

UnitedHealthcare Dental HMO Plan 2025 Summary of Benefits and Coverage

A lifetime of healthy smiles starts with good dental care, and the Publix Group Dental Plan provides dental benefits at an affordable cost. This summary lists the most common covered services. The complete Schedule of Benefits, including the applicable exclusions and limitations for each plan, and a provider locator are available by visiting the UnitedHealthcare Dental website. Visit publix.org and log in to PASSport to find associate pay period deductions for all coverage tiers and a link to the provider website. You also may call UnitedHealthcare Dental toll-free at 1-800-815-8119. ID cards are issued to new enrollees in the dental plan.

Network Provider¹

Out-of-Network Provider²

CALENDAR YEAR DEDUCTIBLE (CYD)

Per Individual
Per Family Aggregate

None
None

None
None

CALENDAR YEAR MAXIMUM BENEFIT

No maximum

No maximum

PREVENTIVE & DIAGNOSTIC SERVICES

Office Visit
Initial Exam
X-Rays (bitewings)
Semi-Annual Cleanings (limit 2 per calendar year)
Sealant — Per Tooth (children under 16 years old — molars without cavities only)

Patient Pays:

No charge
No charge
No charge
No charge
No charge

Reimbursement:

\$20
\$20
\$25
\$35
\$20

BASIC SERVICES

One Surface White Filling
Two Surface White Filling
Periodontal Scaling and Root Planing
Single Tooth Extraction
Surgical Removal of Erupted Tooth

Patient Pays:

\$37 Anterior/\$70 Posterior
\$45 Anterior/\$85 Posterior
\$55
\$25
\$105

Reimbursement:

\$15 Anterior only
\$20 Anterior only
Not covered
Not covered
Not covered

MAJOR SERVICES

Porcelain to Metal Crown/Bridge (per unit)
Molar Root Canal Therapy

Patient Pays:

\$175 + Lab³
\$325

Reimbursement:

Not covered
Not covered

ORTHODONTIC SERVICES

Consultation
Evaluation
Records/Treatment Planning for up to 24 Months Routine
Orthodontic Treatment (child)
Orthodontic Treatment (adult)
Retainer (post-orthodontic treatment)

Patient Pays:

No charge
\$35
\$250
\$1,500
\$2,000
\$300

Reimbursement:

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

¹ You may receive specialist services (Oral Surgeon, Endodontist, Orthodontist, Periodontist or Pediatric Dentist) by going directly to a participating specialist with no referral and receive a 25% reduction off the specialist's usual and customary fee; or you may obtain prior written authorization from the plan and receive specialty treatment by an approved participating specialist for a fixed copayment. Please refer to the Specialty Care Referral Policy in the Certificate of Coverage for details.

² Out-of-Network reimbursements are available for preventive, diagnostic and certain basic services. Please refer to the Schedule of Benefits for details.

³ Please refer to the Schedule of Benefits for details.



ACCESS + SPBX

Schedule of Benefits

Members of ACCESS + PBXS dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No Waiting Periods
- No Deductibles
- Out-of-Network Preventive & Diagnostic Reimbursement

The Member copayments listed are offered by a participating in-network provider. The Member receives:

