

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. All bitewing X-rays 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 co-payments as listed in the Schedule of Benefits.
4. Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
5. Sealants are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
6. Space maintainers and all adjustments are limited to children under the age of 16.
7. Harmful habit appliances are limited to one (1) time per person under the age of 16.
8. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
9. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health or experimental in nature, as determined by the participating Solstice dentist.
10. Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
11. General anesthesia or IV sedation unless otherwise listed as a covered benefit on the Schedule of Benefits.
12. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
13. Treatment of malignancies, cysts, or neoplasms.
14. Dental implants and related services.
15. Dental procedures initiated prior to the member's eligibility under this benefit plan or started after the member's termination from the plan.
16. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member including but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
17. New dentures include one (1) reline within the first six (6) months.
18. Replacement of crowns, fixed bridges or dentures is limited to once every five (5) years.
19. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
20. Co-payments for endodontic procedures do not include the cost of the final restoration.
21. *Either D0210 or D0330 reimbursable once every five years.
22. Copies of X-rays can be obtained for \$2 per periapical film up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
23. *D0274, D0277 or D0210 are payable only when other inclusive films have not been taken (paid) within the last six months.

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24. 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.
25. D9972 Excludes bleaching material for home use.
26. Co-payments marked by "+" are not eligible for reimbursement under specialty plan.
27. Emergency treatment is available for palliative treatment for the abatement of pain for up to \$100 per occurrence outside the service area (Florida).
28. Surgical removal of impacted tooth covered when pathology (disease) exists. Surgical removal of wisdom tooth/3rd molar when pathology does not exist will be covered at 25% off of the general dentist's or specialist's usual and customary fees.

Specialty Services

- This member Schedule of Benefits applies when listed dental services are performed by a participating general dentist, unless otherwise authorized by Solstice Benefits.
- 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 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.
- Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist or Pediatric dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization from Solstice Benefits and receive specialty treatment by an approved participating specialist at the listed co-payments. Please refer to the Specialty Care Referral Policy in your member ID packet.



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Solstice Benefits, Inc.

COM 1000

SCHEDULE OF BENEFITS

Plan Highlights

Members of the "COM 1000" dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting periods
- No deductibles
- No claim forms to submit

The member co-payments listed are offered by a participating Solstice provider. The member receives:

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

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 "Schedule of Benefits" and/or with Solstice Member Services Department prior to treatment. The following member co-payments apply when a participating General Dentist performs services. An "*" denotes limitation on certain benefits (see "Exclusion/Limitations")

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CODE	DESCRIPTION	GO-PAY
PROSTHODONTICS - REMOVABLE CONT.		
D5750*	Reline complete maxillary denture (laboratory)	\$105
D5751*	Reline complete mandibular denture (laboratory)	\$105
D5760*	Reline partial maxillary denture (laboratory)	\$105
D5761*	Reline partial mandibular denture (laboratory)	\$105
D5810*	Interim complete denture - maxillary	\$155
D5811*	Interim complete denture - mandibular	\$155
D5820*	Interim partial denture - maxillary	\$125
D5821*	Interim partial denture - mandibular	\$125
D5850	Tissue conditioning - maxillary	\$25
D5851	Tissue conditioning - mandibular	\$25
D5862	Precision attachment, by report	\$150
D5899	Denture cleaning	\$0
PROSTHODONTIC - FIXED		
D6210*	Pontic - cast high noble metal	\$350
D6211*	Pontic - cast predominantly base metal	\$280
D6212*	Pontic - cast noble metal	\$340
D6240*	Pontic - porcelain fused to high noble metal	\$350
D6241*	Pontic - porcelain fused to predominantly base metal	\$280
D6242*	Pontic - porcelain fused to noble metal	\$340
D6245*	Pontic - porcelain/ceramic	\$365
D6250*	Pontic - resin with high noble metal	\$350
D6251*	Pontic - resin with predominantly base metal	\$350
D6252*	Pontic - resin with noble metal	\$350
D6545*	Retainer - cast metal for resin bonded fixed prosthesis	\$180
D6548*	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$375
D6720*	Crown - resin with high noble metal	\$365
D6721*	Crown - resin with predominantly base metal	\$365
D6722*	Crown - resin with noble metal	\$365
D6740*	Crown - porcelain/ceramic	\$365
D6750*	Crown - porcelain fused to high noble metal	\$355
D6751*	Crown - porcelain fused to predominantly base metal	\$285
D6752*	Crown - porcelain fused to noble metal	\$345
D6780*	Crown - 3/4 cast high noble metal	\$355
D6781*	Crown - 3/4 cast predominantly base metal	\$285
D6782*	Crown - 3/4 cast noble metal	\$345
D6783*	Crown - 3/4 porcelain/ceramic	\$345
D6790*	Crown - full cast high noble metal	\$355
D6791*	Crown - full cast predominantly base metal	\$285
D6792*	Crown - full cast noble metal	\$345
D6930	Recement fixed partial denture	\$0

