

EssentialSmile 211 Schedule of Benefits

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Members can search for a Network Provider at
www.solsticecare.com/provider-search.aspx
Member Services: 1.877.760.2247

The Copayments listed on this Schedule of Benefits apply when a Participating Provider who is a General Dentist performs the Covered Services. **You are responsible for requesting Preauthorization for treatment of malignancies, cysts or neoplasms, general anesthesia, IV sedation , crowns, bridges, prosthetics, and Network Specialist Dentist**

Symbol Legend	† Procedures that are not eligible at a Specialist ^ Adult Copayments that do not include the cost of material and laboratory fees.	
COST-SHARING	Participating Member Responsibility for Cost-Sharing	Non-Participating Member Responsibility for Cost-Sharing
Deductible Child under age 19 (Applies to all classes) Adult	 \$30 \$0	Non-Participating Provider services are not Covered except for Emergency Dental Care. We Cover only palliative treatment for the abatement of pain up to \$100.00 per occurrence, or when authorized by Us.
Out-of Pocket Limit One (1) Per Child under Age 19 More than One (1) Child under Age 19	 \$350 \$700	

CODE	DESCRIPTION	LIMITATIONS	MEMBER COST-SHARING CHILD	MEMBER COST-SHARING ADULT
APPOINTMENTS				
D0120	Periodic oral evaluation- established patient	1 Every 6 Months	\$0	\$15
D0140	Limited oral evaluation - problem focused	1 Every 6 Months	\$0	\$15

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Underwritten by Solstice Benefits, Inc.,
a Life and Health Insurer under the Florida Insurance Code.

D0150	Comprehensive oral evaluation-new or established patient	1 Every 6 Months	\$0	\$15
D0160	Detailed and extensive oral evaluation - problem focused, by report		\$0	\$15
D0180	Comprehensive periodontal evaluation	1 Every 6 Months	\$0	\$15
D9110	Palliative (emergency) treatment of dental pain-minor procedure		\$40	\$40
D9310	Consultation- diagnostic service provided by dentist or physician other than requesting dentist or physician		\$25	\$25
RADIOGRAPHY / DIAGNOSTIC DENTISTRY				
D0210	Intraoral-complete series of radiographic images	1 Every 60 Months	\$0	\$25
D0220	Intraoral-periapical first radiographic image		\$0	\$15
D0230	Intraoral-periapical each additional radiographic image		\$0	\$8
D0240	Intraoral-occlusal radiographic image		\$0	\$13
D0270	Bitewing - single radiographic image	1 Set Every 6 Months	\$0	\$12
RADIOGRAPHY / DIAGNOSTIC DENTISTRY CONT.				
D0272	Bitewings - two radiographic image	1 Set Every 6 Months	\$0	\$15
D0273	Bitewings - three radiographic image	1 Set Every 6 Months	\$0	\$15
D0274	Bitewings - four radiographic image	1 Set Every 6 Months	\$0	\$15
D0277	Vertical Bitewings - 7 To 8 radiographic image	1 Set Every 6 Months	\$0	\$15
D0330	Panoramic radiographic image	1 Every 60 Months	\$0	\$25
D0340	2D Cephalometric radiographic image-acquisition, measurement and analysis		\$125	\$125
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		\$31	\$31
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw		-	\$152
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		-	\$142
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		-	\$142
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium		-	\$187
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		-	\$142
D0369	Maxillofacial MRI capture and interpretation		-	\$192
D0370	Maxillofacial ultrasound capture and interpretation		-	\$172
D0371	Sialoendoscopy capture and interpretation		-	\$172
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw		-	\$152
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible		-	\$142
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium		-	\$142

