



Plus Plan One



Members of the Plus Plan One dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- Two free cleanings (once every 6 months)
- Discounts on general and specialty procedures
- Topical application for children at no charge

The member payments listed are guaranteed to be between 30% and 40% discount and are offered by a participating Solstice provider. The member receives:

- Most diagnostic & preventive care at NO charge
- Cosmetic treatment

The following member payments apply when a participating General Dentist performs services. Participating Specialists are available at fees discounted off of their usual and customary charges. An “*” denotes limitation on certain benefits (see “Exclusion/Limitations”)

This plan is not dental insurance. This plan provides discounts at certain dental providers for dental services. The plan does not make payments directly to the dental providers for dental services. The plan member is obligated to pay for all dental care services, but will receive a discount from those providers who have contracted with Solstice Benefits.

CODE	DESCRIPTION	MEMBER FEE	CODE	DESCRIPTION	MEMBER FEE
D0120	Periodic Oral Evaluation	No Charge	D0470	Diagnostic casts	25.00
D0140	Limited oral evaluation - problem focused	10.00	D0601	Caries risk assessment and documentation, with a finding of low risk	No Charge
D0145	Oral evaluation for a patient under three years of age	30.00	D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge	D0603	Caries risk assessment and documentation, with a finding of high risk	No Charge
D0160	Detailed and extensive oral evaluation - problem focused	No Charge	D1110	Routine prophylaxis-adult (once every 6 months)	No Charge
D0170	Re-evaluation- limited or problem focused	No Charge	D1110	Additional routine prophylaxis - adult	45.00
D0171	Re-evaluation – post-operative office visit	No Charge	D1120	Routine prophylaxis- child once every 6 months (under the age of 16)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	15.00	D1120	Additional routine prophylaxis children under the age of 16	30.00
D9110	Palliative (emergency) treatment of dental pain	10.00	D1206	Topical application of fluoride varnish	30.00
D9310	“Consultation (diagnostic service provided by dentist other than practitioner providing treatment)”	20.00	D1208	Topical application of fluoride (adult and child)	30.00
D9430	Office visit for observation	10.00	D1310	Nutritional counseling for control of dental disease	No Charge
D9440	Office visit - after regularly scheduled hours	50.00	D1320	Tobacco counseling for the control & prevention of oral disease	No Charge
D0210	X-Ray - intraoral - complete series (including bitewings)	No Charge	D1330	Oral hygiene Instructions	No Charge
D0220	X-Ray - intraoral - periapical first film	No Charge	D1351	Application of sealant per tooth- children under the age of 16	25.00
D0230	X-Ray - intraoral - periapical each additional film	No Charge	D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	40.00
D0240	X-Ray - intraoral - occlusal film	No Charge	D1353	Sealant repair – per tooth	10.00
D0250	2D projection radiographic images created using a stationary radiation source, and detector	No Charge	D1510	Space maintainer- fixed- unilateral children under the age of 16	120.00
D0260	X-Ray - extraoral - each additional film	No Charge	D1515	Space maintainer- fixed- bilateral children under the age of 16	175.00
D0270	X-Ray - bitewing - single film	No Charge	D1520	Space maintainer- removable- unilateral children under the age of 16	160.00
D0272	X-Ray - bitewing - two films	No Charge	D1525	Space maintainer- removable- bilateral children under the age of 16	250.00
D0273	X-Ray- bitewings- three radiographic images	16.00	D1550	Re-cementation of space maintainer	25.00
D0274	X-Ray - bitewing - four films	24.00	D1555	Removal of fixed space maintainer	25.00
D0277	Vertical bitewings - 7 to 8 films	28.00	D2140	Amalgam - 1 surface, primary or permanent	50.00
D0290	Posterior-anterior or lateral skull and facial film	150.00	D2150	Amalgam - 2 surfaces, primary or permanent	55.00
D0310	Sialography	150.00	D2160	Amalgam - 3 surfaces, primary or permanent	60.00
D0320	TMJ, Including injection	250.00	D2161	Amalgam - 4 surfaces, primary or permanent	75.00
D0321	Other TMJ films, by report	150.00	D2330	Resin-based composite - 1 surface, anterior	45.00
D0322	Tomographic survey	150.00	D2331	Resin-based composite - 2 surfaces, anterior	65.00
D0330	Panoramic film (not to replace FMX)	25.00	D2332	Resin-based composite - 3 surfaces, anterior	75.00
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	150.00			
D0350	Oral/facial images (includes intra & extraoral)	20.00			
D0415	Bacteriologic studies	No Charge			
D0425	Caries susceptibility tests	No Charge			
D0460	Pulp vitality tests	10.00			

Solstice Benefits, Inc. is a licensed Prepaid Limited Health Services Organization, Discount Medical Plan Organization under Chapter 636 F.S. and Third Party Administrator under Chapter 626 F.S.

