewing - two radiographic images	$0	$0	No charge for six (6) x-rays
D0273	Bitewings - three radiographic images	$16	$0	
D0274	Bitewings - four radiographic images	$24	$0	
D0277	Vertical bitewings - 7 to 8 radiographic images	$28	$0	
D0310	Sialography	$150	$0	
D0320	Temporomandibular joint arthrogram, including injection	$250	$0	
D0321	Other temporomandibular joint radiographic images, by report	$150	$0	
D0322	Tomographic survey	$150	$0	
D0330	Panoramic radiographic images	$25	$0	
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	$150	$0	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	$20	$0	
D0415	Collection of microorganisms for culture and sensitivity	$0	$0	
D0425	Caries susceptibility tests	$0	$0	
D0460	Pulp vitality tests	$10	$0	
D0470	Diagnostic casts	$25	$0	
D0601	Caries risk assessment and documentation, with a finding of low risk	$0	$0	
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$0	$0	
D0603	Caries risk assessment and documentation, with a finding of high risk	$0	$0	
D1110	Prophylaxis - adult	$0	$0	One prophylaxis every six (6) months
D1206	Topical fluoride varnish	$0	$0	Fluoride once (1) every six (6) months
D1208	Topical application of fluoride - excluding varnish	$0	$0	Fluoride once (1) every six (6) months
D1310	Nutritional counseling for control of dental disease	$0	$0	
D1320	Tobacco counseling for the control and prevention of oral disease	$0	$0	
D1330	Oral hygiene instructions	$0	$0	
D1351	Sealant - per tooth	$25	$0	
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$40	$0	
D1353	Sealant repair – per tooth	$10	$0	
D1510	Space maintainer - fixed, unilateral - per quadrant	$120	$0	
D1516	Space maintainer – fixed – bilateral, maxillary	$175	$0	
D1517	Space maintainer – fixed – bilateral, mandibular	$175	$0	
D1520	Space maintainer - removable, unilateral - per quadrant	$160	$0	
D1526	Space maintainer – removable – bilateral, maxillary	$250	$0	
D1527	Space maintainer – removable – bilateral, mandibular	$250	$0	
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$25	$0	
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$25	$0	
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	$25	$0	

Code	Description	Copay	Supplement	Limitation
D2140	Amalgam - one surface, primary or permanent	$0	$50	Limited to two (2) per year
D2150	Amalgam - two surfaces, primary or permanent	$0	$50	Limited to two (2) per year
D2160	Amalgam - three surfaces, primary or permanent	$0	$50	Limited to two (2) per year
D2161	Amalgam - four or more surfaces, primary or permanent	$0	$50	Limited to two (2) per year
D2330	Resin-based composite - one surface, anterior	$0	$45	Limited to two (2) per year
D2331	Resin-based composite - two surfaces, anterior	$0	$65	Limited to two (2) per year
D2332	Resin-based composite - three surfaces, anterior	$0	$70	Limited to two (2) per year
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$0	$70	Limited to two (2) per year
D2390	Resin-based composite crown, anterior	$125	$0	
D2391	Resin-based composite - one surface, posterior	$0	$70	Limited to two (2) per year
D2392	Resin-based composite - two surfaces, posterior	$0	$70	Limited to two (2) per year
D2393	Resin-based composite - three surfaces, posterior	$0	$70	Limited to two (2) per year
D2394	Resin-based composite - four or more surfaces, posterior	$0	$70	Limited to two (2) per year
D2410	Gold foil - one surface	$75	$0	
D2420	Gold foil - two surfaces	$95	$0	
D2430	Gold foil - three surfaces	$125	$0	
D2510	Inlay - metallic - one surface	$300	$0	
D2520	Inlay - metallic - two surfaces	$320	$0	
D2530	Inlay - metallic - three or more surfaces	$340	$0	
D2542	Onlay - metallic - two surfaces	$325	$0	
D2543	Onlay - metallic - three surfaces	$330	$0	
D2544	Onlay - metallic - four or more surfaces	$355	$0	
D2610	Inlay - porcelain/ceramic - one surface	$325	$0	
D2620	Inlay - porcelain/ceramic - two surfaces	$350	$0	
D2630	Inlay - porcelain/ceramic - three or more surfaces	$375	$0	
D2642	Onlay - porcelain/ceramic - two surfaces	$395	$0	
D2643	Onlay - porcelain/ceramic - three surfaces	$415	$0	
D2644	Onlay - porcelain/ceramic - four or more surfaces	$445	$0	
D2650	Inlay - resin-based composite - one surface	$195	$0	
D2651	Inlay - resin-based composite - two surfaces	$250	$0	
D2652	Inlay - resin-based composite - three or more surfaces	$275	$0	
D2662	Onlay - resin-based composite - two surfaces	$250	$0	
D2663	Onlay - resin-based composite - three surfaces	$275	$0	
D2664	Onlay - resin-based composite - four or more surfaces	$290	$0	
D2710	Crown - resin-based composite (indirect)	$210	$0	
D2712	Crown - ¾ resin-based composite (indirect)	$400	$0	
D2720	Crown- resin with high noble metal	$455	$0	
D2721	Crown - resin with predominantly base metal	$405	$0	
D2722	Crown - resin with noble metal	$425	$0	
D2740	Crown - porcelain/ceramic	$525	$0	
D2750	Crown - porcelain fused to high noble metal	$499	$0	
D2751	Crown - porcelain fused to predominantly base metal	$425	$0	
D2752	Crown - porcelain fused to noble metal	$480	$0	
D2780	Crown - 3/4 cast high noble metal	$430	$0	
D2781	Crown - 3/4 cast predominantly base metal	$410	$0	
D2782	Crown - 3/4 cast noble metal	$420	$0	
D2783	Crown - 3/4 porcelain/ceramic	$450	$0	
D2790	Crown - full cast high noble metal	$499	$0	
D2791	Crown - full cast predominantly base metal	$425	$0	
D2792	Crown - full cast noble metal	$480	$0	
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	$130	$0	