D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium		-	\$187
D0384	Cone beam CT image capture for TMJ series including two or more exposures		-	\$142
D0385	Maxillofacial MRI image capture		-	\$172
D0386	Maxillofacial ultrasound image capture		-	\$172
D0393	Treatment simulation using 3D image volume		-	\$12
D0394	Digital subtraction of two or more images or image volumes of the same modality		-	\$12
D0395	Fusion of two or more 3D image volumes of one or more modalities		-	\$12
D0415			-	\$0
D0425	Caries susceptibility tests		-	
D0431			-	75
D0460	Pulp vitality tests		-	\$0
D0470	Diagnostic casts		\$55	\$55
PREVENTIVE DENTISTRY				
D1110	Prophylaxis- adult	Limited To 1 Every 6 Months	\$0	\$0
D1120	Prophylaxis- child	Limited To 1 Every 6 Months	\$0	\$0
D1206	Topical application of fluoride varnish	Limited To 2 Every 12 Months	\$0	\$16
D1208	Topical application of fluoride- excluding varnish	Limited To 2 Every 12 Months	\$0	\$15
D1351	Sealant - per tooth	1 Sealant Per Tooth Every 36 Months	\$0	\$29
D1510	Space maintainer-fixed -unilateral	1 time per consecutive 60 months	\$0	\$0
D1515	Space maintainer-fixed -bilateral	1 time per consecutive 60 months	\$0	\$0
D1520	Space maintainer-removable -unilateral	1 time per consecutive 60 months	\$0	\$0
D1525	Space maintainer-removable -bilateral	1 time per consecutive 60 months	\$0	\$0
D1550	Re-cement or re-bond space maintainer	1 time per consecutive 60 months	\$30	\$30
RESTORATIVE DENTISTRY				
D2140	Amalgam-one surface primary or permanent		\$56	\$56
D2150	Amalgam-two surfaces primary or permanent		\$65	\$65
D2160	Amalgam-three surfaces primary or permanent		\$85	\$85
D2161	Amalgam-four or more surfaces primary or permanent		\$109	\$109
D2330	Resin-based composite- one surface, anterior		\$65	\$65
D2331	Resin-based composite- two surfaces, anterior		\$84	\$84

D2332	Resin-based composite- three surfaces, anterior		\$102	\$102
D2335	Resin-based composite- four or more surfaces or involving incisal angle (anterior)		\$124	\$124
D2510	Inlay-metallic-one surface		\$350	\$380
D2520	Inlay-metallic-two surfaces		\$350	\$420
D2530	Inlay-metallic-three or more surfaces		\$350	\$465
D2542	Onlay -metallic – two surfaces		\$350	\$505
D2543	Onlay - metallic - three surfaces		\$350	\$545
D2544	Onlay - metallic - four or more surfaces		\$350	\$560
D2642	Onlay - porcelain/ceramic - two surfaces		\$350	\$310^
D2643	Onlay - porcelain/ceramic - three surfaces		\$350	\$375^
D2740	Crown-porcelain/ceramic substrate	Limited To 1 Per Tooth Every 60 Months	\$350	\$310^
RESTORATIVE DENTISTRY CONT.				
D2750	Crown- porcelain fused to high noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$305^
D2751	Crown- porcelain fused to predominantly base metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$340^
D2752	Crown- porcelain fused to noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$300^
D2780	Crown 3/4 cast high noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$290^
D2781	Crown 3/4 cast predominantly base metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$340^
D2783	Crown 3/4 porcelain/ceramic	Limited To 1 Per Tooth Every 60 Months	\$350	\$310^
D2790	Crown-full cast high noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$260^
D2791	Crown-full cast predominantly base metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$285^
D2792	Crown-full cast noble metal	Limited To 1 Per Tooth Every 60 Months	\$350	\$250^
D2794	Crown – titanium	Limited To 1 Per Tooth Every 60 Months	\$350	\$300^
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$36	\$36
D2920	Re-cement or re-bond crown		\$36	\$36
D2930	Prefabricated stainless steel crown- primary tooth	Limited To 1 Per Tooth Every 60 Months	\$110	\$110

D2931	Prefabricated stainless steel crown- permanent tooth	Limited To 1 Per Tooth Every 60 Months	\$110	\$110
D2940	Protective restoration		\$32	\$32
D2950	Crown buildup, including any pins when required	Limited To 1 Per Tooth Every 60 Months	\$90	\$90
D2951	Pin retention- per tooth, in addition to restoration		\$24	\$24
D2954	Prefabricated post and core in addition to crown	Limited To 1 Per Tooth Every 60 Months	\$140	\$140
D2980	Crown repair necessitated by restorative material failure		\$95	\$95
ENDODONTICS SERVICES				
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service	\$65	\$65
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service	\$75	\$75
D3230	Pupal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration)	Limited to once per tooth per lifetime	\$157	\$157
D3240	Pupal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	Limited to once per tooth per lifetime	\$200	\$200
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		\$350	\$495
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)		\$350	\$578
D3330	Endodontic therapy, molar (excluding final restoration)		\$350	\$743
D3346	Retreatment of previous root canal therapy - anterior		\$350	\$605
D3347	Retreatment of previous root canal therapy - bicuspid		\$350	\$743