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

Members can choose a participating provider at
myuhcdental.com

Member Services Department: 1-800-815-8119

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

| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
|---|---|---------------------|
| APPOINTMENTS | | |
| D0120 * | Periodic oral evaluation - established patient | \$0 /\$20 |
| D0140 | Limited oral evaluation - problem focused | \$0 /\$20 |
| D0145 * | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$0 /\$20 |
| D0150 * | Comprehensive oral evaluation - new or established patient | \$0 /\$20 |
| D0160 * | Detailed and extensive oral evaluation - problem focused, by report | \$0 /\$20 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$0 /\$20 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | \$0 /\$20 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$0 /\$20 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$0 /\$20 |
| D9440 | Office visit - after regularly scheduled hours | \$0 /\$20 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$0 /\$20 |
| RADIOGRAPHY / DIAGNOSTIC DENTISTRY | | |
| D0210 * | Intraoral - complete series (including bitewings) | \$0 /\$25 |
| D0220 | Intraoral - periapical first radiographic images | \$0 /\$4 |
| D0230 | Intraoral - periapical each additional radiographic images | \$0 /\$2 |
| D0240 | Intraoral - occlusal radiographic images | \$0 |
| D0270 * | Bitewing - single radiographic images | \$0 /\$10 |
| D0272 * | Bitewings - two radiographic images | \$0 /\$15 |
| D0273 * | Bitewings - three radiographic images | \$0 /\$20 |
| D0274 * | Bitewings - four radiographic images | \$0 /\$23 |
| D0277 * | Vertical bitewings - 7 to 8 radiographic images | \$32 /\$25 |
| D0310 | Sialography | \$150 |
| D0320 | Temporomandibular joint arthrograph, including injection | \$250 |
| D0321 | Other temporomandibular joint radiographic images, by report | \$150 |
| D0322 | Tomographic survey | \$150 |
| D0330 * | Panoramic radiographic images | \$50 /\$25 |
| D0340 | Cephalometric radiographic images | \$162 |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | \$20 /\$15 |
| D0364 * | Cone beam CT capture and interpretation with limited field of view - less than one whole jaw | \$152 |
| D0365 * | Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | \$142 |
| D0366 * | Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, | \$142 |



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| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
|-----------------------------|---|---------------------|
| D0367 | *Cone beam CT capture and interpretation with field of view of both jaws, with or without | \$187 |
| D0368 | *Cone beam CT capture and interpretation for TMJ series including two or more exposures | \$142 |
| D0369 | *Maxillofacial MRI capture and interpretation | \$192 |
| D0370 | *Maxillofacial ultrasound capture and interpretation | \$172 |
| D0371 | *Sialoendoscopy capture and interpretation | \$172 |
| D0372 | *Intraoral tomosynthesis – comprehensive series of radiographic images | \$0/\$25 |
| D0373 | *Intraoral tomosynthesis – bitewing radiographic image | \$0/\$10 |
| D0374 | Intraoral tomosynthesis – periapical radiographic image | \$0/\$4 |
| D0380 | *Cone beam CT image capture with limited field of view - less than one whole jaw | \$152 |
| D0381 | *Cone beam CT image capture with field of view of one full dental arch - mandible | \$142 |
| D0382 | *Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without | \$142 |
| D0383 | *Cone beam CT image capture with field of view of both jaws, with or without cranium | \$187 |
| D0384 | *Cone beam CT image capture for TMJ series including two or more exposures | \$142 |
| D0385 | *Maxillofacial MRI image capture | \$172 |
| D0386 | *Maxillofacial ultrasound image capture | \$172 |
| D0387 | *Intraoral tomosynthesis – comprehensive series of radiographic images - image capture only | \$0/\$25 |
| D0388 | *Intraoral tomosynthesis – bitewing radiographic image - image capture only | \$0/\$10 |
| D0389 | Intraoral tomosynthesis – periapical radiographic image - image capture only | \$0/\$4 |
| D0393 | *Treatment simulation using 3D image volume | \$12 |
| D0394 | *Digital subtraction of two or more images or image volumes of the same modality | \$12 |
| D0395 | *Fusion of two or more 3D image volumes of one or more modalities | \$12 |
| D0415 | Collection of microorganisms for culture and sensitivity | \$0 |
| D0425 | Caries susceptibility tests | \$0 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$75 |
| D0460 | Pulp vitality tests | \$0 |
| D0470 | Diagnostic casts | \$0 |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | \$0 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$0 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$0 |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | \$0 |
| D0486 | Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report | \$0 |
| D0502 | Other oral pathology procedures, by report | \$0 |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | \$0 |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | \$0 |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | \$0 |
| D0701 | Panoramic radiographic image – image capture only | \$50 /\$25 |
| D0702 | 2-D cephalometric radiographic image – image capture only | \$162 |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only | \$20 /\$15 |
| D0706 | Intraoral – occlusal radiographic image – image capture only | \$0 |
| D0707 | Intraoral – periapical radiographic image – image capture only | \$0 /\$2 |
| D0708 | Intraoral – bitewing radiographic image – image capture only | \$0 /\$10 |
| D0709 | Intraoral – complete series of radiographic images – image capture only | \$0 /\$25 |
| D0801 | *3D dental surface scan – direct | \$12 |
| D0802 | *3D dental surface scan – indirect | \$12 |
| D0803 | *3D facial surface scan – direct | \$12 |
| D0804 | *3D facial surface scan – indirect | \$12 |
| PREVENTIVE DENTISTRY | | |
| D1110 | *Prophylaxis - adult | \$0 /\$35 |
| D1110 | Prophylaxis - adult additional | \$25^ |
| D1120 | *Prophylaxis - child | \$0 /\$25 |
| D1120 | Prophylaxis - child additional | \$25^ |
| D1206 | Topical fluoride varnish | \$0 |