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PROSTHODONTIC - FIXED CONT'D		
D6940	Stress breaker	\$125
D6950	Precision attachment	\$125
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$125
D6971	Cast post as part of a fixed partial denture retainer	\$105
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$30
D6973	Core build up for retainer, including pins	\$25
D6975	Coping - metal	\$95
D6976	Each additional cast post - same tooth	\$75
D6977	Each additional prefabricated post - same tooth	\$75
ORAL SURGERY		
D7111	Extraction, coronal remnants - deciduous tooth	\$45
D7140	Extraction of erupted tooth or exposed root	\$0
D7210	Surgical removal of erupted tooth	\$60
D7220	Removal of impacted tooth - soft tissue	\$45
D7230	Removal of impacted tooth - partially bony	\$85
D7240	Removal of impacted tooth - completely bony	\$125
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$125
D7250	Surgical removal of residual tooth roots	\$60
D7260	Oroantral fistula closure	\$140
D7270	Tooth reimplantation	\$0
D7280	Surgical access of an unerupted tooth	\$0
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$0
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$95
D7286	Biopsy of oral tissue - soft	\$75
D7310	Alveoloplasty with extractions - 4+ teeth or tooth spaces, per quadrant	\$65
D7320	Alveoloplasty without extractions - 4+ teeth or tooth spaces, per quadrant	\$85
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$0
D7510	Incision and drainage of abscess - Intraoral soft tissue	\$0
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$0
D7970	Excision of hyperplastic tissue - per arch	\$140
MISCELLANEOUS SERVICES		
D8210	Removable appliance therapy	\$103
D8220	Fixed appliance therapy	\$103
D9215	Local anesthesia	\$0
D9220	General anesthesia - first 30 minutes	\$115
D9221	General anesthesia - each additional 15 minutes	\$60

CODE	DESCRIPTION	GO-PAY
MISCELLANEOUS SERVICES CONT.		
D9230	Analgesia nitrous oxide	\$20 per 1/2 hour
D9241	Intravenous sedation/analgesia - first 30 minutes	\$115
D9242	Intravenous conscious sedation/analgesia - Each additional 15 minutes	\$60
D9630	Other drugs and/or medicaments, by report	\$15 per quad
D9910	Application of desensitizing medicament	\$20
D9940	Occlusal guard	\$155
D9950	Occlusal analysis - mounted case	\$75
D9951	Occlusal adjustment - limited	\$40
D9952	Occlusal adjustment - complete	\$120
D9972	External bleaching - per arch	\$150
D9972	External bleaching - both arches	\$275
ORTHODONTIA		
D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	\$1300
D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	\$1300
D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	\$1350
D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/ removable appliances)	\$1850
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/ removable appliances)	\$1700
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	\$2300
D8660	Pre-orthodontic treatment visit	\$40
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) includes fee for fixed/removable retainers and monthly visits.	\$300
D8999	Orthodontic treatment plan & records	\$250

Orthodontic treatment is prorated over 24 months and is only payable under a current status. Solstice Benefits bears no liability towards treatment unable to be completed due to a terminated status.

LAB FEES

Co-payments marked by "*" do not include the cost of metal and laboratory fees. Additional cost to patient is as follows:

High noble metal (precious)	up to \$130.00
Noble metal (semi-precious)	up to \$110.00
Predominantly base metal (non-precious)	up to \$55.00
Crown laboratory fees	up to \$125.00
Laboratory fees on dentures	up to \$200.00
Porcelain laboratory fees for D2610-D2644 and D2962	up to \$50.00
Denture repair laboratory fees	up to \$40.00

Procedures with a "+" please see exclusion and limitation.

Written information of the terms and conditions of this plan is available to prospective enrollees upon request.