D3348	Retreatment of previous root canal therapy - molar		\$350	\$853
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		\$160	\$160
D3352	Apexification/recalcification - interim medication replacement		\$90	\$90
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		\$235	\$235
D3410	Apicoectomy - anterior		\$350	\$385
D3421	Apicoectomy - bicuspid (first root)		\$350	\$413
D3425	Apicoectomy - molar (first root)		\$350	\$495
D3426	Apicoectomy (each additional root)		\$176	\$176
D3430	Retrograde filling - per root		\$95	\$95
D3450	Root amputation-per root		\$235	\$235
D3920	Hemisection (including any root removal), not including root canal therapy		\$205	\$205
PERIODONTIC SERVICES				
D4210	Gingivectomy/Gingivoplasty-four or more contiguous teeth or bounded spaces per quadrant	Limited To 1 Every 36 Months	\$350	\$418
D4211	Gingivectomy/Gingivoplasty- one to three teeth per quadrant		\$149	\$149
D4240	Gingival flap procedure including root planing- four or more contiguous teeth or bounded spaces per quadrant	Limited To 1 Every 36 Months	\$325	\$325
D4249	Clinical crown lengthening- hard tissue		\$350	\$460
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Limited To 1 Every 36 Months	\$350	\$786
D4270	Pedicle soft tissue graft procedure		\$350	\$447
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		\$350	\$550
D4277	Free soft tissue graft procedure (including recipient and donor sites), first tooth, implant, or edentulous tooth position in graft		\$350	\$554
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		\$350	\$554
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Limited To (1) per quadrant per 24 Months	\$150+	\$150+
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Limited To (1) per quadrant per 24 Months	\$80+	\$80+

D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Limited To 1 Per Lifetime	\$90+	\$90+
D4910	Periodontal Maintenance	Limited To 1 Every 6 Months	\$100	\$100
PROSTHODONTICS- REMOVABLE				
D5110	Complete denture- maxillary	Limited To 1 Every 60 Months	\$350	\$505^
D5120	Complete denture- mandibular	Limited To 1 Every 60 Months	\$350	\$505^
D5130	Immediate denture- maxillary	Limited To 1 Every 60 Months	\$350	\$575^
D5140	Immediate denture- mandibular	Limited To 1 Every 60 Months	\$350	\$575^
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Limited To 1 Every 60 Months	\$350	\$400^
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Limited To 1 Every 60 Months	\$350	\$400^
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Limited To 1 Every 60 Months	\$350	\$625^
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Limited To 1 Every 60 Months	\$350	\$625^
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	Limited To 1 Every 60 Months	\$350	\$245^
D5410	Adjust complete denture - maxillary		\$30	\$30^
D5411	Adjust complete denture- mandibular		\$30	\$30^
D5421	Adjust partial denture- maxillary		\$30	\$30^
D5422	Adjust partial denture- mandibular		\$30	\$30^
D5510	Repair broken complete denture base		\$110	\$60^
D5520	Replace missing or broken teeth- complete denture (each tooth)		\$90	\$40^
D5610	Repair resin denture base		\$85	\$35^
D5620	Repair cast framework		\$90	\$40^
D5630	Repair or replace broken clasp- per tooth		\$110	\$60^
D5640	Replace broken teeth-per tooth		\$90	\$40^
D5650	Add tooth to existing partial denture		\$100	\$50^
D5660	Add clasp to existing partial denture- per tooth		\$125	\$75^
D5710	Rebase complete maxillary denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$280	\$230^