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| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
|------------------------------|---|---------------------|
| D1208 | *Topical application of fluoride - excluding varnish | \$0 /\$10 |
| D1310 | Nutritional counseling for control of dental disease | \$0 |
| D1320 | Tobacco counseling for the control and prevention of oral disease | \$0 |
| D1330 | Oral hygiene instructions | \$0 |
| D1351 | *Sealant - per tooth | \$0 /\$20 |
| D1352 | *Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | \$0 |
| D1510 | *Space maintainer - fixed - unilateral | \$0 /\$50 |
| D1516 | *Space maintainer - fixed - bilateral, maxillary | \$0 /\$75 |
| D1517 | *Space maintainer - fixed - bilateral, mandibular | \$0 /\$75 |
| D1520 | *Space maintainer - removable - unilateral | \$0 /\$50 |
| D1526 | *Space maintainer - removable - bilateral, maxillary | \$0 /\$75 |
| D1527 | *Space maintainer - removable - bilateral, mandibular | \$0 /\$75 |
| D1550 | *Re-cementation or re-bond space maintainer | \$15 |
| D1555 | Removal of fixed space maintainer | \$22 |
| RESTORATIVE DENTISTRY | | |
| D2140 | Amalgam - one surface, primary or permanent | \$16 /\$15 |
| D2150 | Amalgam - two surfaces, primary or permanent | \$22 /\$20 |
| D2160 | Amalgam - three surfaces, primary or permanent | \$26 /\$25 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | \$30 /\$25 |
| D2330 | Resin-based composite - one surface, anterior | \$37 /\$15 |
| D2331 | Resin-based composite - two surfaces, anterior | \$45 /\$20 |
| D2332 | Resin-based composite - three surfaces, anterior | \$55 /\$25 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$87 /\$25 |
| D2390 | Resin-based composite crown, anterior | \$130 |
| D2391 | Resin-based composite - one surface, posterior | \$70 |
| D2392 | Resin-based composite - two surfaces, posterior | \$85 |
| D2393 | Resin-based composite - three surfaces, posterior | \$100 |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$122 |
| D2410 | Gold foil - one surface | \$75 |
| D2420 | Gold foil - two surfaces | \$95 |
| D2430 | Gold foil - three surfaces | \$125 |
| D2510 | Inlay - metallic - one surface | \$115 |
| D2520 | Inlay - metallic - two surfaces | \$125 |
| D2530 | Inlay - metallic - three or more surfaces | \$150 |
| D2542 | Onlay - metallic-two surfaces | \$325 |
| D2543 | Onlay - metallic-three surfaces | \$340 |
| D2544 | Onlay - metallic-four or more surfaces | \$350 |
| D2610 | Inlay - porcelain/ceramic - one surface | \$275* |
| D2620 | Inlay - porcelain/ceramic - two surfaces | \$300* |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | \$325* |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$360* |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$390* |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | \$400* |
| D2650 | Inlay - resin-based composite - one surface | \$237 |
| D2651 | Inlay - resin-based composite - two surfaces | \$250 |
| D2652 | Inlay - resin-based composite - three or more surfaces | \$275 |
| D2662 | Onlay - resin-based composite - two surfaces | \$247 |
| D2663 | Onlay - resin-based composite - three surfaces | \$267 |
| D2664 | Onlay - resin-based composite - four or more surfaces | \$287 |
| D2710 | *Crown - resin-based composite (indirect) | \$195 |
| D2712 | *Crown - ¾ resin-based composite (indirect) | \$195 |
| D2720 | *Crown- resin with high noble metal | \$290* |
| D2721 | *Crown - resin with predominantly base metal | \$290* |
| D2722 | *Crown - resin with noble metal | \$290* |



