



EssentialSmile 222 Schedule of Benefits

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

This is your Schedule of Benefits. It describes the Coinsurance, Deductibles, Out-of-Pocket Limits, and other limitations on Covered Services.

For purposes of this Schedule of Benefits, the term "Child" refers to a Child through the end of the calendar year in which the Child turns 19. The term "Adult" refers to any Covered Person after the end of the calendar year in which the Covered Person turns 19.

You must verify the accuracy and appropriateness of all Cost Sharing, including any Coinsurance and Deductibles applicable to any Covered Service. We urge you to verify Coverage and Cost Sharing for proposed services via the Schedule of Benefits and/or with Member Services prior to treatment. If the charge for a Dental Service is expected to exceed \$300, you should notify us and request a pre-treatment estimate.

Orthodontic services are available to Children up to age 19 and are subject to a twenty-four (24) month waiting period.

COST-SHARING	Member Responsibility for Cost-Sharing In & Out of Network
Deductible	
One (1) Per Child under Age 19 (Applies to all services)	\$70
Adult (Waived for P&D Services)	\$50
Out-of Pocket Limit (In-Network Only)	
One (1) Per Child under Age 19	\$350
More than One (1) Child under Age 19	\$700
Adult Calendar Year Maximum (Per member per Calendar Year)	
Adult	\$1,000

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
APPOINTMENTS				
D0120	Periodic oral evaluation	100%	100%	1 Every 6 Months
D0140	Limited oral evaluation - problem focused	100%	100%	1 Every 6 Months
D0145	Oral evaluation for a patient under 3 years of age	100%	100%	1 Every 6 Months

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
APPOINTMENTS CONT.				
D0150	Comprehensive oral evaluation - new or established patient	100%	100%	1 Every 6 Months
D0160	Oral evaluation - problem focused	100%	100%	1 Every 6 Months
D0180	Comprehensive Periodontal Evaluation	100%	100%	1 Every 6 Months
D9110	Palliative (emergency) treatment of dental pain - minor procedure	100%	100%	For Emergency Dental Care
D9310	Consultation/No Other Services Performed	80%	80%	
RADIOGRAPHY / DIAGNOSTIC DENTISTRY				
D0210	Intraoral - complete series (including bitewings)	100%	100%	1 Every 60 Months
D0220	Intraoral - periapical first images	100%	100%	
D0230	Intraoral-Periapical-Each Additional Film	100%	100%	
D0240	Intraoral-Occlusal Film	100%	100%	
D0270	Bitewing - single images	100%	100%	1 Set Every 6 Months
D0272	Bitewings - 2 images	100%	100%	1 Set Every 6 Months
D0274	Bitewings - 4 images	100%	100%	1 Set Every 6 Months
D0277	Vertical Bitewings - 7 To 8 Films	100%	100%	1 Set Every 6 Months
D0330	Panoramic images	100%	100%	1 Every 60 Months
D0340	Cephalometric radiographic images	100%	100%	
D0350	Oral/facial photographic images	100%	100%	
D0470	Diagnostic casts	100%	100%	
PREVENTIVE DENTISTRY				
D1110	Prophylaxis - adult	100%	100%	Limited To 1 Every 6 Months
D1120	Prophylaxis - child	100%	100%	Limited To 1 Every 6 Months
D1206	Topical fluoride varnish	100%	100%	2 Every 12 Months
D1208	Topical application of fluoride	100%	100%	Limited To 2 Every 12 Months
D1351	Sealant - per tooth	100%	100%	1 Sealant Per Tooth Every 36 Months
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient Permanent Tooth	100%	100%	1 Sealant Per Tooth Every 36 Months
D1510	Space maintainer - fixed - unilateral	100%	100%	1 time per consecutive 60 months
D1515	Space maintainer - fixed - bilateral	100%	100%	1 time per consecutive 60 months
D1520	Space maintainer - removable - unilateral	100%	100%	1 time per consecutive 60 months
D1525	Space maintainer - removable - bilateral	100%	100%	1 time per consecutive 60 months
D1550	Re-cementation of space maintainer	100%	100%	1 time per consecutive 60 months
RESTORATIVE DENTISTRY				
D2140	Amalgam - 1 surface, primary or permanent	80%	80%	
D2150	Amalgam - 2 surfaces, primary or permanent	80%	80%	
D2160	Amalgam - 3 surfaces, primary or permanent	80%	80%	

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SBI-I-SCH-0-OF-FL0913

a Life and Health Insurer under the Florida Insurance Code.

CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
RESTORATIVE DENTISTRY CONT.				
D2161	Amalgam - 4 or more surfaces, primary or permanent	80%	80%	
D2330	Resin-based composite - 1 surface, anterior	80%	80%	
D2331	Resin-based composite - 2 surfaces, anterior	80%	80%	
D2332	Resin-based composite - 3 surfaces, anterior	80%	80%	
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	80%	80%	
D2510	Inlay-Metallic-One Surface	50%	50%	
D2520	Inlay-Metallic-Two Surfaces	50%	50%	
D2530	Inlay-Metallic-Three Or More Surfaces	50%	50%	
D2542	Onlay -Metallic - 2 Surfaces	50%	50%	
D2543	Onlay - Metallic - Three Surfaces	50%	50%	
D2544	Onlay - Metallic - Four Or More Surfaces	50%	50%	
D2740	Crown-Porcelain/Ceramic Substrate	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2750	Crwn-Prc Fused To Hi Noble Mtl	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2751	Crwn-Prc Fused To Pred Bas Mtl	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2752	Crwn-Porc Fused To Noble Mtl	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2780	Crown 3/4 Cast High Noble Metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2781	Crown 3/4 Cast Base Metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2783	Crown 3/4 Porcelain/Ceramic	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2790	Crown-Full Cast High Noble Metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2791	Crown-Full Cast Predom Base Metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2792	Crown-Full Cast Noble Metal	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2794	Crown – Titanium	50%	50%	Limited To 1 Per Tooth Every 60 Months
D2910	Recement Inlay	50%	50%	
D2920	Recement Crown	80%	80%	
D2930	Prefabricated stainless steel crown - primary tooth	80%	80%	Under Age 15- Limited To 1 Per Tooth In 60 Months
D2931	Prefabricated stainless steel crown - permanent tooth	80%	80%	Under Age 15- Limited To 1 Per Tooth In 60 Months
D2940	Protective restoration	80%	80%	
D2950	Limited To 1 Per Tooth Every 60 Months	80%	80%	
D2951	Pin Reten-Per Tooth In Add To Rest	80%	80%	
D2954	Limited To 1 Per Tooth Every 60 Months	50%	50%	
D2980	Crown Repair By Report	50%	50%	

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CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
ENDODONTIC SERVICES				
D3220	Therapeutic pulpotomy	80%	80%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	80%	80%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3230	Pulpal therapy- anterior, primary tooth	80%	80%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3240	Pulpal therapy- posterior, primary tooth	80%	80%	If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service
D3310	Endo therapy, anterior tooth	50%	50%	
D3320	Endo therapy, bicuspid tooth	50%	50%	
D3330	Endo therapy, molar	50%	50%	
D3346	Retreatment of root canal therapy - anterior	50%	50%	
D3347	Retreatment of root canal therapy - bicuspid	50%	50%	
D3348	Retreatment of root canal therapy - molar	50%	50%	
D3351	Apexific/Recalc-1St Visit (Apical Clos/C	50%	50%	
D3352	Apexific/Recalc-Interim Medication Repla	50%	50%	
D3353	Apexific/Recalc - Final Visit	50%	50%	
D3354	Pulpal Regeneration	50%	50%	
D3410	Apicoectomy/Periradicular Surg-Ant	50%	50%	
D3421	Apico/periradicular surgery - bicuspid (first root)	50%	50%	
D3425	Apico/periradicular surgery - molar (first root)	50%	50%	
D3426	Apico/periradicular surgery (each add root)	50%	50%	
D3450	Root amputation - per root	50%	50%	
D3920	Hemisect W Rt Rem-Wo Rt Canal Therapy	50%	50%	
PERIODONTIC SERVICES				
D4210	Gingivectomy/Gingivoplasty-Four Or More Contiguous Teeth Or Bounded Spaces Per Quadrant	50%	50%	Limited To 1 Every 36 Months
D4211	Gingivectomy/Gingivoplasty-One To Three Teeth Per Quadrant	50%	50%	
D4240	Gingival Flap Incl Rt Plan-Four Or More Contiguous Teeth Or Bounded Spaces Per Quadrant	50%	50%	Limited To 1 Every 36 Months
D4249	Clinical Crwn Lengthening Hard Tiss	50%	50%	
D4260	Osseous Surgery - Incl Flap Entry/Closure Four Or More Contiguous Teeth Or Bounded Spaces Per	50%	50%	Limited To 1 Every 36 Months
D4270	Pedicle Soft Tissue Graft Procedure	50%	50%	

