

Dental Handbook

Unlocking the Power of a Healthy
Smile: Your Ultimate Dental Guide



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Welcome Message

Welcome to Sun Health & Dental, a comprehensive medical plan dedicated to improving your health and dental wellness. We are delighted to welcome you aboard and eager to assist you and your family in maintaining healthier smiles. With an executive team boasting over 50 years of combined experience in providing affordable access to medical and dental care, we are committed to making your journey to good, affordable care more convenient.

At Sun Health & Dental, we have tailored our program to ensure that dental healthcare is accessible to everyone. Through our extensive national network of contracted dental providers, we offer top-quality dental care at affordable rates. Our network is comprised of skilled dentists and oral health professionals who are dedicated to delivering exceptional care to our members.

We encourage you to take a moment to review the instructions and services outlined in your member packet. Being well-informed will allow you to take full advantage of our services. If you have any questions or require assistance, our Customer Care Team is available during business hours to help you schedule appointments with local dental providers and assist with any follow-up appointments.

Thank you for choosing Sun Health & Dental, a trusted name with a strong reputation for providing high-quality care at affordable prices. We are honored to serve you and your family, and we look forward to helping you achieve and maintain your health and wellness goals.

Eddie J. Mor

**FOUNDER & CEO OF
SUN HEALTH & DENTAL**



Our Plans

Dental Plus

Sun Health & Dental's **Dental Plus Plan** is a comprehensive dental discount plan designed to promote oral health while providing cost-effective benefits. With this plan, you gain access to a wide range of dental services, including routine check-ups, cleanings, preventive care, and essential treatments. Our network of experienced dental professionals is dedicated to delivering high-quality care to keep your smile healthy and vibrant. The **Dental Plus Plan** is tailored to meet the diverse needs of our members, offering affordability and peace of mind. Whether you're looking for preventive maintenance or require more extensive dental work, our plan ensures that you receive the essential care you need to maintain a confident and healthy smile.

Dental Preferred

Sun Health & Dental's **Dental Preferred Plan** is a premium dental care option designed to deliver comprehensive oral health benefits to our valued members. This plan offers an extensive array of dental services, including regular check-ups, cleanings, preventive treatments, and x-rays; all at no cost to you. Our network of skilled and caring dental professionals is committed to providing top-notch care, ensuring your smile stays healthy and radiant. With the **Dental Preferred Plan**, you'll have access to a wide variety of services that cater to your unique dental needs, all with the assurance of affordability and quality. Whether you're seeking routine maintenance or more complex dental treatments, our plan is tailored to meet your expectations and provide the highest level of dental care. Join Sun Health & Dental's **Dental Preferred Plan** today to experience the convenience, exceptional service, and comprehensive dental benefits that set us apart.

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PRICE GUIDE

Dental Plus

Dental Preferred Insurance

Sun Health & Dental membership
(Health & Dental)

\$2.00 for individual
\$3.00 for couple/family per person

\$7.00 per person

Sun Health & Dental membership
(Dental Only)