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| D2740 | *Crown - porcelain/ceramic substrate | \$165* |
| D2750 | *Crown - porcelain fused to high noble metal | \$165* |
| D2751 | *Crown - porcelain fused to predominantly base metal | \$165* |
| D2752 | *Crown - porcelain fused to noble metal | \$165* |
| D2780 | *Crown - 3/4 cast high noble metal | \$290* |
| D2781 | *Crown - 3/4 cast predominantly base metal | \$290* |
| D2782 | *Crown - 3/4 cast noble metal | \$290* |
| D2783 | *Crown - 3/4 porcelain/ceramic | \$290* |
| D2790 | *Crown - full cast high noble metal | \$175* |
| D2791 | *Crown - full cast predominantly base metal | \$175* |
| D2792 | *Crown - full cast noble metal | \$175* |
| D2794 | *Crown - titanium | \$290* |
| D2799 | Provisional Crown - further treatment or completion of diagnosis necessary prior to final impression | \$125 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration | \$15 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$20 |
| D2920 | Re-cement or re-bond crown | \$20 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | \$27 |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | \$54* |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth | \$54* |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$52 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$85 |
| D2932 | Prefabricated resin crown | \$95 |
| D2933 | Prefabricated stainless steel crown with resin window | \$145 |
| D2940 | Protective restoration | \$20 |
| D2941 | Interim therapeutic restoration - primary dentition | \$20 |
| D2949 | Restorative foundation for an indirect restoration | \$20 |
| D2950 | Core buildup, including any pins | \$50 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$20 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$97 |
| D2953 | Each additional indirectly fabricated post - same tooth | \$95 |
| D2954 | Prefabricated post and core in addition to crown | \$97 |
| D2955 | Post removal | \$37 |
| D2957 | Each additional prefabricated post - same tooth | \$30 |
| D2960 | Labial veneer (resin laminate) - direct | \$200 |
| D2961 | Labial veneer (resin laminate) - indirect | \$255* |
| D2962 | Labial veneer (porcelain laminate) - indirect | \$310* |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | \$45 |
| D2975 | Coping | \$95 |
| D2980 | Crown repair necessitated by restorative material failure | \$95 |
| D2981 | Inlay repair necessitated by restorative material failure | \$95 |
| D2982 | Onlay repair necessitated by restorative material failure | \$95 |
| D2983 | Veneer repair necessitated by restorative material failure | \$95 |
| D2990 | Resin infiltration of incipient smooth surface lesions | \$29 |
| ENDODONTIC SERVICES | | |
| D3110 | Pulp cap - direct (excluding final restoration) | \$32 |
| D3120 | Pulp cap - indirect (excluding final restoration) | \$32 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$40 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$95 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$75 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$65 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$57 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$150 |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | \$250 |



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| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
|-----------------------------|---|---------------------|
| D3330 | Endodontic therapy, molar (excluding final restoration) | \$325 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$85 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$75 |
| D3333 | Internal root repair of perforation defects | \$125 |
| D3346 | Retreatment of previous root canal therapy - anterior | \$375 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | \$425 |
| D3348 | Retreatment of previous root canal therapy - molar | \$500 |
| D3351 | Apexification/recalcification | \$90 |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | \$90 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | \$90 |
| D3410 | Apicoectomy - anterior | \$235 |
| D3421 | Apicoectomy - bicuspid (first root) | \$315 |
| D3425 | Apicoectomy - molar (first root) | \$347 |
| D3426 | Apicoectomy (each additional root) | \$102 |
| D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site | \$47 |
| D3429 | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site | \$42 |
| D3430 | Retrograde filling - per root | \$82 |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | \$150 |
| D3432 | Guided tissue regeneration in conjunction with periradicular | \$150 |
| D3450 | Root amputation - per root | \$170 |
| D3460 | Endodontic endosseous implant | \$549 |
| D3470 | Intentional reimplantation (including necessary splinting) | \$175 |
| D3471 | Surgical repair of root resorption – anterior | \$235 |
| D3472 | Surgical repair of root resorption – premolar | \$315 |
| D3473 | Surgical repair of root resorption – molar | \$347 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | \$235 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | \$235 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | \$235 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$95 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$112 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$75 |
| PERIODONTIC SERVICES | | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per | \$150 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per | \$75 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$65 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$217 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$207 |
| D4245 | Apically positioned flap | \$150 |
| D4249 | Clinical crown lengthening - hard tissue | \$245 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$375 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$325 |
| D4263 | Bone replacement graft - first site in quadrant | \$450 |
| D4264 | Bone replacement graft - each additional site in quadrant | \$325 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | \$325 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | \$325 |
| D4268 | Surgical revision procedure, per tooth | \$0 |
| D4270 | Pedicle soft tissue graft procedure | \$310 |
| D4273 | Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | \$417 |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$132 |
| D4275 | Soft tissue allograft | \$502 |