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CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
PERIODONTIC SERVICES CONT.				
D4271	Free Soft Tissue Gft & Donor S	50%	50%	
D4273	Subepithelial Tissue Graft Procedures	50%	50%	
D4341	Periodontal scaling & root planing - 4 or more teeth per quadrant	80%	80%	Limited To 1 Every 24 Months
D4342	Periodontal scaling & root planing - 1 to 3 teeth per quadrant	80%	80%	Limited To 1 Every 24 Months
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	50%	50%	Limited To 1 Per Lifetime
D4910	Periodontal maintenance	80%	80%	4 In 12 Months Combined With Prophylaxis After The Completion Of Active Periodontal Therapy
PROSTHODONTICS - REMOVABLE				
D5110	Complete denture - maxillary	50%	50%	Limited To 1 Every 60 Months
D5120	Complete denture - mandibular	50%	50%	Limited To 1 Every 60 Months
D5130	Immediate Upper	50%	50%	Limited To 1 Every 60 Months
D5140	Immediate Lower	50%	50%	Limited To 1 Every 60 Months
D5211	Maxillary part denture - resin base	50%	50%	Limited To 1 Every 60 Months
D5212	Mandibular part denture - resin base	50%	50%	Limited To 1 Every 60 Months
D5213	Up Part Dent-Met Base Res Sdl Incl Clsp	50%	50%	Limited To 1 Every 60 Months
D5214	Lo Part Dent-Met Base Res Sdl Incl Clsp	50%	50%	Limited To 1 Every 60 Months
D5281	Uni Part Dent-Met Base Cast Clsp	50%	50%	Limited To 1 Every 60 Months
D5410	Adjust complete denture - maxillary	80%	80%	
D5411	Adjust complete denture - mandibular	80%	80%	
D5421	Adjust part denture - maxillary	80%	80%	
D5422	Adjust part denture - mandibular	80%	80%	
D5510	Repair broken complete denture base	80%	80%	
D5520	Replace missing or broken teeth - complete denture	80%	80%	
D5610	Repair resin denture base	80%	80%	
D5620	Repair cast framework	80%	80%	
D5630	Repair or replace broken clasp	80%	80%	
D5640	Replace broken teeth - per tooth	80%	80%	
D5650	Add Tooth To Existing Part Denture	80%	80%	
D5660	Add Clasp To Existing Part Denture	80%	80%	
D5710	Rebase complete maxillary denture	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation

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CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
PROSTHODONTICS - REMOVABLE CONT.				
D5720	Rebase maxillary part denture	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5721	Rebase mandibular part denture	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5730	Reline complete maxillary denture (chairside)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5731	Reline complete mandibular denture (chairside)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5740	Reline maxillary part denture (chairside)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5741	Reline mandibular part denture (chairside)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5750	Reline complete maxillary denture (lab)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5751	Reline complete mandibular denture (lab)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5760	Reline maxillary part denture (lab)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5761	Reline mandibular part denture (lab)	80%	80%	Limited To 1 In A 36-Month Period 6 Months After The Initial Installation
D5850	Tissue Conditioning - Maxillary	80%	80%	
D5851	Tissue Conditioning - Mandibular	80%	80%	
IMPLANT SERVICES- All Implant Services Are Covered for Children Under Age 19 Only				
D6010	Surgical Placement Of Implant Body (Endosteal)	50%	50%	1 Every 60 Months
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	50%	50%	1 Every 60 Months
D6040	Surgical Placement (Epoosteal)	50%	50%	1 Every 60 Months
D6050	Surgical Placement (Transosteal)	50%	50%	1 Every 60 Months
D6053	Implant/Abutment Supported Removable Denture For Completely Edentulous Arch	50%	50%	1 Every 60 Months
D6054	Implant/Abutment Supported Removable Denture For Paritally Edentulous Arch	50%	50%	1 Every 60 Months
D6055	Dental Implant Supported Connecting Bar	50%	50%	1 Every 60 Months
D6056	Prefabricated Abutment	50%	50%	1 Every 60 Months

