



LDCS700B Dental Dental Plan Schedule of Benefits

Members of the LDCS100B 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 Provider. The member receives:

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

Members can locate a Participating Provider at

<http://ldc.lfg.com>

Member Services Department: 1.888-877-7828

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 Dentist who is a General Dentist performs the services. An "*" denotes limitations on certain benefits. (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			D0277	*Vertical bitewings - 7 to 8 radiographic images	29
D0120	*Periodic oral evaluation - established patient	0	D0310	Sialography	150
D0140	Limited oral evaluation - problem focused	0	D0320	Temporomandibular joint arthrogram, including injection	250
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0321	Other temporomandibular joint radiographic images, by report	150
D0150	*Comprehensive oral evaluation - new or established patient	0	D0322	Tomographic survey	150
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0330	*Panoramic radiographic image	50
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0340	2d cephalometric radiographic image - acquisition, measurement and analysis	125
D0171	Re-evaluation - post-operative office visit	0	D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	20
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	169
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25	D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	149
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	139
D9440	Office visit - after regularly scheduled hours	35	D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	139
D9450	Case presentation, subsequent to detailed and extensive treatment planning	0	D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	184
D9986	Missed appointment	25	D0369	*Maxillofacial MRI capture and interpretation	139
DIAGNOSTIC IMAGING			D0370	*Maxillofacial ultrasound capture and interpretation	189
D0210	*Intraoral - comprehensive series of radiographic images	0	D0371	*Sialoendoscopy capture and interpretation	169
D0220	Intraoral - periapical first radiographic image	4	D0372	*Intraoral tomosynthesis - comprehensive series of radiographic images	0
D0230	Intraoral - periapical each additional radiographic image	2	D0373	*Intraoral tomosynthesis - bitewing radiographic image	0
D0240	Intraoral - occlusal radiographic image	0	D0374	Intraoral tomosynthesis - periapical radiographic image	4
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	0	D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	169
D0251	*Extra-oral posterior dental radiographic image	0	D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	149
D0270	*Bitewing - single radiographic image	0	D0382	*Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	139
D0272	*Bitewings - two radiographic images	0	D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium	139
D0273	*Bitewings - three radiographic images	0	D0384	*Cone beam CT image capture for TMJ series including two or more exposures	184
D0274	*Bitewings - four radiographic images	0	D0385	*Maxillofacial MRI image capture	139



