

Healthplex America S200 Dental Plan

Schedule of Benefits

Members of the Healthplex America S200 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 in-network provider. The member receives:

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

Members can choose a participating provider at
www.yourdentalplan.com/healthplex
 Member Services Department: 1-888-200-0322

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 co-payments apply when a participating General Dentist performs services. An "*" denotes limitation on certain benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
APPOINTMENTS					
D0120	Periodic oral evaluation - established patient	No charge	D0321	Other Temporomandibular Joint Arthrogram films, by report	150.00
D0140	Limited oral evaluation - problem focused	No charge	D0322	Tomographic survey	150.00
D0150	Comprehensive oral evaluation - new or established patient	No charge	D0330	Panoramic film (not to replace FMX)	35.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	No charge	D0340	Cephalometric film, non-orthodontic	75.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No charge	D0350	Oral/facial photographic images	20.00
D0180	Comprehensive periodontal evaluation - new or established patient	No charge	D0415	Collection of microorganisms for culture and sensitivity	No charge
D9110	Palliative (emergency) treatment of dental pain - minor procedure	No charge	D0425	Caries susceptibility tests	No charge
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25.00	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	65.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No charge	D0460	Pulp vitality tests	No charge
RADIOGRAPHY/DIAGNOSTIC DENTISTRY					
D0210*	X-Ray - intraoral - complete series (including bitewings)	No charge	D0470	Diagnostic casts	No charge
D0220	X-Ray - intraoral - periapical first film	4.00	PREVENTIVE DENTISTRY		
D0230	X-Ray - intraoral - periapical each additional film	2.00	D1110	Routine prophylaxis-adult (once every 6 months)	No charge
D0240	X-Ray - intraoral - occlusal film	No charge	D1110	Additional routine prophylaxis - adult	15.00
D0250	X-Ray - extraoral - first film	No charge	D1120	Routine prophylaxis - children under the age of 16 (once every 6 months)	No charge
D0260	X-Ray - extraoral - each additional film	No charge	D1120	Additional routine prophylaxis - children under the age of 16	15.00
D0270*	X-Ray - bitewing - single film	No charge	D1203	Topical application of fluoride (excluding prophylaxis) children under the age of 16	No charge
D0272*	X-Ray - bitewing - two films	No charge	D1204	Topical application of fluoride (excluding prophylaxis) adult	5.00
D0274*	X-Ray - bitewing - four films	No charge	D1310	Nutritional counseling for control of dental disease	No charge
D0277*	Vertical bitewings - 7 to 8 films	20.00	D1320	Tobacco counseling for the control & prevention of oral disease	No charge
D0290	Posterior-anterior or lateral skull and facial bone survey film	150.00	D1330	Oral hygiene instructions	No charge
D0310	Sialography	150.00	D1351	Sealant - Per tooth	No charge
D0320	Temporomandibular Joint Arthrogram, including injection	250.00		- children under the age of 16	No charge
			D1510	Space maintainer - fixed - unilateral - children under the age of 16	No charge
			D1515	Space maintainer - fixed - bilateral - children under the age of 16	No charge
			D1520	Space maintainer - removable - unilateral children under the age of 16	No charge



The S200 Dental Plan is powered by Healthplex, Inc. and underwritten by Solstice Benefits, Inc., a licensed Prepaid Limited Health Services Organization; Chapter 636 F.S.