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| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
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| D4276 | Combined connective tissue and double pedicle graft, per tooth | \$65 |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | \$215 |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | \$75 |
| D4286 | Removal of non-resorbable barrier | \$20 |
| D4320 | Provisional splinting - intracoronal | \$115 |
| D4321 | Provisional splinting - extracoronal | \$105 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$75+ |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | \$55+ |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | \$60+ |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | \$60+ |
| D4910 | *Periodontal maintenance | \$72 |
| D4910 | Periodontal maintenance | \$100^ |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | \$25 |
| D4921 | Gingival irrigation - per quadrant | \$15 |
| PROSTHODONTICS REMOVABLE | | |
| D5110 | *Complete denture - maxillary | \$325* |
| D5120 | *Complete denture - mandibular | \$325* |
| D5130 | *Immediate denture - maxillary | \$325* |
| D5140 | *Immediate denture - mandibular | \$325* |
| D5211 | *Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$325* |
| D5212 | *Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | \$325* |
| D5213 | *Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$325* |
| D5214 | *Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$325* |
| D5225 | *Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | \$507* |
| D5226 | *Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | \$507* |
| D5282 | *Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | \$260* |
| D5283 | *Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular | \$260* |
| D5410 | Adjust complete denture - maxillary | \$19 |
| D5411 | Adjust complete denture - mandibular | \$19 |
| D5421 | Adjust partial denture - maxillary | \$19 |
| D5422 | Adjust partial denture - mandibular | \$19 |
| D5510 | *Repair broken complete denture base | \$20* |
| D5520 | *Replace missing or broken teeth - complete denture (each tooth) | \$20* |
| D5610 | *Repair resin denture base | \$20 |
| D5630 | *Repair or replace broken clasp | \$20* |
| D5640 | *Replace broken teeth - per tooth | \$20* |
| D5650 | *Add tooth to existing partial denture | \$35* |
| D5660 | *Add clasp to existing partial denture | \$87* |
| D5670 | *Replace all teeth and acrylic on cast metal framework (maxillary) | \$205* |
| D5671 | *Replace all teeth and acrylic on cast metal framework (mandibular) | \$205* |
| D5710 | *Rebase complete maxillary denture | \$187* |
| D5711 | *Rebase complete mandibular denture | \$187* |
| D5720 | *Rebase maxillary partial denture | \$162* |
| D5721 | *Rebase mandibular partial denture | \$162* |
| D5730 | *Reline complete maxillary denture (direct) | \$55* |
| D5731 | *Reline complete mandibular denture (direct) | \$55* |
| D5740 | *Reline maxillary partial denture (direct) | \$55* |
| D5741 | *Reline mandibular partial denture (direct) | \$55* |
| D5750 | *Reline complete maxillary denture (indirect) | \$40* |
| D5751 | *Reline complete mandibular denture (indirect) | \$40* |
| D5760 | *Reline maxillary partial denture (indirect) | \$40* |
| D5761 | *Reline mandibular partial denture (indirect) | \$40* |

| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
|--------------------------------------|---|---------------------|
| D5810 | *Interim Complete denture (maxillary) | \$250* |
| D5811 | *Interim complete denture (mandibular) | \$250* |
| D5820 | *Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary | \$167* |
| D5821 | *Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular | \$167* |
| D5850 | Tissue conditioning, maxillary | \$35 |
| D5851 | Tissue conditioning, mandibular | \$35 |
| D5862 | Precision attachment, by report | \$150 |
| D5899 | Unspecified removable prosthodontic procedure, by report | \$0 |
| D5982 | Surgical stent | \$155* |
| D5987 | Commissure splint | \$155* |
| D5988 | Surgical splint | \$155* |
| IMPLANT SUPPORTED PROSTHETICS | | |
| D6190 | Radiographic/surgical implant index, by report | \$235 |
| D6010 | *Surgical placement of implant body; endosteal implant | \$1,050 |
| D6012 | *Surgical placement of interim implant body for transitional prosthesis: endosteal implant | \$1,050 |
| D6100 | Implant removal, by report | \$700 |
| D6056 | *Prefabricated abutment – includes placement | \$475 |
| D6057 | *Custom abutment – includes placement | \$595 |
| D6066 | *Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$795 |
| D6106 | Guided tissue regeneration – resorbable barrier, per implant | \$0 |
| D6110 | *Implant /abutment supported removable denture for edentulous arch – maxillary | \$1,300 |
| D6111 | *Implant /abutment supported removable denture for edentulous arch – mandibular | \$1,300 |
| D6112 | *Implant /abutment supported removable denture for partially edentulous arch – maxillary | \$1,040 |
| D6113 | *Implant /abutment supported removable denture for partially edentulous arch – mandibular | \$1,040 |
| D6114 | *Implant /abutment supported fixed denture for edentulous arch – maxillary | \$3,900 |
| D6115 | *Implant /abutment supported fixed denture for edentulous arch – mandibular | \$3,900 |
| D6116 | *Implant /abutment supported fixed denture for partially edentulous arch – maxillary | \$2,300 |
| D6117 | *Implant /abutment supported fixed denture for partially edentulous arch – mandibular | \$2,300 |
| D6080 | Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis, | \$180 |
| D6090 | Repair implant supported prosthesis, by report | \$400 |
| D6095 | Repair implant abutment, by report | \$220 |
| D6092 | Recement implant/abutment supported crown | \$45 |
| D6093 | Recement implant/abutment supported fixed partial denture | \$65 |
| PROSTHODONTICS FIXED | | |
| D6205 | Pontic - indirect resin based composite | \$795 |
| D6210 | *Pontic - cast high noble metal | \$175* |
| D6211 | *Pontic - cast predominantly base metal | \$175* |
| D6212 | *Pontic - cast noble metal | \$175* |
| D6214 | *Pontic - titanium | \$290* |
| D6240 | *Pontic - porcelain fused to high noble metal | \$175* |
| D6241 | *Pontic - porcelain fused to predominantly base metal | \$175* |
| D6242 | *Pontic - porcelain fused to noble metal | \$290* |
| D6245 | *Pontic - porcelain/ceramic | \$290* |
| D6250 | *Pontic - resin with high noble metal | \$290* |
| D6251 | *Pontic - resin with predominantly base metal | \$290* |
| D6252 | *Pontic - resin with noble metal | \$290* |
| D6253 | Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression | \$0 |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | \$180 |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | \$225* |
| D6600 | Inlay - porcelain/ceramic, two surfaces | \$290* |
| D6601 | Inlay - porcelain/ceramic, three or more surfaces | \$290* |
| D6602 | Inlay - cast high noble metal, two surfaces | \$290* |
| D6603 | Inlay - cast high noble metal, three or more surfaces | \$290* |
| D6604 | Inlay - cast predominantly base metal, two surfaces | \$290* |