CODE	DESCRIPTION	MEMBER FEE	CODE	DESCRIPTION	MEMBER FEE
D2335	Resin-based composite - 4 or more surfaces or involving or involving incisal angle (anterior)	88.00		(excluding final restoration)	375.00
D2390	Resin-based composite crown, anterior	125.00	D3330	Endodontic therapy - molar (excluding final restoration)	485.00
D2391	Resin-based composite - 1 surface, posterior	70.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2392	Resin-based composite - 2 surfaces, posterior	80.00	D3332	Incomplete endodontic therapy; inoperable or fractured tooth	125.00
D2393	Resin-based composite - 3 surfaces, posterior	95.00	D3333	Internal root repair of perforation defects	130.00
D2394	Resin-based composite - 4 or more surfaces, posterior	120.00	D3346	Retreatment of previous root canal therapy - anterior	375.00
D2410	Gold foil- 1 surface	75.00	D3347	Retreatment of previous root canal therapy - bicuspid	410.00
D2420	Gold foil - 2 surfaces	95.00	D3348	Retreatment of previous root canal therapy - molar	550.00
D2430	Gold foil - 3 surfaces	125.00	D3351	Apexification/recalcification - initial visit	155.00
D2510	Inlay - metallic - 1 surface	300.00	D3352	Apexification/recalcification - interim medication replacement	110.00
D2520	Inlay - metallic - 2 surfaces	320.00	D3353	Apexification/recalcification - final visit	110.00
D2530	Inlay - metallic - 3 or more surfaces	340.00	D3410	Apicoectomy/periradicular surgery- anterior	275.00
D2542	Onlay - metallic - 2 surfaces	325.00	D3421	Apicoectomy/periradicular surgery- bicuspid (first root)	325.00
D2543	Onlay - metallic - 3 surfaces	330.00	D3425	Apicoectomy/periradicular surgery- molar (first root)	350.00
D2544	Onlay - metallic - 4 or more surfaces	355.00	D3426	Apicoectomy/periradicular surgery- each additional root	115.00
D2610	Inlay - porcelain/ceramic - 1 surface	325.00	D3430	Retrograde filling- per root	85.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	350.00	D3450	Root amputation- per root	199.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	375.00	D3470	Intentional reimplantation (including splinting)	180.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	395.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	415.00	D3920	Hemisection (including root removal)	150.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	445.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2650	Inlay - resin-based composite - 1 surface	195.00	D4210	Gingivectomy/gingivoplasty - 4 or more contiguous teeth per quad	195.00
D2651	Inlay - resin-based composite - 2 surfaces	250.00	D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth, per quad	50.00
D2652	Inlay - resin-based composite - 3 or more surfaces	275.00	D4240	Gingival flap procedure, including root planing - 4 or more	325.00
D2662	Onlay - resin-based composite - 2 surfaces	250.00	D4241	Gingival flap procedure, including root planing - 1 to 3 teeth, per quad	250.00
D2663	Onlay - resin-based composite - 3 surfaces	275.00	D4245	Apically positioned flap	150.00
D2664	Onlay - resin-based composite - 4 or more surfaces	290.00	D4249	Clinical crown lengthening - hard tissue	250.00
D2710	Crown - resin (indirect)	210.00	D4260	Osseous surgery (including flap entry and closure) 4 or more contiguous teeth per quad	450.00
D2712	Crown - 3/4 resin-based composite (indirect)	400.00	D4261	Osseous surgery (including flap entry and closure) 1 to 3 teeth per quadrant	420.00
D2720	Crown - resin with high noble metal	455.00	D4263	Bone replacement graft - first site in quadrant	200.00
D2721	Crown - resin with predominantly base metal	405.00	D4264	Bone replacement graft - each additional site in quadrant	120.00
D2722	Crown - resin with noble metal	425.00	D4266	Guided tissue regeneration - resorbable barrier, per site	191.00
D2740	Crown - porcelain/ceramic substrate	525.00	D4267	Guided tissue regeneration - nonresorbable barrier, per site (including membrane removal)	224.00
D2750	Crown - porcelain fused to high noble metal	499.00	D4270	Pedicle soft tissue graft procedure	359.00
D2751	Crown - porcelain fused to predominantly base metal	425.00	D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	395.00
D2752	Crown - porcelain fused to noble metal	480.00	D4274	Distal or proximal wedge procedure	128.00
D2780	Crown - 3/4 cast high noble metal	430.00	D4341	Periodontal scaling and root planing - 4 or more contiguous teeth per quadrant	80.00
D2781	Crown- 3/4 cast predominantly base metal	410.00	D4342	Periodontal scaling and root planing - 1 to 3 teeth, per quadrant	60.00
D2782	Crown- 3/4 cast noble metal	420.00	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	80.00
D2783	Crown - 3/4 porcelain/ceramic	450.00	D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	70.00
D2790	Crown - full cast high noble metal	499.00	D4910	Periodontal maintenance	55.00
D2791	Crown - full cast predominantly base metal	425.00	D4920	Unscheduled dressing change (by someone other than the treating dental office)	25.00
D2792	Crown - full cast noble metal	480.00	D5110	Complete denture - maxillary	625.00
D2799	Provisional crown	130.00	D5120	Complete denture - mandibular	625.00
D2910	Recement inlay	25.00	D5130	Immediate denture - maxillary (including two relines)	695.00
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core	25.00	D5140	Immediate denture - mandibular (including two relines)	695.00
D2920	Recement crown	25.00	D5211	Maxillary partial denture - resin base (including clasps)	450.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	75.00	D5212	Mandibular partial denture - resin base	
D2929	Prefabricated porcelain/ceramic crown- primary tooth	40.00			
D2930	Prefabricated stainless steel crown - primary tooth	95.00			
D2931	Prefabricated stainless steel crown - permanent tooth	95.00			
D2932	Prefabricated resin crown	95.00			
D2933	Prefabricated stainless steel crown with resin window	145.00			
D2940	Sedative filling	40.00			
D2950	Core buildup, including any pins	85.00			
D2951	Pin retention - per tooth, in addition to restoration	20.00			
D2952	Cast post and core in addition to crown	155.00			
D2953	Each additional cast post - same tooth	105.00			
D2954	Prefabricated post and core in addition to crown	125.00			
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) - chairside	205.00			
D2961	Labial veneer (resin laminate) - laboratory	260.00			
D2962	Labial veneer (porcelain laminate) - laboratory	425.00			
D2980	Crown repair	95.00			
D3110	Pulp cap - direct (excluding final restoration)	25.00			
D3120	Pulp cap - indirect (excluding final restoration)	25.00			
D3220	Therapeutic pulpotomy (excluding final restoration)	75.00			
D3221	Pulpal debridement, primary and permanent teeth	95.00			
D3310	Endodontic therapy - anterior (excluding final restoration)	310.00			
D3320	Endodontic therapy - bicuspid				