\$10 per person

\$15 per person

Key Points

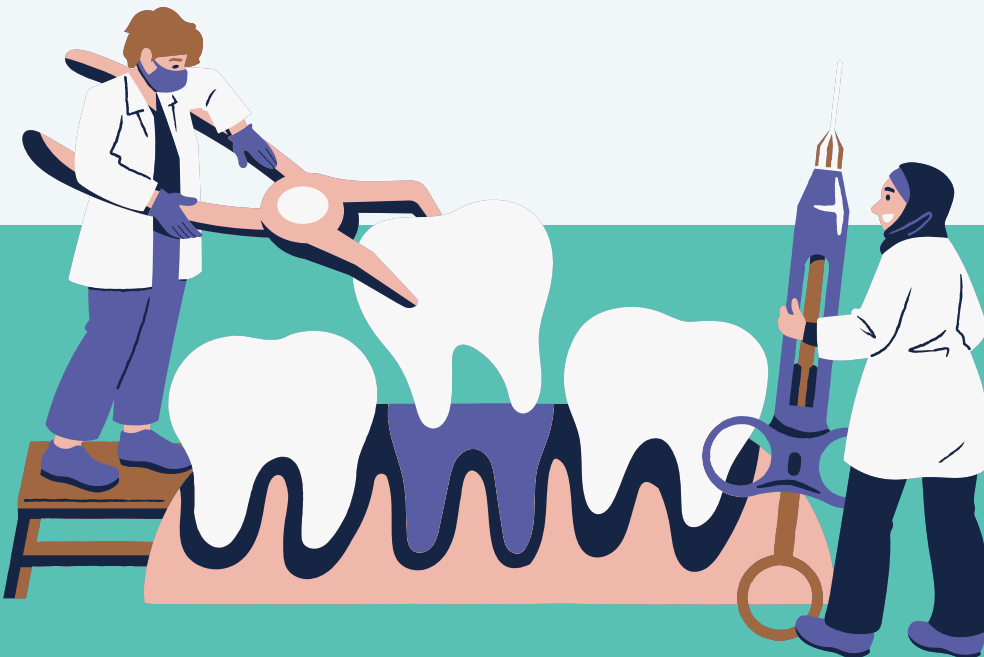
Free check-ups, cleanings, and X-rays.

Sun Health & Dental's primary focus is on promoting oral health through preventive measures, quality care accessibility, and maintenance. We exemplify this commitment by granting our members complimentary access to preventative dental procedures. Our Dental Plus and Dental Preferred plans encompass not only preventive care but also restorative, diagnostic, and X-ray. Members are encouraged to visit their primary dentist as frequently as required to maintain their oral well-being.

No cost X-rays, evaluations, and cleanings are only included in certain plans. Discounts may vary.*

Simple plans, smaller payments.

Our plans have no deductibles, annual maximums, or waiting periods. Each plan includes a comprehensive benefit schedule outlining covered procedures and associated costs, encompassing lab fees and high noble metals. Members are only responsible for their discounted cost of service (if applicable), payable directly to the dental office when services are provided. Our plan's coverage extends to all pre-existing conditions, with exceptions and limitations detailed in the plan's exclusions section.





Step By Step

1. Sun Health & Dental Will Schedule Your Appointment

Our dedicated team at Sun Health & Dental will handle the scheduling process for you, ensuring that your appointment is convenient and fits into your busy life. We understand that your time is valuable, and we aim to make your experience as hassle-free as possible. By entrusting us with this task, you can focus on preparing for your visit and feel confident that you'll receive the care you deserve.

2. Head to the Dental Office with Necessary Documents

To make your dental appointment go smoothly, it's important to arrive at the dental office with the necessary documents and information. This includes your identification, form of payment, and Sun Health & Dental membership card. Having these documents ready helps your dentist serve you more efficiently. Our goal is to create a streamlined and comfortable experience for you from the moment you walk through the doors.

3. Receive an Evaluation and Treatment Plan

During your dental visit, you can expect to receive a comprehensive evaluation of your oral health. This evaluation is a crucial step in understanding your unique dental needs.

Following the evaluation, your dentist will provide you with a personalized treatment plan. This plan will outline their recommendations for addressing any dental concerns, whether they involve preventive care, restorative procedures, or any other necessary treatments. This treatment plan will also include a cost of services. If you have any questions regarding your treatment plan, our customer service agents are ready to answer. Our commitment is to provide you with transparency and clarity, empowering you to make informed decisions about your oral health.

4. Give Sun Health & Dental A Call for Any Questions

At Sun Health & Dental, we value open communication with our patients. If you ever have questions or concerns about your treatment plan or any aspect of your dental care, please don't hesitate to reach out to us. Our friendly and knowledgeable team is here to assist you and address any inquiries you may have. We believe that your peace of mind and confidence in your dental care are essential, and we are always available to provide the support and information you need.

We strive to make your experience with Sun Health & Dental as smooth and comfortable as possible, from the moment you schedule your appointment to the completion of your dental treatment. Your well-being and satisfaction are our top priorities, and we are here to guide you on your journey to optimal oral health.