Code	Description	Copay	Supplement	Limitation
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	$25	$0	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$25	$0	
D2920	Re-cement or re-bond crown	$25	$0	
D2921	Reattachment of tooth fragment, incisal edge or cusp	$75	$0	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	$40	$0	
D2930	Prefabricated stainless steel crown - primary tooth	$95	$0	
D2931	Prefabricated stainless steel crown - permanent tooth	$95	$0	
D2932	Prefabricated resin crown	$95	$0	
D2933	Prefabricated stainless steel crown with resin window	$145	$0	
D2940	Protective restoration	$40	$0	
D2950	Core buildup, including any pins when required	$85	$0	
D2951	Pin retention - per tooth, in addition to restoration	$20	$0	
D2952	Post and core in addition to crown, indirectly fabricated	$155	$0	
D2953	Each additional indirectly fabricated post - same tooth	$105	$0	
D2954	Prefabricated post and core in addition to crown	$125	$0	
D2955	Post removal	$30	$0	
D2957	Each additional prefabricated post - same tooth	$30	$0	
D2960	Labial veneer (resin laminate) - chairside	$205	$0	
D2961	Labial veneer (resin laminate) - laboratory	$260	$0	
D2962	Labial veneer (porcelain laminate) - laboratory	$425	$0	
D2980	Crown repair necessitated by restorative material failure	$95	$0	
D3110	Pulp cap - direct (excluding final restoration)	$25	$0	
D3120	Pulp cap - indirect (excluding final restoration)	$25	$0	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$75	$0	
D3221	Pulpal debridement, primary and permanent teeth	$95	$0	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$310	$0	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$375	$0	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$485	$0	
D3331	Treatment of root canal obstruction; non-surgical access	$85	$0	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$125	$0	
D3333	Internal root repair of perforation defects	$130	$0	
D3346	Retreatment of previous root canal therapy - anterior	$375	$0	
D3347	Retreatment of previous root canal therapy - premolar	$410	$0	
D3348	Retreatment of previous root canal therapy - molar	$550	$0	
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	$155	$0	
D3352	Apexification/recalcification - interim medication replacement	$110	$0	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$110	$0	
D3410	Apicoectomy - anterior	$275	$0	
D3421	Apicoectomy - premolar (first root)	$325	$0	
D3425	Apicoectomy - molar (first root)	$350	$0	
D3426	Apicoectomy (each additional root)	$115	$0	
D3430	Retrograde filling - per root	$85	$0	
D3450	Root amputation - per root	$199	$0	
D3470	Intentional reimplantation (including necessary splinting)	$180	$0	
D3910	Surgical procedure for isolation of tooth with rubber dam	$95	$0	
D3920	Hemisection (including any root removal), not including root canal therapy	$150	$0	
D3950	Canal preparation and fitting of preformed dowel or post	$75	$0	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$195	$0	
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$50	$0	