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D0386	*Maxillofacial ultrasound image capture	169	D1355	Caries preventive medicament application – per tooth	20
D0387	*Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0		SPACE MAINTAINERS (PASSIVE APPLIANCES)	
D0388	*Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D1510	*Space maintainer – fixed, unilateral – per quadrant	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	4	D1516	*Space maintainer – fixed – bilateral, maxillary	0
D0393	*Virtual treatment simulation using 3d image volume or surface scan	9	D1517	*Space maintainer – fixed – bilateral, mandibular	0
D0394	*Digital subtraction of two or more images or image volumes of the same modality	9	D1520	*Space maintainer – removable, unilateral – per quadrant	0
D0395	*Fusion of two or more 3d image volumes of one or more modalities	9	D1526	*Space maintainer – removable – bilateral, maxillary	0
	TEST AND EXAMINATIONS		D1527	*Space maintainer – removable – bilateral, mandibular	0
D0415	Collection of microorganisms for culture and sensitivity	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	15
D0425	Caries susceptibility tests	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	15
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	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	15
D0460	Pulp vitality tests	0	D1556	Removal of fixed unilateral space maintainer – per quadrant	15
D0470	Diagnostic casts	0	D1557	Removal of fixed bilateral space maintainer – maxillary	15
	ORAL PATHOLOGY LABORATORY		D1558	Removal of fixed bilateral space maintainer – mandibular	15
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0		AMALGAMS RESTORATIONS (INCLUDING POLISHING)	
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0	D2140	Amalgam – one surface, primary or permanent	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0	D2150	Amalgam – two surfaces, primary or permanent	0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0	D2160	Amalgam – three surfaces, primary or permanent	0
D0502	Other oral pathology procedures, by report	0	D2161	Amalgam – four or more surfaces, primary or permanent	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	0		RESIN BASED COMPOSITE RESTORATIONS - DIRECT	#N/A
D0601	Caries risk assessment and documentation, with a finding of low risk	0	D2330	Resin-based composite – one surface, anterior	30
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0	D2331	Resin-based composite – two surfaces, anterior	37
D0603	Caries risk assessment and documentation, with a finding of high risk	0	D2332	Resin-based composite – three surfaces, anterior	50
D0701	*Panoramic radiographic image – image capture only	50	D2335	Resin-based composite – four or more surfaces (anterior)	80
D0702	*2-D cephalometric radiographic image – image capture only	125	D2390	Resin-based composite crown, anterior	115
D0703	*2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	20	D2391	Resin-based composite – one surface, posterior	65
D0705	*Extra-oral posterior dental radiographic image – image capture only	0	D2392	Resin-based composite – two surfaces, posterior	75
D0706	*Intraoral – occlusal radiographic image – image capture only	0	D2393	Resin-based composite – three surfaces, posterior	90
D0707	*Intraoral – periapical radiographic image – image capture only	0	D2394	Resin-based composite – four or more surfaces, posterior	115
D0708	*Intraoral – bitewing radiographic image – image capture only	2		GOLD FOIL RESTORATIONS	
D0801	*3D intraoral surface scan – direct	9	D2410	Gold foil – one surface	75
D0802	*3D dental surface scan – indirect	9	D2420	Gold foil – two surfaces	95
D0803	*3D facial surface scan – direct	9	D2430	Gold foil – three surfaces	125
D0804	*3D facial surface scan – indirect	9		INLAY/ONLAY RESTORATIONS	
	DENTAL PROPHYLAXIS		D2510	Inlay – metallic – one surface	225
D1110	*Prophylaxis – adult	0	D2520	Inlay – metallic – two surfaces	235
D1110	Additional prophylaxis – adult	0	D2530	Inlay – metallic – three or more surfaces	245
D1120	*Prophylaxis – child	0	D2542	Onlay – metallic – two surfaces	325
D1120	Additional prophylaxis – child	0	D2543	Onlay – metallic – three surfaces	340
	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		D2544	Onlay – metallic – four or more surfaces	350
D1206	*Topical application of fluoride varnish	15	D2610	Inlay – porcelain/ceramic – one surface	275*
D1208	*Topical application of fluoride – excluding varnish	0	D2620	Inlay – porcelain/ceramic – two surfaces	300*
D9910	*Application of desensitizing medicament	20	D2630	Inlay – porcelain/ceramic – three or more surfaces	325*
	OTHER PREVENTIVE SERVICES		D2642	Onlay – porcelain/ceramic – two surfaces	360*
D1301	immunization counseling	0	D2643	Onlay – porcelain/ceramic – three surfaces	390*
D1310	Nutritional counseling for control of dental disease	0	D2644	Onlay – porcelain/ceramic – four or more surfaces	400*
D1320	Tobacco counseling for the control and prevention of oral disease	0	D2650	Inlay – resin-based composite – one surface	200
D1330	Oral hygiene instructions	0	D2651	Inlay – resin-based composite – two surfaces	220
D1351	*Sealant – per tooth	0	D2652	Inlay – resin-based composite – three or more surfaces	260
D1352	*Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0	D2662	Onlay – resin-based composite – two surfaces	240
D1353	Sealant repair – per tooth	0	D2663	Onlay – resin-based composite – three surfaces	260
D1354	*Application of caries arresting medicament – per tooth	20	D2664	Onlay – resin-based composite – four or more surfaces	283