Common Procedures

1. Fillings

To treat a cavity your dentist will remove the decayed portion of the tooth and then "fill" the area on the tooth where the decayed material was removed.

2. Crowns

A crown is a tooth-shaped cap your dentist places over a damaged, decayed, or cracked tooth to restore it to its proper size, shape, aesthetic, and strength.

3. Bridges

You may need a bridge if you are missing one or more teeth. A false tooth takes the place of the missing one, and crowns on the adjacent teeth hold the bridge in place.

4. Implants

An implant is another way to replace a missing tooth. A metal screw takes the place of the root and anchors the implant in place without the need to carve down the adjacent teeth and install crowns.

5. Root Canal

When a tooth becomes badly decayed, sometimes a dentist must perform a root canal procedure. This helps clean out decay from the root of your affected tooth to eliminate painful toothaches and restore oral health.

6. Extractions

If a tooth is so damaged that no part of it can be saved, your dentist might recommend an extraction.

7. Cleaning

Your dentist will perform a dental cleaning either every year, or every 6 months if necessary. This is a preventative procedure that helps with oral health and hygiene.



What Should I Bring To My Dental Appointment?



1 Sun Health & Dental Membership card

You should always bring your Sun Health & Dental membership card whenever you attend an appointment you scheduled through us. If you do not yet have a physical card, you can access an electronic version of your membership card online!

2 Form of Payment

When attending your dental appointment, we kindly request that you have a valid form of payment available. This payment will be utilized to cover the costs associated with your dental visit, based on the assessment provided by your dentist. Following this assessment, your dentist will furnish you with a comprehensive treatment plan detailing the expenses associated with recommended services. Should you have any questions or reservations regarding your treatment plan or cost for services, please do not hesitate to contact our office. Our aim is to ensure transparency and clarity concerning your financial obligations prior to any services being rendered.

3 ID Card

Any form of ID will be necessary to bring to your appointment. This can be in the form of drivers license, passport, or resident ID. If you are unsure whether your form of ID is valid for your appointment, please give us a call and we can confirm.

What Should I Expect At My Dental Visit?

Dental appointments typically begin with a comprehensive examination of your mouth and teeth. During this evaluation, your dentist will assess your specific needs and develop a tailored treatment plan. In most cases, a comprehensive exam also includes X-rays to ensure a thorough assessment. If your dentist recommends a cleaning, this is typically scheduled for a separate appointment. This sequential approach, starting with consultation and examination, is the standard procedure for most dental appointments. It is also important to remember that the type of dental cleaning you may need is highly dependent on the amount of time in between your past dental cleanings.

✓ Basic Cleaning

A basic dental cleaning, also known as a prophylaxis, is a routine dental procedure that involves removing plaque, tartar, and stains from teeth. Dental hygienists use specialized tools to clean the teeth and gums thoroughly. This helps prevent cavities, gum disease, and maintains overall oral health. It's typically recommended every six months. This service is typically for members who are already receiving dental cleanings regularly.

✓ Deep Cleaning

A deep cleaning falls between a basic and intensive dental cleaning in terms of depth and complexity. It's usually recommended for individuals who have some buildup of plaque and tartar but don't require the more extensive treatment of an intensive deep cleaning. During a deep cleaning, dental hygienists focus on removing moderate deposits of plaque and tartar from both above and below the gumline. This helps maintain oral health and prevent the progression of gum disease. It's often performed as part of routine dental care for patients who have mild to moderate oral hygiene issues.

✓ Intensive Deep Cleaning

An intensive deep cleaning, sometimes referred to as an advanced scaling and root planing, is a thorough and specialized dental procedure. It involves a deep cleaning below the gumline, often with local anesthesia or sedation, to remove stubborn tartar and bacteria from the tooth roots. This treatment is typically necessary for advanced cases of gum disease and aims to prevent further damage to the gums and teeth. This treatment will require the application of special antimicrobial agents to prevent the spread of heart damaging bacteria.

How Do I Know What Kind of Cleaning I Will Need?