CODE	DESCRIPTION	MEMBER'S COPAY	CODE	DESCRIPTION	MEMBER'S COPAY
D1525	Space maintainer - removable - bilateral children under the age of 16	No charge	D3110	ENDODONTIC SERVICES	
D1550	Re-cementation of space maintainer	10.00	D3120	Pulp cap - direct (excluding final restoration)	10.00
D8210	Removable appliance therapy	103.00	D3220	Pulp cap - indirect (excluding final restoration)	10.00
D8220	Fixed appliance therapy	103.00	D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	20.00
	RESTORATIVE DENTISTRY		D3221	Pulpal debridement, primary and permanent teeth	95.00
D2140	Amalgam - 1 surface, primary or permanent	No charge	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	40.00
D2150	Amalgam - 2 surfaces, primary or permanent	No charge	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	40.00
D2160	Amalgam - 3 surfaces, primary or permanent	No charge	D3310	Endodontic therapy - anterior (excluding final restoration)	100.00
D2161	Amalgam - 4 surfaces, primary or permanent	No charge	D3320	Endodontic therapy - bicuspid (excluding final restoration)	175.00
D2330	Resin-based composite - 1 surface, anterior	20.00	D3330	Endodontic therapy - molar (excluding final restoration)	210.00
D2331	Resin-based composite - 2 surfaces, anterior	32.00	D3331	Treatment of root canal obstruction; non-surgical access	85.00
D2332	Resin-based composite - 3 surfaces, anterior	40.00	D3332	Incomplete endodontic therapy; inoperable or fractured tooth	75.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	70.00	D3333	Internal root repair of perforation defects	125.00
D2390	Resin-based composite crown, anterior	100.00	D3346	Retreatment of previous root canal therapy - anterior	250.00
D2391	Resin-based composite - 1 surface, posterior	45.00	D3347	Retreatment of previous root canal therapy - bicuspid	285.00
D2392	Resin-based composite - 2 surfaces, posterior	65.00	D3348	Retreatment of previous root canal therapy - molar	350.00
D2393	Resin-based composite - 3 surfaces, posterior	80.00	D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	90.00
D2394	Resin-based composite - 4 or more surfaces, posterior	95.00	D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)	90.00
D2410	Gold foil - 1 surface	65.00	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	90.00
D2420	Gold foil - 2 surfaces	90.00	D3410	Apicoectomy/periradicular surgery - anterior	96.00
D2430	Gold foil - 3 surfaces	120.00	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	300.00
D2510	Inlay - metallic - 1 surface	80.00	D3425	Apicoectomy/periradicular surgery - molar (first root)	150.00
D2520	Inlay - metallic - 2 surfaces	90.00	D3426	Apicoectomy/periradicular surgery - each additional root	75.00
D2530	Inlay - metallic - 3 or more surfaces	115.00	D3430	Retrograde filling - per root	55.00
D2542	Onlay - metallic - 2 surfaces	250.00	D3450	Root amputation - per root	85.00
D2543	Onlay - metallic - 3 surfaces	270.00	D3470	Intentional reimplantation (including necessary splinting)	175.00
D2544	Onlay - metallic - 4 or more surfaces	290.00	D3910	Surgical procedure for isolation of tooth with rubber dam	95.00
D2610*	Inlay - porcelain/ceramic - 1 surface	225.00	D3920	Hemisection (including root removal) , not including root canal therapy	80.00
D2620*	Inlay - porcelain/ceramic - 2 surfaces	250.00	D3950	Canal preparation and fitting of preformed dowel or post	75.00
D2630*	Inlay - porcelain/ceramic - 3 or more surfaces	275.00		PERIODONTIC SERVICES	
D2642*	Onlay - porcelain/ceramic - 2 surfaces	310.00	D4210	Gingivectomy/gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175.00
D2643*	Onlay - porcelain/ceramic - 3 surfaces	340.00	D4211	Gingivectomy/gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	66.00
D2644*	Onlay - porcelain/ceramic - 4 or more surfaces	350.00	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	163.00
D2650	Inlay - resin-based composite - 1 surface	180.00	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	150.00
D2651	Inlay - resin-based composite - 2 surfaces	200.00	D4245	Apically positioned flap	150.00
D2652	Inlay - resin-based composite - 3 or more surfaces	250.00	D4249	Clinical crown lengthening - hard tissue	175.00
D2662	Onlay - resin-based composite - 2 surfaces	225.00	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	375.00
D2663	Onlay - resin-based composite - 3 surfaces	245.00	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	325.00
D2664	Onlay - resin-based composite - 4 or more surfaces	275.00	D4263	Bone replacement graft - first site in quadrant	450.00
D2710	Crown - resin-based composite (indirect)	195.00	D4264	Bone replacement graft - each additional site in quadrant	325.00
D2720*	Crown - resin with high noble metal	195.00	D4266	Guided tissue regeneration - resorbable barrier, per site	325.00
D2721*	Crown - resin with predominantly base metal	195.00	D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	325.00
D2722*	Crown - resin with noble metal	195.00	D4270	Pedicle soft tissue graft procedure	235.00
D2740*	Crown - porcelain/ceramic substrate	195.00	D4271	Free soft tissue graft procedure (including donor site surgery)	215.00
D2750*	Crown - porcelain fused to high noble metal	195.00			
D2751*	Crown - porcelain fused to predominantly base metal	195.00			
D2752*	Crown - porcelain fused to noble metal	195.00			
D2780*	Crown - 3/4 cast high noble metal	195.00			
D2781*	Crown - 3/4 cast predominantly base metal	195.00			
D2782*	Crown - 3/4 cast noble metal	195.00			
D2783*	Crown - 3/4 porcelain/ceramic	195.00			
D2790*	Crown - full cast high noble metal	195.00			
D2791*	Crown - full cast predominantly base metal	195.00			
D2792*	Crown - full cast noble metal	195.00			
D2799	Provisional crown	125.00			
D2910	Recement inlay, onlay, or partial coverage restoration	10.00			
D2920	Recement crown	10.00			
D2930	Prefabricated stainless steel crown - primary tooth	35.00			
D2931	Prefabricated stainless steel crown - permanent tooth	40.00			
D2932	Prefabricated resin crown	90.00			
D2933	Prefabricated stainless steel crown with resin window	135.00			
D2940	Sedative filling	5.00			
D2950	Core buildup, including any pins	35.00			
D2951	Pin retention - per tooth, in addition to restoration	10.00			
D2952	Post and core in addition to crown, indirectly fabricated	80.00			
D2953	Each additional indirectly fabricated post - same tooth	95.00			
D2954	Prefabricated post and core in addition to crown	75.00			
D2955	Post removal (not in conjunction with endodontic therapy)	20.00			
D2957	Each additional prefabricated post - same tooth	30.00			
D2960	Labial veneer (resin laminate) - chairside	200.00			
D2961*	Labial veneer (resin laminate) - laboratory	225.00			
D2962*	Labial veneer (porcelain laminate) - laboratory	350.00			
D2970	Temporary crown (fractured tooth)	75.00			
D2980*	Crown repair, by report	95.00			