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D2650	Inlay - resin-based composite - one surface	200	D2989	Labial veneer (resin laminate) - direct	125
D2651	Inlay - resin-based composite - two surfaces	220	D2990	Labial veneer (resin laminate) - indirect	29
D2652	Inlay - resin-based composite - three or more surfaces	260	D2991	Additional procedures to construct new crown under existing partial denture framework	0
D2662	Onlay - resin-based composite - two surfaces	240		PULP CAPPING	
D2663	Onlay - resin-based composite - three surfaces	260	D3110	Crown repair necessitated by restorative material failure	25
D2664	Onlay - resin-based composite - four or more surfaces	283	D3120	Inlay repair necessitated by restorative material failure	25
	CROWNS - SINGLE RESTORATIONS ONLY			PULPOTOMY	
D2710	*Crown - resin-based composite (indirect)	195	D3220	Veneer repair necessitated by restorative material failure	30
D2712	*Crown - ¾ resin-based composite (indirect)	195	D3221	Pulpal debridement, primary and permanent teeth	95
D2720	*Crown - resin with high noble metal	245*	D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75
D2721	*Crown - resin with predominantly base metal	245*		ENDODONTIC THERAPY ON PRIMARY TEETH	
D2722	*Crown - resin with noble metal	245*	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50
D2740	*Crown - porcelain/ceramic	245*	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50
D2750	*Crown - porcelain fused to high noble metal	245*		ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)	
D2751	*Crown - porcelain fused to predominantly base metal	245*	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110
D2752	*Crown - porcelain fused to noble metal	245*	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	195
D2753	*Crown - porcelain fused to titanium and titanium alloys	245*	D3330	Endodontic therapy, molar tooth (excluding final restoration)	245
D2780	*Crown - 3/4 cast high noble metal	245*	D3331	Treatment of root canal obstruction; non-surgical access	85
D2781	*Crown - 3/4 cast predominantly base metal	245*	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75
D2782	*Crown - 3/4 cast noble metal	245*	D3333	Internal root repair of perforation defects	125
D2783	*Crown - 3/4 porcelain/ceramic	245*		ENDODONTIC RETREATMENT	
D2790	*Crown - full cast high noble metal	245*	D3346	Retreatment of previous root canal therapy - anterior	300
D2791	*Crown - full cast predominantly base metal	245*	D3347	Retreatment of previous root canal therapy - premolar	350
D2792	*Crown - full cast noble metal	245*	D3348	Retreatment of previous root canal therapy - molar	440
D2794	*Crown - titanium and titanium alloys	245*		APEXIFICATION/RECALCIFICATION PROCEDURES	
D2799	*Interim crown- further treatment or completion of diagnosis necessary prior to final impression	125	D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90
	OTHER RESTORATIVE SERVICES		D3352	Apexification/recalcification - interim medication replacement	90
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	90
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	20		APICOECTOMY/PERIRADICULAR SERVICES	
D2920	Re-cement or re-bond crown	15	D3410	Apicoectomy - anterior	100
D2921	Reattachment of tooth fragment, incisal edge or cusp	15	D3421	Apicoectomy - premolar (first root)	315
D2928	*Prefabricated porcelain/ceramic crown - permanent tooth	49*	D3425	Apicoectomy - molar (first root)	340
D2929	*Prefabricated porcelain/ceramic crown - primary tooth	49*	D3426	Apicoectomy (each additional root)	95
D2930	Prefabricated stainless steel crown - primary tooth	45	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	47
D2931	Prefabricated stainless steel crown - permanent tooth	55	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	42
D2932	Prefabricated resin crown	95	D3430	Retrograde filling - per root	75
D2933	Prefabricated stainless steel crown with resin window	145	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150
D2940	Placement of interim direct restoration	15	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	150
D2949	Restorative foundation for an indirect restoration	20	D3450	Root amputation - per root	110
D2950	Core buildup, including any pins when required	70	D3460	Endodontic endosseous implant	545
D2951	Pin retention - per tooth, in addition to restoration	15	D3470	Intentional reimplantation (including necessary splinting)	175
D2952	Post and core in addition to crown, indirectly fabricated	88	D3471	Surgical repair of root resorption - anterior	100
D2953	Each additional indirectly fabricated post - same tooth	95	D3472	Surgical repair of root resorption - premolar	315
D2954	Prefabricated post and core in addition to crown	75	D3473	Surgical repair of root resorption - molar	340
D2955	Post removal	30	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	100
D2957	Each additional prefabricated post - same tooth	30	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	100
D2960	Labial veneer (resin laminate) - direct	200	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	100
D2961	Labial veneer (resin laminate) - indirect	255*		OTHER ENDODONTIC PROCEDURES	
D2962	Labial veneer (porcelain laminate) - indirect	390*	D3910	Surgical procedure for isolation of tooth with rubber dam	95
D2971	Additional procedures to construct new crown under existing partial denture framework	45	D3920	Hemisection (including any root removal), not including root canal therapy	90
D2975	Coping	95	D3921	Decoronation or submergence of an erupted tooth	30
D2980	Crown repair necessitated by restorative material failure	95	D3950	Canal preparation and fitting of preformed dowel or post	75
D2981	Inlay repair necessitated by restorative material failure	95		SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)	
D2982	Onlay repair necessitated by restorative material failure	95	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175
D2983	Veneer repair necessitated by restorative material failure	95	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	81