Other determining factors:

✓ Diet

Diet can have a significant impact on your oral health and, consequently, on your teeth cleanings. Here's how diet can affect the health of your teeth and the outcome of your dental cleanings:

Sugar and Cavities: Consuming sugary foods and drinks, especially those high in refined sugars, can increase the risk of cavities. Bacteria in your mouth feed on sugars and produce acids that can erode tooth enamel. Frequent consumption of sugary items can lead to the formation of plaque, which may require more extensive cleaning during your dental visit.

Acidic Foods and Enamel Erosion: Acidic foods and beverages, such as citrus fruits, sodas, and certain sports drinks, can weaken tooth enamel over time. Weakened enamel is more susceptible to damage and can lead to tooth sensitivity. Dental cleanings can help remove surface stains caused by acidic foods, but it won't reverse enamel erosion.

Calcium and Phosphorus: Consuming foods rich in calcium and phosphorus, like dairy products, leafy greens, and lean meats, can strengthen tooth enamel and promote overall dental health. A balanced diet with these nutrients can contribute to healthier teeth and potentially reduce the need for extensive cleanings or treatments.

Water and Hydration: Staying hydrated is essential for saliva production. Saliva helps cleanse the mouth, neutralize acids, and prevent dry mouth, which can increase the risk of cavities and gum disease. Drinking water throughout the day can support your oral health.

Crunchy Fruits and Vegetables: Eating crunchy fruits and vegetables like apples, carrots, and celery can help clean teeth naturally by stimulating saliva production and mechanically scrubbing away food particles and plaque. Including these foods in your diet can complement the cleaning effects of dental visits.

Alcohol and Tobacco: Consuming alcohol and using tobacco products can have detrimental effects on oral health. They can lead to gum disease, tooth staining, and a higher risk of oral cancers. Your dentist may recommend more frequent cleanings and screenings if you use these substances.



How Do I Know What Kind of Cleaning I Will Need?

Other determining factors:



Hormonal Changes:

Hormonal fluctuations, such as those occurring during pregnancy, menstruation, or menopause, can affect oral health. For example, hormonal changes may increase the risk of gum inflammation (gingivitis) and gum disease. Pregnant individuals, for instance, may require more frequent dental cleanings to manage these hormonal effects.



Oral Health and Pregnancy:

Pregnancy can lead to changes in oral health due to increased hormone levels, morning sickness, and dietary changes. Regular dental check-ups and cleanings are essential during pregnancy to prevent and address any oral health issues that may arise.



Medication and Oral Health:

Certain medications, such as birth control pills, can affect oral health. Some medications may increase the risk of gum disease or cause dry mouth, which can impact teeth cleaning efforts. Individuals taking these medications may need more frequent dental cleanings and vigilant oral hygiene.



Age:

Dental health changes over a person's lifetime. In childhood and adolescence, primary teeth are replaced by permanent teeth. As people age, their risk of gum diseases like gingivitis and periodontitis may increase. Older individuals may be more prone to tooth decay, especially if they have root surfaces exposed due to gum recession or have had a history of dental fillings that may need replacement.



Dental Plus Plan Fee Schedule

DENTAL PLUS PLAN

Sun Health & Dental know how important dental health is for your overall well-being. We make it easy for you to access affordable and comprehensive dental coverage. There are no deductibles, annual maximums, or waiting times.

The benefit schedule fully details covered procedures and fees. When you visit the dentist, you will pay the listed fees (if any) at the time of your appointment, or the payment plan set by your dentist.

We have over 1,000 dentists across Florida who participate with Sun Health & Dental. Our dental benefits are only valid when you visit one of our participating dental offices.

We are here to help you, and your satisfaction is our priority. Our team is trained to assist you with any questions or concerns about your plan, benefits, or your experience at our participating dental offices. Feel free to reach out to us at [888-577-8670](tel:888-577-8670) for assistance. Our goal is to make dental care easy for you to access and use.