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| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
|---------------------|--|---------------------|
| D6605 | Inlay - cast predominantly base metal, three or more surfaces | \$290* |
| D6606 | Inlay - cast noble metal, two surfaces | \$290* |
| D6607 | Inlay - cast noble metal, three or more surfaces | \$290* |
| D6608 | Onlay -porcelain/ceramic, two surfaces | \$290* |
| D6609 | Onlay - porcelain/ceramic, three or more surfaces | \$290* |
| D6610 | Onlay - cast high noble metal, two surfaces | \$290* |
| D6611 | Onlay - cast high noble metal, three or more surfaces | \$290* |
| D6612 | Onlay - cast predominantly base metal, two surfaces | \$290* |
| D6613 | Onlay - cast predominantly base metal, three or more surfaces | \$290* |
| D6614 | Onlay - cast noble metal, two surfaces | \$290* |
| D6615 | Onlay - cast noble metal, three or more surfaces | \$290* |
| D6624 | *Inlay - titanium | \$290* |
| D6634 | *Onlay - titanium | \$290* |
| D6710 | *Crown - indirect resin based composite | \$290* |
| D6720 | *Crown - resin with high noble metal | \$290* |
| D6750 | *Crown - porcelain fused to high noble metal | \$175* |
| D6751 | *Crown - porcelain fused to predominantly base metal | \$175* |
| D6752 | *Crown - porcelain fused to noble metal | \$175* |
| D6790 | *Crown - full cast high noble metal | \$175* |
| D6791 | *Crown - full cast predominantly base metal | \$175* |
| D6792 | *Crown - full cast noble metal | \$175* |
| D6793 | Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final | \$125 |
| D6930 | Re-cement or re-bond fixed partial denture | \$15 |
| D6940 | Stress breaker | \$125 |
| D6950 | Precision attachment | \$195 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$80 |
| ORAL SURGERY | | |
| D7111 | Extraction, coronal remnants - deciduous tooth | \$45 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$25 |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | \$105 |
| D7220 | Removal of impacted tooth - soft tissue | \$85 |
| D7230 | Removal of impacted tooth - partially bony | \$90 |
| D7240 | Removal of impacted tooth - completely bony | \$135 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$157 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$40 |
| D7251 | Coronectomy - intentional partial tooth removal | \$270 |
| D7260 | Oroantral fistula closure | \$160 |
| D7261 | Primary closure of a sinus perforation | \$275 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$95 |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | \$100 |
| D7280 | Surgical access of an unerupted tooth | \$125 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$125 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$80 |
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | \$155 |
| D7286 | Incisional biopsy of oral tissue-soft | \$100 |
| D7287 | Exfoliative cytological sample collection | \$85 |
| D7288 | Brush biopsy - transepithelial sample collection | \$25 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | \$40 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$40 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$40 |
| D7320 | Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant | \$157 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$157 |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | \$370 |

| CODE | DESCRIPTION | COPAY/REIMBURSEMENT |
|----------------------|---|---------------------|
| D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | \$990 |
| D7410 | Excision of benign lesion up to 1.25 cm | \$25 |
| D7411 | Excision of benign lesion greater than 1.25 cm | \$50 |
| D7412 | Excision of benign lesion, complicated | \$55 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$65 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$95 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$95 |
| D7472 | Removal of torus palatinus | \$65 |
| D7473 | Removal of torus mandibularis | \$95 |
| D7485 | Surgical reduction of osseous tuberosity | \$95 |
| D7509 | Marsupialization of odontogenic cyst | \$95 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$20 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$20 |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | \$20 |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$20 |
| D7910 | Suture of recent small wounds up to 5 cm | \$35 |
| D7921 | Collection and application of autologous blood concentrate product | \$125 |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report | \$350 |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | \$800 |
| D7952 | Sinus augmentation via a vertical approach | \$350 |
| D7953 | Bone replacement graft for ridge preservation – per site | \$100 |
| D7956 | Guided tissue regeneration, edentulous area – resorbable barrier, per site | \$0 |
| D7961 | Buccal / labial frenectomy (frenulectomy) | \$112 |
| D7962 | Lingual frenectomy (frenulectomy) | \$112 |
| D7963 | Frenuloplasty | \$112 |
| D7970 | Excision of hyperplastic tissue - per arch | \$140 |
| D7971 | Excision of Pericoronal Gingiva | \$102 |
| D7972 | Surgical reduction of fibrous tuberosity | \$125 |
| ORTHODONTIC | | |
| D8010 | Limited orthodontic treatment of the primary dentition | \$1,375 |
| D8020 | Limited orthodontic treatment of the transitional dentition | \$1,375 |
| D8030 | Limited orthodontic treatment of the adolescent dentition | \$1,375 |
| D8040 | Limited orthodontic treatment of the adult dentition | \$1,800 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$1,500 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$1,500 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$2,000 |
| D8210 | Removable appliance therapy | \$103 |
| D8220 | Fixed appliance therapy | \$103 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$35 |
| D8670 | Periodic orthodontic treatment visit | \$0 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$300 |
| D8693 | Re-cement or re-bond fixed retainer | \$0 |
| D8999 | Unspecified orthodontic procedure, by report | \$250 |
| MISCELLANEOUS | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | \$0 |
| D9120 | Fixed partial denture sectioning | \$0 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$0 |
| D9211 | Regional block anesthesia | \$0 |
| D9212 | Trigeminal division block anesthesia | \$0 |
| D9215 | Local anesthesia | \$0 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | \$50 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | \$50 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | \$20 |