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D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	49	D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	400*
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	195	D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	400*
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185	D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425*
D4245	Apically positioned flap	150	D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425*
D4249	ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)	230	D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	420*
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375	D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	445*
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	445*
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	450	D5225	*Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425*
D4264	NON SURGICAL PERIODONTAL SERVICE	325	D5226	*Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	425*
D4268	Surgical revision procedure, per tooth	0	D5227	*Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	425*
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	335	D5228	*Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	425*
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	125	D5282	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	245*
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	502	D5283	*Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	245*
D4276	Combined connective tissue and pedicle graft, per tooth	65	ADJUSTMENTS TO DENTURES		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	215	D5410	Adjust complete denture - maxillary	15
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	75	D5411	Adjust complete denture - mandibular	15
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	299	D5421	Adjust partial denture - maxillary	15
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	392	REPAIRS TO COMPLETE DENTURES		
D4286	Removal of non-resorbable barrier	20	D5511	*Repair broken complete denture base, mandibular	35*
NON SURGICAL PERIODONTAL SERVICE			D5512	*Repair broken complete denture base, maxillary	35*
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	115	D5520	*Replace missing or broken teeth - complete denture (per tooth)	35*
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	105	REPAIRS TO PARTIAL DENTURES		
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	50†	D5611	*Repair resin partial denture base, mandibular	35*
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	43†	D5612	*Repair resin partial denture base, maxillary	35*
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	50†	D5621	*Repair cast partial framework, mandibular	35*
D4355	*Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	50†	D5622	*Repair cast partial framework, maxillary	35*
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	60†	D5630	*Repair or replace broken retentive clasping materials – per tooth	35*
OTHER PERIODONTAL SERVICES			D5640	*Replace missing or broken teeth – partial denture – per tooth	35*
D4910	*Periodontal maintenance	50	D5650	*Add tooth to existing partial denture - per tooth	35*
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25	D5660	*Add clasp to existing partial denture - per tooth	35*
D4921	Gingival irrigation with a medical agent – per quadrant	15	D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	155*
D4999	Unspecified periodontal procedure, by report	0	D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	155*
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			D5710	*Rebase complete maxillary denture	135*
D5110	*Complete denture - maxillary	325*	D5711	*Rebase complete mandibular denture	135*
D5120	*Complete denture - mandibular	325*	D5720	*Rebase maxillary partial denture	155*
D5130	*Immediate denture - maxillary	350*	D5725	*Rebase hybrid prosthesis	155*
D5140	*Immediate denture - mandibular	350*	D5730	*Reline complete maxillary denture (direct)	65*
PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			D5731	*Reline complete mandibular denture (direct)	65*