D5720	Rebase maxillary partial denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$250	\$200^
D5721	Rebase mandibular partial denture	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$250	\$200^
D5730	Reline complete maxillary denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$155	\$105^
D5731	Reline complete mandibular denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$155	\$105^
D5740	Reline maxillary partial denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$130	\$80^
D5741	Reline mandibular partial denture (chairside)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$130	\$80^
D5750	Reline complete maxillary denture (laboratory)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$235	\$185^
D5751	Reline complete mandibular denture (laboratory)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$235	\$185^
D5760	Reline maxillary partial denture (laboratory)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$200	\$150^
D5761	Reline mandibular partial denture (laboratory)	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation	\$200	\$150^
D5850	Tissue conditioning, maxillary		\$75	\$75
D5851	Tissue conditioning, mandibular		\$75	\$75
IMPLANT SERVICES- All Implant Services Are Covered for Children Under Age 19 Only				
D6010	Surgical placement of implant body: endosteal implant	1 Every 60 Months	\$350	\$1,050
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1 Every 60 Months	\$350	\$1,050
D6040	Surgical placement: eposteal	1 Every 60 Months	\$350	-
D6050	Surgical placement: transosteal	1 Every 60 Months	\$350	-

D6056	Prefabricated abutment- includes modification and placement	1 Every 60 Months	\$350	\$475
D6058	Abutment supported porcelain/ceramic crown	1 Every 60 Months	\$350	\$750
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1 Every 60 Months	\$350	\$750
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	1 Every 60 Months	\$350	\$750
D6061	Abutment supported porcelain fused to metal crown (noble metal)	1 Every 60 Months	\$350	\$750
D6062	Abutment supported cast metal crown (high noble metal)	1 Every 60 Months	\$350	\$750
D6063	Abutment supported cast metal crown (predominantly base metal)	1 Every 60 Months	\$350	\$750
D6064	Abutment supported cast metal crown (noble metal)	1 Every 60 Months	\$350	\$750
D6065	Implant supported porcelain/ceramic crown	1 Every 60 Months	\$350	-
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1 Every 60 Months	\$350	\$750
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	1 Every 60 Months	\$350	\$750
D6068	Abutment supported retainer for porcelain/ceramic FPD	1 Every 60 Months	\$350	\$750
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1 Every 60 Months	\$350	\$750
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1 Every 60 Months	\$350	\$750
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1 Every 60 Months	\$350	\$750
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	1 Every 60 Months	\$350	\$750
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	1 Every 60 Months	\$350	\$750
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1 Every 60 Months	\$350	\$750
D6075	Implant supported retainer for ceramic FPD	1 Every 60 Months	\$350	\$750
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1 Every 60 Months	\$350	\$750
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1 Every 60 Months	\$350	\$750
D6100	Implant removal, by report	1 Every 60 Months	\$128	\$600
PROSTHODONTICS- FIXED				
D6210	Pontic-cast high noble metal	1 Every 60 Months	\$350	\$260^
D6211	Pontic-cast predominantly base metal	1 Every 60 Months	\$350	\$290^
D6212	Pontic-cast noble metal	1 Every 60 Months	\$350	\$250^
D6214	Pontic - titanium	1 Every 60 Months	\$350	\$300^
D6240	Pont- porcelain fused to high noble metal	1 Every 60 Months	\$350	\$305^
D6241	Pont- porcelain fused to predominantly base metal	1 Every 60 Months	\$350	\$340^