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CODE	DESCRIPTION	IN NETWORK	OUT OF NETWORK	LIMITATIONS
IMPLANT SERVICES CONT.				
D6058	Abutment Supported Porcelain/Ceramic Crown	50%	50%	1 Every 60 Months
D6059	Abutment Supported Porc-Fused-To-Metal (High Noble) Crown	50%	50%	1 Every 60 Months
D6060	Abutment Supported Porc-Fused-To-Metal (Base) Crown	50%	50%	1 Every 60 Months
D6061	Abutment Supported Porc-Fused-To-Metal (Noble) Crown	50%	50%	1 Every 60 Months
D6062	Abutment Supported Cast Metal (High Noble) Crown	50%	50%	1 Every 60 Months
D6063	Abutment Supported Cast Metal (Base) Crown	50%	50%	1 Every 60 Months
D6064	Abutment Supported Cast Metal (Noble) Crown	50%	50%	1 Every 60 Months
D6065	Implant Supported Porcelain/Ceramic Crown	50%	50%	1 Every 60 Months
D6066	Implant Supported Porc-Fused-To-Metal Crown(Titanium/High Noble)	50%	50%	1 Every 60 Months
D6067	Implant Supported Metal Crown (Titanium/High Noble)	50%	50%	1 Every 60 Months
D6068	Abutment Supported Retainer For Porc/Ceramic Bridge	50%	50%	1 Every 60 Months
D6069	Abutment Supported Retainer For Pfm (Hi Noble) Bridge	50%	50%	1 Every 60 Months
D6070	Abutment Supported Retainer For Pfm (Base) Bridge	50%	50%	1 Every 60 Months
D6071	Abutment Supported Retainer For Cast (Hi Noble) Metal Bridge	50%	50%	1 Every 60 Months
D6072	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	50%	50%	1 Every 60 Months
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	50%	50%	1 Every 60 Months
D6074	Abutment Supported Retainer For Cast (Noble) Metal Bridge	50%	50%	1 Every 60 Months
D6075	Implant Supported Retainer For Ceramic Bridge	50%	50%	1 Every 60 Months
D6076	Implant Supported Retainer For Pfm (Titanium/Hi Noble) Bridge	50%	50%	1 Every 60 Months
D6077	Implant Supported Retainer For Cast Metal(Titanium/Hi Noble)Bridge	50%	50%	1 Every 60 Months
D6078	Implant/Abut Supported Fixed Denture For Edent. Arch	50%	50%	1 Every 60 Months
D6079	Implant/Abut Supported Fixed Denture For Part. Edent. Arch	50%	50%	1 Every 60 Months
D6080	Implant Maintenance Procedures	50%	50%	1 Every 60 Months
D6090	Repair Implant Prosthesis	50%	50%	1 Every 60 Months
D6091	Replacement Of Smei-Precession Or Precision Attachment (Male Or Female Component) Of Implant/Abutment Supported Prosthesis, Per Attachment	50%	50%	1 Every 60 Months
D6095	Repair Implant Abutment By Report	50%	50%	1 Every 60 Months
D6100	Implant Removal By Report	50%	50%	1 Every 60 Months
D6190	Implant Index	50%	50%	1 Every 60 Months
D6210	Pontic-Cast High Noble Metal	50%	50%	1 Every 60 Months