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D5740	*Reline maxillary partial denture (direct)	65*	D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	750
D5750	*Reline complete maxillary denture (indirect)	85*	D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	750
D5760	*Reline maxillary partial denture (indirect)	85*	D6073	*Abutment supported retainer for cast metal fpd (predominantly base)	750
D5761	*Reline mandibular partial denture (indirect)	85*	D6074	*Abutment supported retainer for cast metal fpd (noble metal)	750
D5765	*Soft liner for complete or partial removable denture – indirect	69	D6075	*Implant supported retainer for ceramic fpd	750
	INTERIM PROSTHESIS		D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	750
D5810	*Interim complete denture (maxillary)	250*	D6077	*Implant supported retainer for metal FPD - high noble alloys	750
D5811	*Interim complete denture (mandibular)	250*	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50†
D5820	*Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	175*	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50†
D5821	*Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	175*	D6077	*Implant supported retainer for metal FPD - high noble alloys	750
	OTHER REMOVABLE PROSTHESIS		D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50†
D5850	Tissue conditioning, maxillary	20	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50†
D5851	Tissue conditioning, mandibular	20	D6082	*Implant supported crown - porcelain fused to predominantly base alloys	750
D5862	Precision attachment, by report	150	D6083	*Implant supported crown - porcelain fused to noble alloys	750
D5899	Unspecified removable prosthodontic procedure, by report	0	D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	750
	NON-CLINICAL PROCEDURES		D6085	Interim implant crown	125
D5982	Surgical stent	150*	D6086	*Implant supported crown - predominantly base alloys	750
D5987	Commissure splint	150*	D6087	*Implant supported crown - noble alloys	750
D5988	Surgical splint	150*	D6088	*Implant supported crown - titanium and titanium alloys	750
	PRE-SURGICAL SERVICES		D6089	accessing and retorquing loose implant screw - per screw	50
D6190	Radiographic/surgical implant index, by report	235	D6094	*Abutment supported crown - titanium and titanium alloys	750
D6198	Remove interim implant component	700	D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	750
	SURGICAL SERVICES		D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	750
D6010	*Surgical placement of implant body: endosteal implant	1010	D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	750
D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1010	D6105	Removal of implant body not requiring bone removal nor flap elevation	700
D6100	Surgical removal of implant body	700	D6106	Guided tissue regeneration – resorbable barrier, per implant	325
	IMPLANT SUPPORTED PROSTHETICS		D6107	*Guided tissue regeneration – non-resorbable barrier, per implant	325
D6056	*Prefabricated abutment – includes modification and placement	440	D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1255
D6057	*Custom fabricated abutment – includes placement	550	D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1255
D6058	*Abutment supported porcelain/ceramic crown	750	D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	995
D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	750	D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	995
D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	750	D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3855
D6061	*Abutment supported porcelain fused to metal crown (noble metal)	750	D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3855
D6062	*Abutment supported cast metal crown (high noble metal)	750	D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2255
D6063	*Abutment supported cast metal crown (predominantly base metal)	750	D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2255
D6064	*Abutment supported cast metal crown (noble metal)	750	D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular	1804
D6065	*Implant supported porcelain/ceramic crown	750	D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary	1804
D6066	*Implant supported crown - porcelain fused to high noble alloys	750	D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys	750
D6067	*Implant supported crown - high noble alloys	750	D6121	*Implant supported retainer for metal FPD – predominantly base alloys	750
D6068	*Abutment supported retainer for porcelain/ceramic fpd	750	D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys	750
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	750			
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	750			