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D4273	Subepithelial connective tissue graft procedures , per tooth	280.00	D6548*	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	100.00	D6720*	Crown - resin with high noble metal	195.00
D4341†	Periodontal scaling and root planing - 4 or more teeth per quadrant	36.00	D6721*	Crown - resin with predominantly base metal	195.00
D4342†	Periodontal scaling and root planing - 1 to 3 teeth, per quadrant	29.00	D6722*	Crown - resin with noble metal	195.00
D4355†	Full mouth debridement to enable comprehensive evaluation and diagnosis	35.00	D6740*	Crown - porcelain/ceramic	195.00
D4381†	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	45.00	D6750*	Crown - porcelain fused to high noble metal	195.00
D4910*	Periodontal maintenance	40.00	D6751*	Crown - porcelain fused to predominantly base metal	195.00
D4920	Unscheduled dressing change (by someone other than the treating dentist)	20.00	D6752*	Crown - porcelain fused to noble metal	195.00
	PROSTHODONTICS - REMOVABLE		D6780*	Crown - 3/4 cast high noble metal	195.00
D5110*	Complete denture - maxillary	210.00	D6781*	Crown - 3/4 cast predominantly base metal	195.00
D5120*	Complete denture - mandibular	210.00	D6782*	Crown - 3/4 cast noble metal	195.00
D5130*	Immediate denture - maxillary (including two relines)	210.00	D6783*	Crown - 3/4 porcelain/ceramic	195.00
D5140*	Immediate denture - mandibular (including two relines)	210.00	D6790*	Crown - full cast high noble metal	195.00
D5211*	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	210.00	D6791*	Crown - full cast predominantly base metal	195.00
D5212*	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	210.00	D6792*	Crown - full cast noble metal	195.00
D5213*	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220.00	D6930	Recement fixed partial denture	10.00
D5214*	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220.00	D6940	Stress breaker	125.00
D5281*	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	235.00	D6950	Precision attachment	125.00
D5410	Adjustment - complete denture - maxillary	8.00	D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	55.00
D5411	Adjustment - complete denture - mandibular	8.00	D6972	Prefabricated post and core in addition to fixed partial denture retainer	30.00
D5421	Adjustment - partial denture - maxillary	10.00	D6973	Core build up for retainer, including pins	25.00
D5422	Adjustment - partial denture - mandibular	10.00	D6975	Coping - metal	95.00
D5510*	Repair broken complete denture base	15.00	D6976	Each additional indirectly fabricated post - same tooth	75.00
D5520*	Replace missing or broken tooth - complete denture (each tooth)	10.00	D6977	Each additional prefabricated post - same tooth	75.00
D5610*	Repair denture resin base	15.00		ORAL SURGERY	
D5620*	Repair cast framework	30.00	D7111	Extraction, coronal remnants - deciduous tooth	45.00
D5630*	Repair or replace broken clasp	15.00	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10.00
D5640*	Repair broken teeth - per tooth	10.00	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	25.00
D5650*	Add tooth to existing partial denture	30.00	D7220	Removal of impacted tooth - soft tissue	40.00
D5660*	Add clasp to existing partial denture	30.00	D7230	Removal of impacted tooth - partially bony	55.00
D5710*	Rebase complete maxillary denture	75.00	D7240	Removal of impacted tooth - completely bony	63.00
D5711*	Rebase complete mandibular denture	75.00	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100.00
D5720*	Rebase maxillary partial denture	75.00	D7250	Surgical removal of residual tooth roots (cutting procedure)	25.00
D5721*	Rebase mandibular partial denture	75.00	D7260	Oroantral fistula closure	160.00
D5730*	Reline complete maxillary denture (chairside)	45.00	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50.00
D5731*	Reline complete mandibular denture (chairside)	45.00	D7280	Surgical access of an unerupted tooth	125.00
D5740*	Reline partial maxillary denture (chairside)	45.00	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00
D5741*	Reline partial mandibular denture (chairside)	45.00	D7285	Biopsy of oral tissue - hard (bone, tooth)	115.00
D5750*	Reline complete maxillary denture (laboratory)	35.00	D7286	Biopsy of oral tissue - soft (all others)	60.00
D5751*	Reline complete mandibular denture (laboratory)	35.00	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	20.00
D5760*	Reline partial maxillary denture (laboratory)	35.00	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50.00
D5761*	Reline partial mandibular denture (laboratory)	35.00	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65.00
D5810*	Interim complete denture - maxillary	220.00	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95.00
D5811*	Interim complete denture - mandibular	220.00	D7510	Incision and drainage of abscess - intraoral soft tissue	20.00
D5820*	Interim partial denture - maxillary	220.00	D7960	Frenulectomy - separate procedure (frenectomy or frenotomy)	50.00
D5821*	Interim partial denture - mandibular	220.00	D7970	Excision of hyperplastic tissue - per arch	140.00
D5850	Tissue conditioning - maxillary	25.00		MISCELLANEOUS SERVICES	
D5851	Tissue conditioning - mandibular	25.00	D9215	Local anesthesia	No charge
D5862	Precision attachment by report	150.00	D9220*	Deep sedation/general anesthesia - first 30 minutes	125.00
D5899	Denture cleaning	No charge	D9221*	Deep sedation/general anesthesia - each additional 15 minutes	15.00
	PROSTHODONTICS - FIXED		D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide	20.00 per 1/2 hour
D6210*	Pontic - cast high noble metal	195.00	D9241*	Intravenous conscious sedation/analgesia - first 30 minutes	125.00
D6211*	Pontic - cast predominantly base metal	195.00	D9242*	Intravenous conscious sedation/analgesia - each additional 15 minutes	55.00
D6212*	Pontic - cast noble metal	195.00	D9630	Oral irrigation/other drugs/medicament quadrant	15.00 per quadrant
D6240*	Pontic - porcelain fused to high noble metal	195.00	D9910	Application of desensitizing medicament	20.00
D6241*	Pontic - porcelain fused to predominantly base metal	195.00	D9940	Occlusal guard by report	250.00
D6242*	Pontic - porcelain fused to noble metal	195.00	D9950	Occlusal analysis - mounted case	75.00
D6245*	Pontic - porcelain/ceramic	295.00	D9951	Occlusal adjustment - limited	25.00
D6250*	Pontic - resin with high noble metal	195.00			
D6251*	Pontic - resin with predominantly base metal	195.00			
D6252*	Pontic - resin with noble metal	195.00			
D6545	Retainer - cast metal for resin bonded fixed prosthesis	180.00			