CODE	DESCRIPTION	MEMBER FEE	CODE	DESCRIPTION	MEMBER FEE
	(including clasps)	490.00	D7111	Coronal remnants - deciduous tooth	45.00
D5213	Partial denture - maxillary cast metal - acrylic	655.00	D7140	Extraction of erupted tooth or exposed root	70.00
D5214	Partial denture - mandibular cast metal - acrylic	655.00	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	120.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	695.00	D7220	Removal of impacted tooth - soft tissue	125.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	695.00	D7230	Removal of impacted tooth - partially bony	145.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	725.00	D7240	Removal of impacted tooth - completely bony	165.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	725.00	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	180.00
D5410	Adjustment - complete denture - maxillary	20.00	D7250	Surgical removal of residual tooth roots	95.00
D5411	Adjustment - complete denture - mandibular	20.00	D7260	Oroantral fistula closure	165.00
D5421	Adjustment - partial denture - maxillary	20.00	D7270	Tooth reimplantation	56.00
D5422	Adjustment - partial denture - mandibular	20.00	D7280	Surgical access of an unerupted tooth	130.00
D5510	Repair broken complete denture base	75.00	D7285	Biopsy of oral tissue - hard (bone, tooth)	120.00
D5520	Replace broken tooth - complete denture (each tooth)	70.00	D7286	Biopsy of oral tissue - soft (all others)	95.00
D5610	Repair denture resin base	50.00	D7310	Alveoloplasty with extractions - per quadrant	95.00
D5620	Repair cast framework	55.00	D7320	Alveoloplasty without extractions - per quadrant	130.00
D5630	Repair or replace broken clasp- per tooth	55.00	D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	65.00
D5640	Repair broken teeth - per tooth	45.00	D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	95.00
D5650	Add tooth to existing partial denture	65.00	D7470	Removal of exotosis	80.00
D5660	Add clasp to existing partial denture- per tooth	75.00	D7510	Incision and drainage of abscess - intraoral soft tissue	55.00
D5710	Rebase complete maxillary denture	195.00	D7960	Frenulectomy (frenectomy or frenotomy)- separate procedure	110.00
D5711	Rebase complete mandibular denture	195.00	D7970	Excision of hyperplastic tissue - per arch	140.00
D5720	Rebase maxillary partial denture	175.00	D9215	Local anesthesia	No Charge
D5721	Rebase mandibular partial denture	175.00	D9223	Deep sedation/general anesthesia - each 15 minute increment	55.00
D5730	Reline complete maxillary denture (chairside)	85.00	D9230	Analgesia nitrous oxide	20.00 per 1/2 hour
D5731	Reline complete mandibular denture (chairside)	85.00	D9243	Intravenous moderate (conscious) sedation/ analgesia- each 15 minute increment	55.00
D5740	Reline partial maxillary denture (chairside)	65.00	D9630	Oral irrigation/ other drugs/ medicament per quadrant	15.00
D5741	Reline partial mandibular denture (chairside)	65.00	D9910	Application of desensitizing medicament	20.00
D5750	Reline complete maxillary denture (laboratory)	150.00	D9940	Occlusal guard	250.00
D5751	Reline complete mandibular denture (laboratory)	150.00	D9950	Occlusal analysis - mounted case	75.00
D5760	Reline partial maxillary denture (laboratory)	110.00	D9951	Occlusal adjustment - limited	25.00
D5761	Reline partial mandibular denture (laboratory)	110.00	D9952	Occlusal adjustment - complete	150.00
D5810	Interim complete denture - maxillary	250.00	D9972	*External bleaching - per arch- performed in office	150.00
D5811	Interim complete denture - mandibular	250.00	D9972	*External bleaching - both arches- performed in office	275.00
D5820	Interim partial denture - maxillary	250.00			