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| D9239 | Intravenous moderate (conscious) sedation/analgesia- first 15 minutes | \$65 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | \$65 |
| D9248 | Non-intravenous moderate (conscious) sedation | \$15 |
| D9610 | Therapeutic parenteral drug, single administration | \$15 |
| D9630 | Other drugs and/or medicaments, by report | \$15 |
| D9910 | *Application of desensitizing medicament | \$0 |
| D9930 | Treatment of complications (post- surgical) - unusual circumstances, by report | \$0 |
| D9942 | Repair and/or reline of Occlusal guard | \$40 |
| D9944 | *Occlusal guard - hard appliance, full arch | \$250 |
| D9945 | *Occlusal guard - soft appliance, full arch | \$250 |
| D9946 | *Occlusal guard - hard appliance, partial arch | \$250 |
| D9950 | Occlusion analysis - mounted case | \$75 |
| D9951 | Occlusal adjustment - limited | \$30 |
| D9952 | Occlusal adjustment - complete | \$137 |
| D9953 | Reline custom sleep apnea appliance (indirect) | \$55 |
| D9972 | External bleaching - per arch - performed in office | \$150 |
| D9973 | External bleaching - per tooth | \$30 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | \$240 |

EXCLUSIONS AND LIMITATIONS

Specialty Services

- The Schedule of Benefits applies when listed Dental Services are performed by a Participating General Dentist, unless otherwise authorized by Solstice.
- 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%.
- The Participating General Dentist you select may not perform all Dental Procedures listed. The Copayments shown apply to Participating Dentists who do perform these Dental Services. Therefore, you are encouraged to secure availability of the scheduled Dental Services with your Participating General Dentist
- Should the services of a Specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care by going directly to a Participating Specialist with no referral and receive a 25% reduction off the Provider's usual and customary fee; or 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
- Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
- Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at www.solsticebenefits.com under "Locate A Provider."

Exclusions

- Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
- 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.
- 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.
- Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
- Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
- Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
- 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.

Limitations

- Any oral evaluation (excluding problem) is limited to twice per calendar year; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation
- All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
- The dental prophylaxis or periodontal maintenance procedure is limited to twice per calendar year. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
- Fluoride treatment is limited to one (1) time per calendar year.
- Sealants (D1351 or D1352) 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.
- Space maintainers and all adjustments are limited to children under the age of 16.
- Harmful habit appliances are limited to one (1) time per person under the age of 16.
- General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- New dentures include one (1) reline within the first six (6) months
- Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
- When crowns, implants, or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- Copayments for endodontic procedures do not include the cost of the final restoration.



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- 13 “Copayments marked by “*” do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
- High noble metal (precious) up to \$145.00
 - Titanium metal up to \$120 (covered with proof of allergy to other metals)
 - Noble metal (semi-precious) up to \$120.00
 - Predominantly base metal (non-precious) up to \$55.00
 - Crown laboratory fees up to \$155.00
 - Laboratory fees on dentures up to \$225.00
 - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
 - Denture repair laboratory fees up to \$50.00
 - All ceramic and/or porcelain crown material fees up to \$155.00”
- 14 Copayments marked by “†” are not eligible at a specialist.
- 15 Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 16 Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- 17 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 18 All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
- 19 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 20 A broken appointment fee up to \$20.00 may be charged by the dental office if 24-hour prior notice is not given.
- 21 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor’s usual and customary fees.
- 22 Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
- 23 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
- 24 D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.
- 25 Copayments marked by “^” are additional benefits utilized after the original limitation.