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IMPLANT SERVICES CONT.				
D6211	Pontic - cast predominantly base metal	50%	50%	1 Every 60 Months
D6212	Pontic-Cast Noble Metal	50%	50%	1 Every 60 Months
D6214	Pontic - titanium	50%	50%	1 Every 60 Months
D6240	Pont-Porc Fused To Hi Noble Mtl	50%	50%	1 Every 60 Months
D6241	Pont-Porc Fused To Pred Bs Mtl	50%	50%	1 Every 60 Months
D6242	Pont-Porc Fused To Noble Metal	50%	50%	1 Every 60 Months
D6245	Pontic - Porcelain/Ceramic	50%	50%	1 Every 60 Months
D6519	Inlay/Onlay - porcelain/ceramic	50%	50%	1 Every 60 Months
D6520	Inlay - metallic - two surfaces	50%	50%	1 Every 60 Months
D6530	Inlay - metallic - three or more surfaces	50%	50%	1 Every 60 Months
D6543	Onlay - Metallic - Three Surfaces	50%	50%	1 Every 60 Months
D6544	Onlay - Metallic - four or more surfaces	50%	50%	1 Every 60 Months
D6545	Rtain-Cast Mtl For Acid Etch Brdg	50%	50%	1 Every 60 Months
D6548	Porcelain/Ceramic Retainer	50%	50%	1 Every 60 Months
D6740	Crown- Porcelain/Ceramic	50%	50%	1 Every 60 Months
D6750	Crown-Porc Fused To Hi Noble Metal	50%	50%	1 Every 60 Months
D6751	Crown-Porc Fused To Predom Base Mtl	50%	50%	1 Every 60 Months
D6752	Crown-Porc Fused To Noble Metal	50%	50%	1 Every 60 Months
D6780	Crown-3/4 Cast High Noble Metal	50%	50%	1 Every 60 Months
D6781	Crown 3/4 Cast (Base) Metal	50%	50%	1 Every 60 Months
D6782	Crown 3/4 Cast (Noble) Metal	50%	50%	1 Every 60 Months
D6783	Crown - 3/4 Porcelain/Ceramic	50%	50%	1 Every 60 Months
D6790	Crown-Full Cast High Noble Metal	50%	50%	1 Every 60 Months
D6791	Crown - full cast predominantly base metal	50%	50%	1 Every 60 Months
D6792	Crown-Full Cast Noble Metal	50%	50%	1 Every 60 Months
D6930	Recement Bridge	80%	80%	
D6973	Core Buildup For Retainer Incl Any Pins	50%	50%	1 Every 60 Months
D6980	Bridge Repair By Report	80%	80%	
ORAL SURGERY				
D7140	Extraction Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	80%	80%	
D7210	Surgical Removal Of Erupted Tooth	80%	80%	
D7220	Rem Impacted Tooth-Soft Tissue	80%	80%	
D7230	Rem Impacted Tooth-Part Bony	80%	80%	
D7240	Rem Impacted Tooth-Compl Bony	80%	80%	
D7241	Remv Impct Tth-Complt Bony;W/Complic	80%	80%	
D7250	Surg Rem Resid T Roots-Cutting Proc	80%	80%	
D7251	Coronectomy - Intentional Partial Tooth Removal	80%	80%	
D7270	Tooth Reimplantation/Stabilization Of Accidentally Evulsed Or Displaced Tooth	80%	80%	
D7280	Surgical Access Of An Unerupted Tooth	80%	80%	
D7310	Alveolopl In Conj W Extrac-Per Quad	80%	80%	
D7311	Alveoplasty In Conjunction With Extraction - One To Three Teeth Or Tooth Spaces Per Quadran	80%	80%	

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ORAL SURGERY CONT.				
D7320	Alveolopl No Extract-Per Quad	80%	80%	
D7321	Alveoplasty Not In Conjunction With Extraction - One To Three Teeth Or Tooth Spaces Per Qua	80%	80%	
D7471	Removal Lateral Exostosis - (Maxilla or Mandible)	80%	80%	
D7510	I&D Abscess-Intraoral Soft Tissue	80%	80%	
D7910	Suture Simple Wounds Up To 5Cm	80%	80%	
D7971	Excision Of Pericoronal Gingiva	80%	80%	
ORTHODONTIA- CHILD ONLY				
Orthodontic treatment is Medically Necessary only and limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.				
D8010	Limited Trt Of Primary Dentition- Child	50%	50%	Children Under Age 19
D8020	Limited Trt Of Transitional Dentition- Child	50%	50%	Children Under Age 19
D8030	Limited Trt Of Adolescent Dentition- Child	50%	50%	Children Under Age 19
D8050	Interceptive ortho treatment of the primary dentition- Child	50%	50%	Children Under Age 19
D8060	Interceptive ortho treatment of the transitional dentition- Child	50%	50%	Children Under Age 19
D8070	Comprehensive ortho treatment of the transitional dentition- Child	50%	50%	Children Under Age 19
D8080	Comprehensive ortho treatment of the adolescent dentition- Child	50%	50%	Children Under Age 19
D8210	Removable appliance therapy- Child	50%	50%	Children Under Age 19
D8220	Appli/Control Habit/Fixed - Child	50%	50%	Children Under Age 19
D8660	Pre-Ortho Trt Visit- Child	50%	50%	Children Under Age 19
D8670	Periodic Ortho Trt Visit As Part Of Contract- Child	50%	50%	Children Under Age 19
D8680	Ortho Retention- Child	50%	50%	Children Under Age 19
MISCELLANEOUS SERVICES				
D9220	Deep Sedation/General Anesthesia-First 30 Minutes	80%	80%	
D9221	Deep Sedation/Gen L Anesthesia-Each Add L 15 Minutes	80%	80%	
D9241	Iv Conscious Sedation/Analgesia - First 30 Minutes	80%	80%	
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	80%	80%	
D9610	Therapeutic parenteral drug, single administration	80%	80%	
D9930	Post Surg. Complications	80%	80%	
D9940	Occlusal Guards By Report	80%	80%	1 In 12 Months For Patient 13 and older