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CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	OTHER IMPLANT SERVICES				
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	180	D6783	*Retainer crown - 3/4 porcelain/ceramic	245*
D6090	Repair implant supported prosthesis, by report	400	D6784	*Retainer crown ¾ - titanium and titanium alloys	245*
D6092	Re-cement or re-bond implant/abutment supported crown	45	D6790	*Retainer crown - full cast high noble metal	245*
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	65	D6791	*Retainer crown - full cast predominantly base metal	245*
D6096	Remove broken implant retaining screw	500	D6792	*Retainer crown - full cast noble metal	245*
D6193	Replacement of an implant screw	550	D6793	*Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125
	FIXED PARTIAL DENTURE PONTICS		D6794	*Retainer crown - titanium and titanium alloys	245*
D6205	*Pontic - indirect resin based composite	750		OTHER FIXED PARTIAL DENTURE SERVICES	
D6210	*Pontic - cast high noble metal	245*	D6930	Re-cement or re-bond fixed partial denture	15
D6211	*Pontic - cast predominantly base metal	245*	D6940	Stress breaker	125
D6212	*Pontic - cast noble metal	245*	D6950	Precision attachment	195
D6214	*Pontic - titanium and titanium alloys	245*	D6980	Fixed partial denture repair necessitated by restorative material failure	80
D6240	*Pontic - porcelain fused to high noble metal	245*		AND ROUTINE POST OPERATIVE CARE)	
D6242	*Pontic - porcelain fused to noble metal	245*	D7111	Extraction, coronal remnants – primary tooth	50
D6243	*Pontic - porcelain fused to titanium and titanium alloys	245*		Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20
D6250	*Pontic - resin with high noble metal	245*	D7140	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30
D6251	*Pontic - resin with predominantly base metal	245*	D7210	OTHER SURGICAL PROCEDURES	
D6252	*Pontic - resin with noble metal	245*	D7220	Removal of impacted tooth - soft tissue	50
D6253	*Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	0	D7230	Removal of impacted tooth - partially bony	65*
	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		D7240	Removal of impacted tooth - completely bony	80
D6545	Retainer - cast metal for resin bonded fixed prosthesis	390	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	135
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225*	D7250	Removal of residual tooth roots (cutting procedure)	40
D6600	Retainer inlay - porcelain/ceramic, two surfaces	245*	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	270
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	245*	D7260	Oroantral fistula closure	160
D6602	Retainer inlay - cast high noble metal, two surfaces	245*	D7261	Primary closure of a sinus perforation	275
D6603	Retainer inlay - cast high noble metal, three or more surfaces	245*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50
D6604	Retainer inlay - cast predominantly base metal, two surfaces	245*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	245*	D7280	Exposure of an unerupted tooth	125
D6606	Retainer inlay - cast noble metal, two surfaces	245*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125
D6607	Retainer inlay - cast noble metal, three or more surfaces	245*	D7283	Placement of device to facilitate eruption of impacted tooth	80
D6608	Retainer onlay - porcelain/ceramic, two surfaces	245*	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	125
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	245*	D7286	Incisional biopsy of oral tissue-soft	85
D6610	Retainer onlay - cast high noble metal, two surfaces	245*	D7287	Exfoliative cytological sample collection	75
D6611	Retainer onlay - cast high noble metal, three or more surfaces	245*	D7288	Brush biopsy - transepithelial sample collection	25
D6612	Retainer onlay - cast predominantly base metal, two surfaces	245*	D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	40
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	245*		ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE	
D6614	Retainer onlay - cast noble metal, two surfaces	245*	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40
D6615	Retainer onlay - cast noble metal, three or more surfaces	245*	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40
D6624	Retainer inlay - titanium	245*	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60
D6634	Retainer onlay - titanium	245*	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	60
	FIXED PARTIAL DENTURE RETAINERS - CROWNS			VESTIBULOPLASTY	
D6710	*Retainer crown - indirect resin based composite	245*	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370
D6720	*Retainer crown - resin with high noble metal	245*	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990
D6721	*Retainer crown - resin with predominantly base metal	245*		SURGICAL EXCISION OF SOFT TISSUE LESIONS	
D6722	*Retainer crown - resin with noble metal	245*	D7410	Excision of benign lesion up to 1.25 cm	25
D6740	*Retainer crown - porcelain/ceramic	245*	D7411	Excision of benign lesion greater than 1.25 cm	50
D6750	*Retainer crown - porcelain fused to high noble metal	245*	D7412	Excision of benign lesion, complicated	55
D6751	*Retainer crown - porcelain fused to predominantly base metal	245*		SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D6752	*Retainer crown - porcelain fused to noble metal	245*	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	245*		Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95
D6780	*Retainer crown - 3/4 cast high noble metal	245*	D7509	Marsupialization of odontogenic cyst	65
D6781	*Retainer crown - 3/4 cast predominantly base metal	245*			
D6782	*Retainer crown - 3/4 cast noble metal	245*			