Diagnostic Member Pays

D0120 Periodic oral evaluation - established patient	\$20
D0140 Limited oral evaluation - problem focused	\$15
D0150 Comprehensive oral evaluation	\$0
D0160 Detailed and extensive oral evaluation – problem focused	\$0
D0170 Re-evaluation – limited, problem focused (established patient not post-operative visit)	\$15
D0180 Comprehensive periodontal evaluation – new or established patient	\$15
D0190 Screening of a patient	\$20
D0191 Assessment of a patient	\$20

X-rays

D0210 Intraoral - complete series of radiographic images	\$30
D0220 Intraoral - periapical first radiographic image	\$15
D0230 Intraoral - periapical each additional radiographic image	\$5
D0240 Intraoral - occlusal radiographic image	\$5
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0
D0270 Bitewing - single radiographic image	\$5
D0272 Bitewings - two radiographic images (additional pair per year)	\$40
D0274 Bitewing - four radiographic images	\$40
D0330 Panoramic radiographic image	\$25
D0340 2D cephalometric radiographic image – acquisition, measurement and analysis	\$75
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	\$20
D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions	\$45
D0460 Pulp vitality tests	\$10
D0470 Diagnostic casts	\$25

Preventive

D1110 Prophylaxis - adult	\$49
D1120 Prophylaxis - child	\$35
D1206 Topical application of fluoride varnish	\$20
D1208 Topical application of fluoride – excluding varnish	\$0
D1310 Nutritional counseling for control of dental disease	\$0
D1320 Tobacco counseling for the control and prevention of oral disease	\$0
D1330 Oral hygiene instructions	\$0
D1351 Sealant - per tooth	\$15
D1510 Space maintainer - fixed unilateral, per quadrant	\$120
D1516 Space maintainer - fixed bilateral, maxillary	\$350
D1517 Space maintainer - fixed bilateral, mandibular	\$350
D1520 Space maintainer - removable, unilateral - per quadrant	\$160

Restorative Fillings

D2140 Amalgam - 1 surface, primary or permanent	\$25
D2150 Amalgam - 2 surfaces, primary or permanent	\$30

Restorative Fillings..... Member Pays

D2160 Amalgam - 3 surfaces, primary or permanent	\$35
D2161 Amalgam - 4 or more surfaces, primary or permanent	\$45
D2330 Resin-based composite - 1 surface, anterior	\$45
D2331 Resin-based composite - 2 surfaces, anterior	\$55
D2332 Resin-based composite - 3 surfaces, anterior	\$65
D2335 Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$75
D2391 Resin-based composite - 1 surface, posterior	\$70
D2392 Resin-based composite - 2 surfaces, posterior	\$90
D2393 Resin-based composite - 3 surfaces, posterior	\$110
D2394 Resin-based composite - 4 or more surfaces, posterior	\$130

Fixed Crown and Bridge

D2410 Gold foil - 1 surface	\$75
D2420 Gold foil - 2 surfaces	\$95
D2430 Gold foil - 3 surfaces	\$125
D2510 Inlay - metallic - 1 surface	\$300
D2520 Inlay - metallic - 2 surfaces	\$320
D2530 Inlay - metallic - 3 or more surfaces	\$340
D2542 Onlay - metallic - 2 surfaces	\$325
D2543 Onlay - metallic - 3 surfaces	\$330
D2544 Onlay - metallic - 4 or more surfaces	\$355
D2610 Inlay - porcelain/ceramic - 1 surface	\$325
D2620 Inlay - porcelain/ceramic - 2 surfaces	\$350
D2630 Inlay - porcelain/ceramic - 3 or more surfaces	\$375
D2642 Onlay - porcelain/ceramic - 2 surfaces	\$395
D2643 Onlay - porcelain/ceramic - 3 surfaces	\$415
D2644 Onlay - porcelain/ceramic - 4 or more surfaces	\$445
D2650 Inlay - resin-based composite – 1 surface	\$195
D2651 Inlay - resin-based composite – 2 surfaces	\$250
D2652 Inlay - resin-based composite – 3 or more surfaces	\$275
D2662 Onlay - resin-based composite – 2 surfaces	\$250
D2663 Onlay - resin-based composite – 3 surfaces	\$275
D2664 Onlay - resin-based composite – 4 or more surfaces	\$290
D2710 Crown, resin-based composite (indirect)	\$210
D2720 Crown, resin with high noble metal	\$455
D2721 Crown, resin with predominantly base metal	\$405
D2722 Crown, resin with noble metal	\$425
D2740 Crown, porcelain/ceramic	\$450
D2750 Crown, porcelain fused to high noble metal	\$395
D2751 Crown, porcelain fused to predominantly base metal	\$495
D2752 Crown, porcelain fused to noble metal	\$495
D2780 Crown - 3/4 cast high noble metal	\$530
D2781 Crown - 3/4 cast predominantly base metal	\$410