CODE	DESCRIPTION	CO-PAY
RESTORATIVE DENTISTRY CONT.		
D2931	Prefabricated stainless steel crown - permanent tooth	\$60
D2932	Prefabricated resin crown	\$70
D2933	Prefabricated stainless steel crown with resin window	\$130
D2940	Sedative filling	\$0
D2950	Core buildup, including any pins	\$90
D2951	Pin retention - per tooth, In addition to restoration	\$15
D2952	Cast post and core In addition to crown, indirectly fabricated	\$105
D2953	Each additional Indirectly fabricated post- same tooth	\$95
D2954	Prefabricated post and core In addition to crown	\$90
D2955	Post removal (not in conjunction with endodontic therapy)	\$20
D2957	Each additional prefabricated post - same tooth	\$30
D2960	Labial veneer (resin laminate)- chair side	\$75
D2961*	Labial veneer (resin laminate)-laboratory	\$350
D2962*	Labial veneer (porcelain laminate) - laboratory	\$485
D2970	Temporary crown (fractured tooth)	75
D2980	Crown repair, by report	95
ENDODONTIC SERVICES		
D3110	Pulp-cap - direct (excluding final restoration)	\$0
D3120	Pulp-cap - indirect (excluding final restoration)	\$0
D3220	Therapeutic pulpotomy (excluding final restoration)	\$65
D3221	Pulpal debridement, primary and permanent teeth	\$65
D3230	Pulpal therapy (resorb filling) - anterior, primary	\$60
D3240	Pulpal therapy (resorbable filling)-posterior, primary	\$65
D3310	Endodontic therapy - anterior (excluding final restoration)	\$125
D3320	Endodontic therapy - bicuspid (excluding final restoration)	\$215
D3330	Endodontic therapy - molar (excluding final restoration)	\$305
D3331	Treatment of root canal obstruction; non-surgical access	\$65
D3332	Incomplete endodontic therapy; Inoperable, unrestorable or fractured tooth	\$65
D3333	Internal root repair of perforation defects	\$65
D3346	Retreatment of previous root canal therapy - anterior	\$145
D3347	Retreatment of previous root canal therapy - bicuspid	\$250
D3348	Retreatment of previous root canal therapy-molar	\$365
D3351	Apexification/recalcification - initial visit	\$90
D3352	Apexification/recalcification - Interim medication replacement	\$90

CODE	DESCRIPTION	CO-PAY
ENDODONTIC SERVICES CONT.		
D3353	Apexification/recalcification - final visit	\$90
D3410	Apicoectomy/periradicular surgery- anterior	\$175
D3421	Apicoectomy/periradicular surgery - bicuspid (first tooth)	\$175
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$175
D3426	Apicoectomy/periradicular surgery - each additional root	\$100
D3430	Retrograde filling - per root	\$35
D3450	Root amputation - per root	\$85
D3470	Intentional reimplantation (including splinting)	\$175
D3910	Surgical procedure for isolation of tooth with rubber dam	\$95
D3920	Hemisection (including root removal)	\$80
D3950	Canal preparation and fitting of preformed dowel or post	\$75
PERIODONTIC SERVICES		
D4210	Gingivectomy/gingivoplasty - 4 or more contiguous or bounded teeth spaces per quadrant	\$135
D4211	Gingivectomy/gingivoplasty - 1 to 3 contiguous or bounded teeth spaces per quadrant	\$60
D4240	Gingival flap procedure, including root planing - 4+ contiguous or bounded teeth spaces per quadrant	\$160
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous or bounded teeth spaces per quadrant	\$150
D4245	Apically positioned flap	\$160
D4249	Clinical crown lengthening - hard tissue	\$135
D4260	Osseous surgery (including flap entry and closure) 4 or more contiguous teeth per quadrant	\$395
D4261	Osseous surgery (including flap entry and closure) 1 to 3 teeth per quadrant	\$235
D4263	Bone replacement graft- first site in quadrant	\$225
D4264	Bone replacement graft- each additional site in quadrant	\$175
D4266	Guided tissue regeneration - resorbable barrier, per site	\$295
D4267	Guided tissue regeneration - nonresorbable barrier, per site	\$335
D4270	Pedicle soft tissue graft procedure	\$225
D4271	Free soft tissue graft procedure (Including donor site surgery)	\$225
D4273	Subepithelial connective tissue graft procedures per tooth	\$280
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D4341†	Periodontal scaling and root planing - 4+ teeth per quadrant	\$60
D4342†	Periodontal scaling and root planing - 1-3 teeth per quadrant	\$35