Code	Description	Copay	Supplement	Limitation
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$325	$0	
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$250	$0	
D4245	Apically positioned flap	$150	$0	
D4249	Clinical crown lengthening - hard tissue	$250	$0	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$450	$0	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$420	$0	
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	$200	$0	
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	$120	$0	
D4266	Guided tissue regeneration - resorbable barrier, per site	$191	$0	
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	$224	$0	
D4270	Pedicle soft tissue graft procedure	$359	$0	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$395	$0	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$128	$0	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$80	$0	
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$60	$0	
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	$80	$0	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$70	$0	
D4910	Periodontal maintenance	$55	$0	
D4920	Unscheduled dressing change (by someone other than treating dentist)	$25	$0	
D5110	Complete denture - maxillary	$0	$600	One per consecutive five (5) years
D5120	Complete denture - mandibular	$0	$600	One per consecutive five (5) years
D5130	Immediate denture – maxillary	$0	$670	One per consecutive five (5) years
D5140	Immediate denture – mandibular	$0	$670	One per consecutive five (5) years
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$0	$450	One per consecutive five (5) years
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$0	$490	One per consecutive five (5) years
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$0	$630	One per consecutive five (5) years
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$0	$630	One per consecutive five (5) years
D5410	Adjust complete denture - maxillary	$20	$0	
D5411	Adjust complete denture - mandibular	$20	$0	
D5421	Adjust partial denture - maxillary	$20	$0	
D5422	Adjust partial denture - mandibular	$20	$0	
D5511	Repair broken complete denture base, mandibular	$75	$0	
D5512	Repair broken complete denture base, maxillary	$75	$0	
D5520	Replace missing or broken teeth - complete denture (each tooth)	$70	$0	
D5611	Repair resin partial denture base, mandibular	$50	$0	
D5612	Repair resin partial denture base, maxillary	$50	$0	
D5621	Repair cast partial framework, mandibular	$55	$0	
D5622	Repair cast partial framework, maxillary	$55	$0	
D5630	Repair or replace broken clasp – per tooth	$55	$0	
D5640	Replace broken teeth - per tooth	$45	$0	
D5650	Add tooth to existing partial denture	$65	$0	
D5660	Add clasp to existing partial denture – per tooth	$75	$0	
D5710	Rebase complete maxillary denture	$195	$0	
D5711	Rebase complete mandibular denture	$195	$0	

Code	Description	Copay	Supplement	Limitation
D5720	Rebase maxillary partial denture	$175	$0	
D5721	Rebase mandibular partial denture	$175	$0	
D5730	Reline complete maxillary denture (chairside)	$0	$85	
D5731	Reline complete mandibular denture (chairside)	$0	$85	
D5740	Reline maxillary partial denture (chairside)	$0	$65	
D5741	Reline mandibular partial denture (chairside)	$0	$65	
D5750	Reline complete maxillary denture (laboratory)	$150	$0	
D5751	Reline complete mandibular denture (laboratory)	$150	$0	
D5760	Reline maxillary partial denture (laboratory)	$110	$0	
D5761	Reline mandibular partial denture (laboratory)	$110	$0	
D5810	Interim Complete denture (maxillary)	$250	$0	
D5811	Interim complete denture (mandibular)	$250	$0	
D5820	Interim partial denture (maxillary)	$250	$0	
D5821	Interim partial denture (mandibular)	$250	$0	
D5850	Tissue conditioning, maxillary	$55	$0	
D5851	Tissue conditioning, mandibular	$55	$0	
D5862	Precision attachment, by report	$150	$0	
D5899	Unspecified removable prosthodontic procedure, by report	$0	$0	
D6010	Surgical placement of implant body: endosteal implant	$950	$0	
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	$950	$0	
D6053	Implant/abutment supported removable denture for completely edentulous arch	$1,200	$0	
D6054	Implant/abutment supported removable denture for completely edentulous arch	$940	$0	
D6055	Connecting bar – implant supported or abutment supported	$1,800	$0	
D6056	Prefabricated abutment – includes modification and placement	$400	$0	
D6057	Custom fabricated abutment – includes placement	$600	$0	
D6066	Implant supported crown - porcelain fused to high noble alloys	$950	$0	
D6078	Implant/abutment supported xed denture for completely edentulous arch	$3,800	$0	
D6079	Implant/abutment supported xed denture for partially edentulous arch	$2,200	$0	
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	$180	$0	
D6090	Repair implant supported prosthesis, by report	$400	$0	
D6092	Re-cement or re-bond implant/abutment supported crown	$45	$0	
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	$65	$0	
D6095	Repair implant abutment, by report	$220	$0	
D6100	Implant removal, by report	$700	$0	
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	$1,200	$0	
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	$1,200	$0	
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	$940	$0	
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	$940	$0	
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	$3,800	$0	
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	$3,800	$0	
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	$2,200	$0	
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	$2,200	$0	
D6190	Radiographic/surgical implant index, by report	$235	$0	
D6210	Pontic - cast high noble metal	$499	$0	
D6211	Pontic - cast predominantly base metal	$425	$0	
D6212	Pontic - cast noble metal	$480	$0	
D6240	Pontic - porcelain fused to high noble metal	$499	$0	
D6241	Pontic - porcelain fused to predominantly base metal	$425	$0	
D6242	Pontic - porcelain fused to noble metal	$480	$0	
D6245	Pontic - porcelain/ceramic	$495	$0	
D6250	Pontic - resin with high noble metal	$455	$0	
D6251	Pontic - resin with predominantly base metal	$405	$0	