Fixed Crown and Bridge Member Pays

D2782 Crown - 3/4 cast noble metal	\$520
D2783 Crown - 3/4 porcelain/ceramic	\$550
D2790 Crown - full cast high noble metal	\$699
D2791 Crown - full cast predominantly base metal	\$525
D2792 Crown - full cast noble metal	\$580
D2799 Provisional crown - further treatment of completion of diagnosis necessary prior to final impression	\$50
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$25
D2920 Re-cement or re-bond crown	\$25
D2930 Prefabricated stainless steel crown – primary tooth	\$95
D2931 Prefabricated stainless steel crown – permanent tooth	\$95
D2932 Prefabricated resin crown	\$95
D2933 Prefabricated stainless steel crown with resin window	\$145
D2940 Protective restoration	\$40
D2950 Core buildup, including any pins	\$85
D2951 Pin retention, per tooth, in addition to restoration	\$20
D2952 Post and core, in addition to crown, indirectly fabricated	\$120
D2953 Each additional indirectly fabricated post – same tooth	\$105
D2954 Prefabricated post and core, in addition to crown	\$125
D2955 Post removal	\$30
D2957 Each additional prefabricated post – same tooth	\$30
D2960 Labial veneer (resin laminate) - direct	\$205
D2961 Labial veneer (resin laminate) - indirect	\$260
D2962 Labial veneer (porcelain laminate) – indirect	\$425
D2970 Temporary crown, fractured tooth	\$50
D2984 Crown repair	\$95

Endodontics (Root Canals)

D3110 Pulp cap, direct (excluding final restoration)	\$25
D3120 Pulp cap, indirect (excluding final restoration)	\$25
D3220 Therapeutic pulpotomy (excluding final restoration)	\$75
D3221 Pulpal debridement, primary and permanent teeth	\$125
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$80
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$90
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$350
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	\$450
D3330 Endodontic therapy, molar tooth (excluding final restoration)	\$550
D3331 Treatment of root canal; obstruction; non-surgical access	\$85
D3346 Retreatment of previous root canal therapy - anterior	\$495
D3347 Retreatment of previous root canal therapy - premolar	\$595

DENTAL PLUS PLAN

Endodontics (Root Canals) Member Pays

D3348 Retreatment of previous root canal therapy - molar	\$695
D3910 Surgical procedure for isolation of tooth with rubber dam	\$0
D3950 Canal preparation and fitting of preformed dowel or post	\$75

Periodontics (Gum Treatment)

D4210 Gingivectomy or gingivoplasty – 4 or more contiguous teeth per quadrant	\$150
D4211 Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth per quadrant	\$50
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$125
D4240 Gingival flap procedure, including root planing - 4 or more contiguous teeth per quadrant	\$325
D4241 Gingival flap procedure, including root planing, 1-3 teeth per quadrant	\$250
D4245 Apically positioned flap	\$150
D4249 Clinical crown lengthening - hard tissue ..	\$800
D4260 Osseous surgery - 4 or more contiguous teeth per quadrant.....	\$900
D4263 Bone replacement graft - first site in quadrant	\$650
D4264 Bone replacement graft - each additional site in quadrant	\$500
D4266 Guided tissue regeneration – resorbable barrier, per site	\$900
D4275 Non-autogenous connective tissue graft first tooth, implant, or edentulous tooth position in graft	\$1200
D4341 Periodontal scaling and root planing – 4 or more teeth per quadrant	\$60
D4342 Periodontal scaling and root planing – 1-3 teeth per quadrant	\$45
D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth	\$100
D4355 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$80
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$30
D4910 Periodontal maintenance	\$55
D4921 Gingival irrigation – per quadrant	\$15