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CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
EXCISION OF BONE TISSUE					
D7471	Removal of lateral exostosis (maxilla or mandible)	95	D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	65
D7472	Removal of torus palatinus	95	D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	65
D7473	Removal of torus mandibularis	95	D9248	Non-intravenous conscious sedation	15
D7485	Reduction of osseous tuberosity	95	DRUGS		
SURGICAL INCISION			D9610	Therapeutic parenteral drug, single administration	15
D7510	Incision and drainage of abscess - intraoral soft tissue	20	D9630	Drugs or medicaments dispensed in the office for home use	15
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	MISCELLANEOUS SERVICES		
D7520	Incision and drainage of abscess - extraoral soft tissue	20	D9910	*Application of desensitizing medicament	20
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	0
REPAIR OF TRAUMATIC WOUNDS			D9912	Pre-visit patient screening	0
D7910	Suture of recent small wounds up to 5 cm	35	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
OTHER REPAIR PROCEDURES			D9932	Cleaning and inspection of removable complete denture, maxillary	0
D7921	Collection and application of autologous blood concentrate product	125	D9933	Cleaning and inspection of removable complete denture, mandibular	0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	350	D9934	Cleaning and inspection of removable partial denture, maxillary	0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800	D9935	Cleaning and inspection of removable partial denture, mandibular	0
D7952	Sinus augmentation via a vertical approach	350	D9942	Repair and/or relining of occlusal guard	40
D7953	Bone replacement graft for ridge preservation - per site	100	D9943	Occlusal guard adjustment	25
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	325	D9944	*Occlusal guard – hard appliance, full arch	250
	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	325	D9945	*Occlusal guard – soft appliance, full arch	250
D7957					
D7961	Buccal / labial frenectomy (frenulectomy)	105	D9946	*Occlusal guard – hard appliance, partial arch	250
D7962	Lingual frenectomy (frenulectomy)	105	D9947	Custom sleep apnea appliance fabrication and placement	1900
D7963	Frenuloplasty	105	D9948	Adjustment of custom sleep apnea appliance	85
D7970	Excision of hyperplastic tissue - per arch	140	D9949	Repair of custom sleep apnea appliance	88
D7971	Excision of pericoronal gingiva	102	D9950	Occlusion analysis - mounted case	75
D7972	Surgical reduction of fibrous tuberosity	125	D9951	Occlusal adjustment - limited	30
LIMITED ORTHODONTIC TREATMENT			D9952	Occlusal adjustment - complete	100
D8010	Limited orthodontic treatment of the primary dentition	1000	D9953	Reline custom sleep apnea appliance (indirect)	65
D8020	Limited orthodontic treatment of the transitional dentition	1000	D9972	External bleaching - per arch - performed in office	150
D8030	Limited orthodontic treatment of the adolescent dentition	1000	D9973	External bleaching - per tooth	30
D8040	Limited orthodontic treatment of the adult dentition	1350	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240
COMPREHENSIVE ORTHODONTIC TREATMENT			D9991	Dental case management – addressing appointment compliance barriers	0
D8070	Comprehensive orthodontic treatment of the transitional dentition	2200	D9992	Dental case management – care coordination	0
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2250	D9993	Dental case management – motivational interviewing	0
D8090	Comprehensive orthodontic treatment of the adult dentition	2350	D9997	Dental case management - patients with special health care needs	0
MINOR TREATMENT TO CONTROL HARMFUL HABITS					
D8210	*Removable appliance therapy	103			
D8220	*Fixed appliance therapy	103			
OTHER ORTHODONTIC SERVICES					
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			
D8681	Removable orthodontic retainer adjustment	0			
D8698	Re-cement or re-bond fixed retainer – maxillary	0			
D8699	Re-cement or re-bond fixed retainer – mandibular	0			
D8999	Unspecified orthodontic procedure, by report	250			
UNCLASSIFIED TREATMENT					
D9110	*Palliative treatment of dental pain - per visit	0			
D9120	Fixed partial denture sectioning	0			
ANESTHESIA					
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 in conjunction with operative or surgical procedures	0			
D9222	Deep sedation/general anesthesia – first 15 minutes	50			
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	50			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	20			



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Specialty Services

- 1 The 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 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
- 4 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 your Provider may obtain written authorization from Solstice and You may receive specialty treatment by an approved Participating Specialist at the listed Copayments.
- 5 Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a Network Specialty Dentist 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.
- 6 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

- 1 Services performed by a non-participating dentist or dentist specialist without preauthorization from Solstice.
- 2 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.
- 3 We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational.
- 4 We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and preauthorization from Solstice.
- 6 Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
- 7 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

- 1 Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; 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
- 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 (1) time in any consecutive six (6) 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.
- 5 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 age 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 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 9 New dentures include one (1) reline within the first six (6) months
- 10 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
- 11 When crown , implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 12 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
- 13 Copayments marked by "+" are not eligible at a specialist.
- 14 Either D0210, D0251, or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 15 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.
- 16 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 17 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.
- 18 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 19 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.
- 20 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.
- 21 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruism.
- 22 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.