D6242	Pont- porcelain fused to noble metal	1 Every 60 Months	\$350	\$300^
D6245	Pontic- porcelain/ceramic	1 Every 60 Months	\$350	\$350^
D6545	Retainer- cast metal for resin bonded fixed prosthesis	1 Every 60 Months	\$350	\$235^
D6548	Retainer- porcelain/ceramic for resin bonded fixed prosthesis	1 Every 60 Months	\$350	\$380^
D6602	Inlay- cast high noble metal, two surfaces	1 Every 60 Months	\$350	\$390^
D6603	Inlay- cast high noble metal ,three or more surfaces	1 Every 60 Months	\$350	\$492
D6609	Onlay- porcelain/ceramic, three or more surfaces	1 Every 60 Months	\$350	\$563^
D6611	Onlay- cast high noble metal, three or more surfaces	1 Every 60 Months	\$350	\$539
D6613	Onlay- cast predominantly base metal, three or more surfaces	1 Every 60 Months	\$350	\$509
D6740	Crown- porcelain/ceramic	1 Every 60 Months	\$350	\$310^
D6750	Crown- porcelain fused to high noble metal	1 Every 60 Months	\$350	\$305^
D6751	Crown- porcelain fused to predominantly base metal	1 Every 60 Months	\$350	\$340^
PROSTHODONTICS- FIXED				
D6752	Crown- porcelain fused to noble metal	1 Every 60 Months	\$350	\$300^
D6780	Crown-3/4 cast high noble metal	1 Every 60 Months	\$350	\$315^
D6781	Crown 3/4 cast predominantly base metal	1 Every 60 Months	\$350	\$340^
D6782	Crown 3/4 cast noble metal	1 Every 60 Months	\$350	\$300^
D6783	Crown - 3/4 porcelain/ceramic	1 Every 60 Months	\$350	\$310^
D6790	Crown-full cast high noble metal	1 Every 60 Months	\$350	\$305^
D6791	Crown-full cast predominantly base metal	1 Every 60 Months	\$350	\$340^
D6792	Crown-full cast noble metal	1 Every 60 Months	\$350	\$300^
D6930	Re-cement or re-bond fixed partial denture		\$65	\$65
D6980	Fixed partial denture repair necessitated by restorative material failure		\$95	\$95
ORAL SURGERY				
D7140	Extraction erupted tooth or exposed root (elevation and/or forceps removal)		\$83	\$83
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		\$156	\$156
D7220	Removal of impacted tooth- soft tissue		\$200	\$200
D7230	Removal of impacted tooth- partially bony		\$262	\$262
D7240	Removal of impacted tooth- completely bony		\$312	\$312
D7241	Removal of impacted tooth- completely bony, unusual surgical complications		\$350	\$375
D7250	Surgical removal of residual tooth roots (cutting procedure)		\$156	\$156
D7251	Cronectomy- intentional partial tooth removal		\$270	\$270
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		\$350	\$357
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)		\$215	\$215

D7280	Surgical access of an unerupted tooth		\$350	\$370
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		\$131	\$131
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		\$54	\$54
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		\$207	\$207
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		\$93	\$93
D7471	Removal lateral exostosis (maxilla or mandible)		\$265	\$265
D7510	Incision and drainage of abscess- intraoral soft tissue		\$124	\$124
D7910	Suture of recent small wounds up to 5cm		\$35	\$35
D7971	Excision of pericoronal gingiva		\$150	\$150

ORTHODONTIA- Children Under Age 19

D8010	Limited orthodontic treatment of the primary dentition	Medically Necessary Only -24 Month WP	\$350	-
D8020	Limited orthodontic treatment of the transitional dentition	Medically Necessary Only -24 Month WP	\$350	-
D8030	Limited orthodontic treatment of the adolescent dentition	Medically Necessary Only -24 Month WP	\$350	-
D8050	Interceptive orthodontic treatment of the primary dentition	Medically Necessary Only -24 Month WP	\$350	-
D8060	Interceptive orthodontic treatment of the transitional dentition	Medically Necessary Only -24 Month WP	\$350	-

ORTHODONTIA- CONT.

D8070	Comprehensive orthodontic treatment of the transitional dentition	Medically Necessary Only -24 Month WP	\$350	-
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Medically Necessary Only -24 Month WP	\$350	-
D8210	Removable appliance therapy	Medically Necessary Only -24 Month WP	\$350	\$350
D8220	Fixed appliance therapy	Medically Necessary Only -24 Month WP	\$236	\$236
D8660	Pre-orthodontic treatment examination to monitor growth and development	Medically Necessary Only -24 Month WP	\$63	-
D8670	Periodic orthodontic treatment visit	Medically Necessary Only -24 Month WP	\$35	-
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Medically Necessary Only -24 Month WP	\$15	\$300

ORTHODONTIA- Adult (Cosmetic)

D8040	Limited orthodontic treatment of the adult dentition	Adult Only	-	\$1,350
D8090	Comprehensive orthodontic treatment of the adult dentition	Adult Only	-	\$3,700

MISCELLANEOUS SERVICES

D9223	Deep sedation/ general anesthesia- each 15 minute increment		\$65	\$65
D9243	Intravenous moderate (conscious) sedation/analgesia- each 15 minute increment		\$55	\$55
D9610	Therapeutic parenteral drug, single administration		\$25	\$25
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		\$39	\$39
D9940	Occlusal guards by report	1 In 12 Months For Patients 13 And Older	\$350	\$350