Prostodontics (Dentures and Partials)

D5110 Complete denture - maxillary	\$375
D5120 Complete denture - mandibular	\$375
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$450
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$450
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$395
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$395
D5410 Adjust complete denture - maxillary (after 3, per adjustment)	\$20
D5411 Adjust complete denture - mandibular (after 3, per adjustment)	\$20
D5421 Adjust partial denture - maxillary (after 3, per adjustment)	\$20
D5422 Adjust partial denture - mandibular (after 3, per adjustment)	\$20

Prostodontics Member Pays (Dentures and Partials)

D5510 Repair broken complete denture base	\$75
D5520 Replace missing or broken teeth – complete denture (each tooth)	\$70
D5630 Repair or replace broken retentive/clasping materials - per tooth	\$55
D5640 Replace broken teeth - per tooth	\$45
D5650 Add tooth to existing partial denture	\$65
D5660 Add clasp to existing partial denture – per tooth	\$75
D5710 Rebase complete maxillary denture	\$195
D5711 Rebase complete mandibular denture	\$195
D5720 Rebase maxillary partial denture	\$175
D5721 Rebase mandibular partial denture	\$175
D5730 Reline complete maxillary denture (direct)	\$85
D5731 Reline complete mandibular denture (direct)	\$85
D5740 Reline maxillary partial denture (direct)	\$65
D5741 Reline mandibular partial denture (direct) .	\$65
D5750 Reline complete maxillary denture (indirect)	\$150
D5751 Reline complete mandibular denture (indirect)	\$150
D5760 Reline maxillary partial denture (indirect)	\$110
D5761 Reline mandibular partial denture (indirect)	\$110
D5810 Interim complete denture (maxillary)	\$250
D5811 Interim complete denture (mandibular)	\$250
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$250
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$250
D5850 Tissue conditioning, maxillary	\$55
D5851 Tissue conditioning, mandibular	\$55
D5862 Precision attachment	\$150

Implants

D6010 Surgical placement of implant body: endosteal implant	\$1800
D6104 Bone graft at time of implant placement	\$500

Fixed Crown and Bridge

D6211 Pontic - cast predominantly base metal ..	\$400
D6212 Pontic - cast noble metal	\$400
D6240 Pontic, porcelain fused to high noble metal	\$400
D6241 Pontic, porcelain fused to base metal	\$400
D6242 Pontic, porcelain fused to noble metal	\$400
D6251 Pontic, resin with predominantly base metal	\$400
D6750 Retainer crown - porcelain fused to high noble metal	\$495
D6751 Retainer crown - porcelain fused to predominantly base metal	\$495
D6752 Retainer crown - porcelain fused to noble metal	\$495
D6780 Retainer crown - 3/4 cast high noble metal	\$530
D6781 Retainer crown - 3/4 cast predominantly base metal	\$510
D6782 Retainer crown - 3/4 cast noble metal	\$520
D6783 Retainer crown - 3/4 porcelain/ ceramic	\$510
D6790 Retainer crown - full cast high noble metal	\$495
D6791 Retainer crown - full cast predominantly base metal	\$495
D6792 Retainer crown - full cast noble metal	\$495
D6930 Re-cement or re-bond fixed partial Denture	\$40
D6950 Precision attachment	\$150

Oral Surgery (Extractions) Member Pays

D7111 Extraction, coronal remnants - primary tooth	\$70
D7140 Extraction erupted or exposed tooth.....	\$70
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$240
D7220 Removal of impacted tooth – soft tissue	\$300
D7230 Removal of impacted tooth – partially bony	\$395
D7240 Removal of impacted tooth – completely bony	\$450
D7241 Removal of impacted tooth – completely bony, with unusual surgical complications	\$500
D7250 Removal of residual tooth roots (cutting procedure)	\$250
D7285 Incisional biopsy of oral tissue, hard (bone, tooth)	\$120
D7286 Incisional biopsy of oral tissue, soft	\$95
D7310 Alveoloplasty in conjunction with extraction, 4 or more teeth, per quadrant ..	\$95
D7320 Alveoloplasty not in conjunction with extractions, 4 or more teeth, per quadrant	\$130
D7510 Incision and drainage of abscess, intraoral soft tissue	\$55
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0
D7953 Bone replacement graft for ridge preservations - per site	\$400