Code	Description	Copay	Supplement	Limitation
D6252	Pontic - resin with noble metal	$425	$0	
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$190	$0	
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	$230	$0	
D6720	Retainer crown - resin with high noble metal	$455	$0	
D6721	Retainer crown - resin with predominantly base metal	$405	$0	
D6722	Retainer crown - resin with noble metal	$425	$0	
D6740	Retainer crown - porcelain/ceramic	$495	$0	
D6750	Retainer crown - porcelain fused to high noble metal	$499	$0	
D6751	Retainer crown - porcelain fused to predominantly base metal	$425	$0	
D6752	Retainer crown - porcelain fused to noble metal	$480	$0	
D6780	Retainer crown - 3/4 cast high noble metal	$430	$0	
D6781	Retainer crown - 3/4 cast predominantly base metal	$410	$0	
D6782	Retainer crown - 3/4 cast noble metal	$420	$0	
D6783	Retainer crown - 3/4 porcelain/ceramic	$410	$0	
D6784	Retainer crown ¾ - titanium and titanium alloys	$420	$0	
D6790	Retainer crown - full cast high noble metal	$499	$0	
D6791	Retainer crown - full cast predominantly base metal	$425	$0	
D6792	Retainer crown - full cast noble metal	$480	$0	
D6930	Re-cement or re-bond fixed partial denture	$40	$0	
D6940	Stress breaker	$125	$0	
D6950	Precision attachment	$195	$0	
D7111	Extraction, coronal remnants – primary tooth	$45	$0	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$0	$70	One (1) simple or surgical per year
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$0	$120	One (1) simple or surgical per year
D7220	Removal of impacted tooth - soft tissue	$125	$0	
D7230	Removal of impacted tooth - partially bony	$145	$0	
D7240	Removal of impacted tooth - completely bony	$165	$0	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$180	$0	
D7250	Removal of residual tooth roots (cutting procedure)	$95	$0	
D7260	Oroantral fistula closure	$165	$0	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$56	$0	
D7280	Exposure of an unerupted tooth	$130	$0	
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$120	$0	
D7286	Incisional biopsy of oral tissue-soft	$95	$0	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$95	$0	
D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	$130	$0	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$65	$0	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$95	$0	
D7510	Incision and drainage of abscess - intraoral soft tissue	$55	$0	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	$110	$0	
D7970	Excision of hyperplastic tissue - per arch	$140	$0	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$10	$0	
D9215	Local anesthesia	$0	$0	
D9222	Deep sedation/general anesthesia – first 15 minutes	$125	$0	
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$55	$0	
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	$20	$0	
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	$125	$0	
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	$55	$0	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$20	$0	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$10	$0	
D9440	Office visit - after regularly scheduled hours	$50	$0	

Code	Description	Copay	Supplement	Limitation
D9630	Drugs or medicaments dispensed in the office for home use	$15	$0	
D9910	Application of desensitizing medicament	$20	$0	
D9940	Occlusal guard, by report	$250	$0	
D9944	Occlusal guard – hard appliance, full arch	$250	$0	
D9945	Occlusal guard – soft appliance, full arch	$250	$0	
D9946	Occlusal guard – hard appliance, partial arch	$250	$0	
D9950	Occlusion analysis - mounted case	$75	$0	
D9951	Occlusal adjustment - limited	$25	$0	
D9952	Occlusal adjustment - complete	$150	$0	
D9972	External bleaching - per arch - performed in office	$150	$0	
D9995	Teledentistry – synchronous; real-time encounter	$15	$0	
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	$15	$0	

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Specialty Care and Dental Exclusions

SPECIALTY SERVICES

1. The member fee schedule applies when listed dental services are performed by a participating general dentist, unless otherwise authorized by Solstice Benefits.
2. Procedures not listed on the member fee schedule (or that meet allowable frequency), 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 selected may not perform all procedures listed. The payments shown apply to participating general dentists who do perform these services. Therefore, the member is encouraged to secure availability of the scheduled services with your participating general dentist.
4. Should the services of a specialist (Oral Surgeon, Endodontist or Periodontist) be necessary, you may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee.

EXCLUSIONS

1. Services performed by a dentist or dental specialist, not contracted with Solstice.
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 Member Fee Schedule.
4. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
5. Dental procedures initiated prior to the member's eligibility under this benefit plan or started after the member's termination from the plan.
6. 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.

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%.