CODE	DESCRIPTION	CO-PAY
PERIODONTIC SERVICES CONT.		
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	\$60
D4910*	Periodontal maintenance	\$45
D4920	Unscheduled dressing change (by someone other than the treating dentist)	\$20
PROSTHODONTICS - REMOVABLE		
D5110*	Complete denture - maxillary	\$320
D5120*	Complete denture - mandibular	\$320
D5130*	Immediate denture - maxillary	\$320
D5140*	Immediate denture - mandibular	\$320
D5211*	Maxillary partial denture - resin base (Including any conventional clasps, rests and teeth)	\$290
D5212*	Mandibular partial denture - resin base (Including any conventional clasps, rests and teeth)	\$290
D5213*	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$360
D5214*	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$360
D5281*	Removable unilateral partial denture - 1 piece cast metal (including clasps and teeth)	\$330
D5410	Adjustment - complete denture - maxillary	\$15
D5411	Adjustment - complete denture - mandibular	\$15
D5421	Adjustment - partial denture - maxillary	\$15
D5422	Adjustment - partial denture - mandibular	\$15
D5510*	Repair broken complete denture base	\$50
D5520*	Replace missing or broken teeth - complete denture (each tooth)	\$50
D5610*	Repair resin denture base	\$50
D5620*	Repair cast framework	\$50
D5630*	Repair or replace broken clasp	\$50
D5640*	Repair broken teeth - per tooth	\$50
D5650*	Add tooth to existing partial denture	\$50
D5660*	Add clasp to existing partial denture	\$50
D5710*	Rebase complete maxillary denture	\$105
D5711*	Rebase complete mandibular denture	\$105
D5720*	Rebase maxillary partial denture	\$105
D5721*	Rebase mandibular partial denture	\$105
D5730*	Reline complete maxillary denture (chair side)	\$60
D5731*	Reline complete mandibular denture (chair side)	\$60
D5740*	Reline partial maxillary denture (chair side)	\$60
D5741*	Reline partial mandibular denture (chair side)	\$60

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CODE	DESCRIPTION	CO-PAY
APPOINTMENTS		
D0120	Periodic oral evaluation	\$0
D0140	Limited oral evaluation – problem focused	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation-problem focused	\$0
D0170	Re-evaluation-limited, problem focused	\$0
D0180	Comprehensive periodontal evaluation, new or established patient	\$0
D9110	Palliative (emergency) treatment of dental pain	\$0
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$0
D9430	Office visit for observation	\$0
D9440	Office visit - after regularly scheduled hours	\$55
D9490	Broken appointment fee	\$25
RADIOGRAPHY/DIAGNOSTIC DENTISTRY		
D0210*	X-Ray - intraoral - complete series (including bitewings)	\$0
D0220	X-Ray - intraoral - periapical first film	\$0
D0230	X-Ray - intraoral - periapical each additional film	\$0
D0240	X-Ray - intraoral - occlusal film	\$0
D0250	X-Ray - extraoral - first film	\$0
D0260	X-Ray - extraoral - each additional film	\$0
D0270*	X-Ray - bitewing - single film	\$0
D0272*	X-Ray - bitewing - two films	\$0
D0274*	X-Ray - bitewing - four films	\$0
D0277*	Vertical bitewings - 7 to 8 films	\$0
D0290	Posterior-anterior or lateral skull and facial film	\$150
D0310	Sialography	\$150
D0320	TMJ arthrogram, including injection	\$250
D0321	Other TMJ films	\$150
D0322	Tomographic survey	\$150
D0330	Panoramic film (not to replace FMX)	\$0
D0340	Cephalometric film, non-orthodontic	\$75
D0350	Oral/facial photographic Images (includes intra & extraoral)	\$20
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
PREVENTIVE DENTISTRY		
D1110	Routine prophylaxis - adult (once every 6 months)	\$0
D1110	Additional routine prophylaxis - adult	\$50

