



800B

## Your benefits— your choice.

Your new dental plan options will provide comparable coverage to your existing plan, *plus* numerous additional advantages! Below are some of the improved features available to you:



- Over **500+ listed procedures** at a co-pay
- No annual or lifetime maximums
- No pre-existing conditions to stop your coverage



- Open access network
- No closed panel providers
- Expansive national network of over 90,000+ providers



- In case of emergency, outside of the hours of normal operation or outside of the service area, the member will be reimbursed up to \$100 per occurrence

- No waiting periods on any services
- Adult and Child Ortho covered at the listed co-payments
- Cosmetic dental covered to include veneers, teeth whitening
- Access to specialty providers with no referral
- No assignment of primary care dentist
- Non-covered, denied services are provided at a 25% discount at time of service

*Should the services of a specialist be needed please call our customer service team at 1-877-760-2247 to have a pre-authorization sent to the elected specialist (endodontist, periodontist, oral surgeon).*



Scan the QR code to view your full benefits schedule.

CODE	Description	Solstice Copay
		<b>800B</b>
D0120	PERIODIC ORAL EVALUATION	<b>\$0</b>
D0150	COMPREHENSIVE ORAL EVALUATION	<b>\$0</b>
D0210	COMPLETE SERIES OF RADIOGRAPHS	<b>\$0</b>
D0330	PANORAMIC IMAGE	<b>\$50</b>
D0367	CONE BEAM CT - BOTH JAWS	<b>\$175</b>
D1110	PROPHYLAXIS - ADULT	<b>\$0</b>
D1120	PROPHYLAXIS - CHILD	<b>\$0</b>
D1206	TOPICAL FLUORIDE VARNISH	<b>\$20</b>
D2391	RESIN BASE COMP 1SURF POSTERIO	<b>\$70</b>
D2392	RESIN BASE COMP 2SURF POSTERIO	<b>\$80</b>
D2393	RESIN BASE COMP 3SURF POSTERIO	<b>\$95</b>
D2740	PORCELAIN/CERAMIC CROWN	<b>\$290*</b>
D2750	CROWN - PORCELAIN/HIGH NOBLE	<b>\$290*</b>
D2950	CORE BUILD-UP INCLUDING PINS	<b>\$75</b>
D3330	ROOT CANAL THERAPY - MOLAR	<b>\$310</b>
D4341	PERIODONTAL SCALING - QUAD	<b>\$70</b>
D4342	PERIODONTAL SCALING-PER TOOTH	<b>\$50</b>
D4910	PERIODONTAL MAINTENANCE	<b>\$100</b>
D5110	FULL UPPER DENTURE	<b>\$440*</b>
D5120	FULL LOWER DENTURE	<b>\$440*</b>
D5211	PARTIAL UPPER-ACR W/CLASPS	<b>\$405*</b>
D5212	PARTIAL LOWER-ACR W/CLASPS	<b>\$405*</b>
D6010	ENDOSTEAL IMPLANT	<b>\$1050</b>
D6056	PREFABRICATED ABUTMENT	<b>\$475</b>
D6066	IMPL SUPPORTED PORC/METAL CROW	<b>\$795</b>
D7140	EXTRACTION-ERUPTED OR EXPOSED	<b>\$30</b>
D7210	SURGICAL EXTRACTION	<b>\$80</b>

*\*Copayments marked by "\*" do not include the cost of material and laboratory fees. Please review the plan schedule of benefits for the complete listing.*