



Plus Plan Complete

P.O. Box 19199
 Plantation, FL 33318
 Telephone: 877-760-2247
 www.SolsticeBenefits.com

Members of the Plus Plan Complete dental plan are eligible to receive services immediately upon the effective date with discounts on general and specialty procedures

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

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 - established patient	18.00	D2931	Prefabricated stainless steel crown - permanent tooth	152.00
D0140	Limited oral evaluation - problem focused	23.00	D2950	Core buildup, including any pins when required	134.00
D0150	Comprehensive oral evaluation - new or established pa	23.00	D2951	Pin retention - per tooth, in addition to restoration	30.00
D0210	Intraoral - complete series of radiographic images	57.00	D2952	Post and core in addition to crown, indirectly fabricated	210.00
D0220	Intraoral - periapical first radiographic image	13.00	D2954	Prefabricated post and core in addition to crown	164.00
D0230	Intraoral - periapical each additional radiographic image	8.00	D3110	Pulp cap - direct (excluding final restoration)	30.00
D0270	Bitewing - single radiographic image	13.00	D3120	Pulp cap - indirect (excluding final restoration)	30.00
D0272	Bitewings - two radiographic images	17.00	D3220	Therapeutic pulpotomy (excluding final restoration)	73.00
D0273	Bitewings - three radiographic images	23.00	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	366.00
D0274	Bitewings - four radiographic images	29.00	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	440.00
D0330	Panoramic radiographic image	57.00	D3330	Endodontic therapy, molar (excluding final restoration)	557.00
D1110	Prophylaxis - adult	41.00	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	387.00
D1120	Prophylaxis - child	36.00	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	127.00
D1351	Sealant - per tooth	27.00	D4910	Periodontal maintenance	81.00
D1510	Space maintainer - fixed, unilateral	123.00	D5110	Complete denture - maxillary	811.00
D1515	Space maintainer - fixed - bilateral	184.00	D5120	Complete denture - mandibular	811.00
D1520	Space maintainer - removable - unilateral	163.00	D5130	Immediate denture - maxillary	873.00
D1525	Space maintainer - removable - bilateral	207.00	D5140	Immediate denture - mandibular	873.00
D2140	Amalgam - one surface, primary or permanent	57.00	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	794.00
D2150	Amalgam - two surfaces, primary or permanent	73.00	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	794.00
D2160	Amalgam - three surfaces, primary or permanent	86.00	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	924.00
D2161	Amalgam - four or more surfaces, primary or permanent	106.00	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	924.00
D2330	Resin-based composite - one surface, anterior	73.00	D5410	Adjust complete denture - maxillary	44.00
D2331	Resin-based composite - two surfaces, anterior	87.00	D5411	Adjust complete denture - mandibular	44.00
D2332	Resin-based composite - three surfaces, anterior	111.00			
D2335	Resin-based composite - four or more surfaces or	139.00			
D2391	Resin-based composite - one surface, posterior	93.00			
D2392	Resin-based composite - two surfaces, posterior	134.00			
D2393	Resin-based composite - three surfaces, posterior	172.00			
D2394	Resin-based composite - four or more surfaces, poster	198.00			
D2710	Crown - resin-based composite (indirect)	259.00			
D2720	Crown - resin with high noble metal	549.00			
D2750	Crown - porcelain fused to high noble metal	643.00			
D2751	Crown - porcelain fused to predominantly base metal	585.00			
D2752	Crown - porcelain fused to noble metal	624.00			
D2790	Crown - full cast high noble metal	630.00			
D2791	Crown - full cast predominantly base metal	593.00			
D2930	Prefabricated stainless steel crown - primary tooth	134.00			

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
D5510	Repair broken complete denture base	76.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	73.00
D5630	Repair or replace broken clasp - per tooth	87.00
D5650	Add tooth to existing partial denture	76.00
D5660	Add clasp to existing partial denture - per tooth	97.00
D5730	Reline complete maxillary denture (chairside)	180.00
D5731	Reline complete mandibular denture (chairside)	180.00
D5740	Reline maxillary partial denture (chairside)	172.00
D5741	Reline mandibular partial denture (chairside)	172.00
D5750	Reline complete maxillary denture (laboratory)	237.00
D5751	Reline complete mandibular denture (laboratory)	237.00
D6000 through D6096	Implant Services	20% Discount
D6240	Pontic - porcelain fused to high noble metal	581.00
D6241	Pontic - porcelain fused to predominantly base metal	536.00
D6242	Pontic - porcelain fused to noble metal	557.00
D6750	Retainer Crown - porcelain fused to high noble metal	606.00
D6751	Retainer Crown - porcelain fused to predominantly base metal	562.00
D6752	Retainer Crown - porcelain fused to noble metal	584.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	73.00
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	170.00
D7220	Removal of impacted tooth - soft tissue	150.00
D7230	Removal of impacted tooth - partially bony	194.00
D7240	Removal of impacted tooth - completely bony	253.00
D7250	Removal of residual tooth roots (cutting procedure)	135.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	123.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	179.00
D7510	Incision and drainage of abscess - intraoral soft tissue	93.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	20% Discount
D8080	Comprehensive orthodontic treatment of the adolescent dentition	20% Discount
D8090	Comprehensive orthodontic treatment of the adult dentition	20% Discount
D9110	Palliative (emergency) treatment of dental pain - minor procedure	46.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	17.00
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	31.00
D9951	Occlusal adjustment - limited	68.00
D9952	Occlusal adjustment - complete	269.00

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 member fee 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 service 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. 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.
5. Space maintainers and all adjustments are limited to children under the age of 16.
6. Harmful habit appliances are limited to one (1) time per person under the age of 16.
7. Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
8. 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.
9. Orthognathic 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.
10. General anesthesia or IV sedation unless otherwise listed as a covered benefit on the Member Fee Schedule.
11. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
12. Treatment of malignancies, cysts, or neoplasms.
13. Dental procedures initiated prior to the member's eligibility under this benefit plan or started after the member's termination from the plan.
14. 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.
15. New dentures include one (1) reline within the first six (6) months.
16. Replacement of crowns, fixed bridges or dentures is limited to once every five (5) years.
17. When crown and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
18. Member fees for endodontic procedures do not include the cost of the final restoration.
19. Lab and related costs are included in the listed member fee.
20. Copies of X-rays can be obtained for \$2 per periopical film up to a maximum of \$30. Panoramic X-rays can be obtained for a \$15 fee.

*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.*