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CODE	DESCRIPTION	CO-PAY
PREVENTIVE DENTISTRY CONT.		
D1120	Routine prophylaxis - children under the age of 16 (once every 6 months)	\$0
D1120	Additional routine prophylaxis - children under the age of 16	\$35
D1203	Topical application of fluoride (excluding prophylaxis) children under the age of 16	\$0
D1204	Topical application of fluoride (excluding prophylaxis) adult	\$5
D1205	Topical application of fluoride (including prophylaxis) adult	\$5
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control & prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Application of sealant per tooth - children under the age of 16	\$15
D1510	Space maintainer - fixed - unilateral - children under the age of 16	\$85
D1515	Space maintainer - fixed - bilateral - children under the age of 16	\$85
D1520	Space maintainer - removable - unilateral - children under the age of 16	\$95
D1525	Space maintainer - removable - bilateral - children under the age of 16	\$95
D1550	Re-cementation of space maintainer	\$10
RESTORATIVE DENTISTRY		
D2140	Amalgam- 1 surface, primary or permanent	\$0
D2150	Amalgam-2 surfaces, primary or permanent	\$0
D2160	Amalgam-3 surfaces, primary or permanent	\$0
D2161	Amalgam-4 surfaces, primary or permanent	\$0
D2330	Resin-based composite- 1 surface, anterior	\$0
D2331	Resin-based composite-2 surfaces, anterior	\$0
D2332	Resin-based composite-3 surfaces, anterior	\$0
D2335	Resin-based composite- 4 or more surfaces or involving incisal angle (anterior)	\$75
D2390	Resin-based composite crown, anterior	\$75
D2391	Resin-based composite, 1 surface, posterior	\$30
D2392	Resin-based composite, 2 surfaces, posterior	\$40
D2393	Resin-based composite, 3 surfaces, posterior	\$55
D2394	Resin-based composite, 4 or more surfaces, posterior	\$75
D2410	Gold foil - 1 surface	\$65
D2420	Gold foil - 2 surfaces	\$90

CODE	DESCRIPTION	CO-PAY
RESTORATIVE DENTISTRY CONT.		
D2430	Gold foil - 3 surfaces	\$120
D2510	Inlay - metallic - 1 surface	\$235
D2520	Inlay - metallic - 2 surfaces	\$235
D2530	Inlay - metallic - 3 or more surfaces	\$235
D2542	Onlay - metallic - 2 surfaces	\$285
D2543	Onlay - metallic - 3 surfaces	\$285
D2544	Onlay - metallic - 4 or more surfaces	\$285
D2610*	Inlay - porcelain/ceramic - 1 surface	\$275
D2620*	Inlay - porcelain/ceramic - 2 surfaces	\$275
D2630*	Inlay - porcelain/ceramic - 3 or more surfaces	\$275
D2642*	Onlay - porcelain/ceramic-2 surfaces	\$300
D2643*	Onlay - porcelain/ceramic-3 surfaces	\$300
D2644*	Onlay - porcelain/ceramic-4 or more surfaces	\$300
D2650	Inlay - resin-based composite - 1 surface	\$200
D2651	Inlay - resin-based composite - 2 surfaces	\$200
D2652	Inlay - resin-based composite - 3+ surfaces	\$200
D2662	Onlay - resin-based composite - 2 surfaces	\$235
D2663	Onlay - resin-based composite - 3 surfaces	\$235
D2664	Onlay - resin-based composite - 4+ surfaces	\$235
D2710	Crown - resin (indirect)	\$195
D2720*	Crown - resin with high noble metal	\$270
D2721*	Crown - resin with predominantly base metal	\$270
D2722*	Crown - resin with noble metal	\$270
D2740*	Crown - porcelain/ceramic substrate	\$365
D2750*	Crown - porcelain fused to high noble metal	\$355
D2751*	Crown - porcelain fused to predominantly base metal	\$285
D2752*	Crown - porcelain fused to noble metal	\$345
D2780*	Crown - 3/4 cast high noble metal	\$355
D2781*	Crown - 3/4 cast predominantly base metal	\$285
D2782*	Crown - 3/4 cast noble metal	\$345
D2783*	Crown - 3/4 porcelain/ceramic (this code does not include facial veneers)	\$350
D2790*	Crown - full cast high noble metal	\$355
D2791*	Crown - full cast predominantly base metal	\$285
D2792*	Crown - full cast noble metal	\$345
D2799	Provisional crown	125
D2910	Recement inlay	\$0
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$60

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