CODE	DESCRIPTION	MEMBER'S COPAY
D9952	Occlusal adjustment - complete	75.00
D9972*	External bleaching - per arch	150.00
D9972*	External bleaching - both archs	275.00
ORTHODONTIA		
D8660	Pre-orthodontic treatment visit	35.00
D8999	Orthodontic treatment plan & records	250.00
D8020	Limited orthodontic treatment of the transitional dentition (up to 24 months)	1,000.00
D8030	Limited orthodontic treatment of the adolescent dentition (up to 24 months)	1,000.00
D8040	Limited orthodontic treatment of the adult dentition (up to 24 months)	1,350.00
D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,850.00
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	1,950.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s) (includes fee for fixed/removable retainers and monthly visits)	300.00
	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.	

SPECIALTY SERVICES

1. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
2. 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%.
3. The participating General Dentist you select may not perform all procedures listed. The copayments 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 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 and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member handbook.

EXCLUSIONS/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 dentist's usual and customary fee without a frequency limitation.
2. 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 copayments 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 is covered when medically necessary and previously approved by Solstice 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. Copayments for endodontic procedures do not include the cost of the final restoration.
21. *Either D0210 or D0330 are 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.
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. Copayments marked by "+" are not eligible for reimbursement under specialty plans.
27. Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
29. A broken appointment fee up to \$20 may be charged by the dental office if 24 hour prior notice is not given.
30. Surgical removal of impacted 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 needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.

LAB FEES

Copayments 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
- All ceramic and/or porcelain crown material fees up to \$130.00
- 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



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