D5821	Interim partial denture - mandibular	250.00			
D5850	Tissue conditioning - maxillary	55.00			
D5851	Tissue conditioning - mandibular	55.00			
D5862	Precision attachment	150.00			
D5899	Denture cleaning	No Charge			
D6210	Pontic - cast high noble metal	499.00			
D6211	Pontic - cast predominantly base metal	425.00			
D6212	Pontic - cast noble metal	480.00			
D6240	Pontic - porcelain fused to high noble metal	499.00			
D6241	Pontic - porcelain fused to predominantly base metal	425.00			
D6242	Pontic - porcelain fused to noble metal	480.00			
D6245	Pontic - porcelain/ceramic	495.00			
D6250	Pontic - resin with high noble metal	455.00			
D6251	Pontic - resin with predominantly base metal	405.00			
D6252	Pontic - resin with noble metal	425.00			
D6545	Retainer - cast metal for resin bonded fixed prosthesis	190.00			
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	230.00			
D6720	Crown - resin with high noble metal	455.00			
D6721	Crown - resin with predominantly base metal	405.00			
D6722	Crown - resin with noble metal	425.00			
D6740	Crown - porcelain/ceramic	495.00			
D6750	Crown - porcelain fused to high noble metal	499.00			
D6751	Crown - porcelain fused to predominantly base metal	425.00			
D6752	Crown - porcelain fused to noble metal	480.00			
D6780	Crown- 3/4 cast high noble metal	430.00			
D6781	Crown- 3/4 cast predominantly base metal	410.00			
D6782	Crown- 3/4 cast noble metal	420.00			
D6783	Crown- 3/4 porcelain/ceramic	410.00			
D6790	Crown - full cast high noble metal	499.00			
D6791	Crown - full cast predominantly base metal	425.00			
D6792	Crown - full cast noble metal	480.00			
D6930	Recement fixed partial denture	40.00			
D6940	Stress breaker	125.00			
D6950	Precision attachment	195.00			
D6971	Cast post as part of fixed partial denture retainer	165.00			
D7110	Single tooth extraction	70.00			

SPECIALTY SERVICES

1. This 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 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 co-payments 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 Pediatric Dentist) 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.

The patient/member is ultimately responsible for verifications to the accuracy and appropriateness of all fees applicable to any Solstice dental benefit provided by a Solstice network provider. Solstice urges all of its members to verify all fees for proposed treatment via the "Member Fee Schedule" and/or with Solstice Member Services Department prior to treatment.

EXCLUSIONS AND 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 doctor'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 fee as listed in the Member Fee Schedule.
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 Member Fee Schedule.
11. General anesthesia or IV sedation unless otherwise listed as a covered benefit on the Member Fee Schedule.
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) relines 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. Member fees for endodontic procedures do not include the cost of the final restoration.
21. D9972 Excludes bleaching material for home use.
22. Lab and related costs are included in the listed member fee.
23. Copies of X-rays can be obtained for \$2 per periapical film up to a maximum of \$30. Panoramic X-rays can be obtained for a \$15 fee.

If you have any questions about your plan...

You'll find your member website, **myuhc.com**, a great resource, but if you prefer, give us a call at **1-877-816-3596**. We're happy to help.

We want to make sure you understand your plan so you can enjoy the terrific benefits it provides.



**Thank you for choosing
UnitedHealthcare.**