Orthodontics (Braces)

D8070 Comprehensive orthodontic treatment of the transitional dentition	\$4000
D8080 Comprehensive orthodontic treatment of the adolescent dentition	\$4100
D8090 Comprehensive orthodontic treatment of the adult dentition	\$4500

Orthodontic benefits cover 24 months of usual and customary orthodontic treatment. Benefits apply only at participating general dentists that perform orthodontic services.

Adjunctive Services

D9215 Local anesthesia in conjunction with operative or surgical procedures	\$0
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis	\$20
D9630 Drugs or medications dispensed in the office for home use.....	\$10
D9910 Application of desensitizing medicament	\$25
D9911 Application of desensitizing resin for cervical and/or root surface, per tooth	\$25
D9950 Occlusion analysis – mounted case	\$75
D9951 Occlusal adjustment, limited	\$25
D9952 Occlusal adjustment, complete	\$150
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$350

DENTAL PLUS PLAN

NOTES

- Procedures not listed on the benefit schedule will be provided at the participating dentist's usual and customary fees less a 25% discount.
- Listed fees apply only to participating dentists who perform the listed services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Members should discuss all treatment options with the participating dentist prior to services being rendered.
- Crowns and Abutments: Listed fees do not include the additional cost of noble, high noble, titanium.
- An additional charge, not to exceed \$200 per unit, will be applied for precious metals.
- Laboratory fees generally apply to crowns, abutments, partial and full dentures. Listed fees do not include the additional cost of laboratory fees.
- An additional charge, not to exceed \$200 per unit will be applied for laboratory fees.
- Cases involving six (6) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$100 per unit in addition to listed fees.
- Delivery of removable and fixed prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.

OBTAINING DENTAL SERVICES

SHD has more than 1,000 participating dentists across Florida. To find a dentist near you, visit our website at sunhealthdental.com. Remember, your dental benefits are only valid when you visit one of our participating FDB dental offices.

You may schedule an appointment with your participating FDB dentist at any time by contacting the office directly after your effective date of coverage. Family members covered by the dental plan can choose different participating dentists, if they prefer. Be sure to identify yourself as an FDB member before each appointment.

Availability and participation of FDB dentists is subject to change.

CUSTOMER SERVICE DEPARTMENT

Customer service representatives are available to assist you Monday through Friday, from 9:00 a.m. to 5:30 p.m. eastern time.

Our representatives are trained and educated on dental terminology and your plan benefits and can assist you with eligibility verification, choosing your dentist, explaining your benefits, understanding your treatment plan and referrals to a dental specialist. English and Spanish speaking Representatives are available and real time translation services are offered for other languages.

Sun Health & Dental Customer
Service Department Phone:
888-577-8670

MISSED APPOINTMENTS

If you need to cancel or reschedule an appointment, please notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention. If you fail to do this in a timely fashion, you may be charged a fee.

SPECIALIST SERVICES

SHD contracts with dental specialists in all fields. The dental plan provides a fixed fee for a limited amount of dental procedures provided by a participating dental specialist, see the Dental Specialist Fee Schedule for details.

For a list of participating specialists and to arrange for services, please contact our Customer Service Department.

If you require the services of a specialist for procedures NOT LISTED on the Dental Specialist Fee Schedule, you will receive a 25% discount.

PARTICIPATING DENTAL OFFICES

FDB contracts with independently owned and operated dental offices. All participating dentists agree to provide services in accordance with the prevailing professional standards of the dental profession, to maintain malpractice insurance and to maintain general and premises liability insurance in reasonable amounts to cover damage to person or property of FDB members. FDB is not liable for any damage or injury to person or property resulting directly or indirectly from the negligent act or omission of or malpractice of a participating dentist or any other dentists or auxiliary providing service to an FDB member. FDB is not liable for any damage or injury to person or property resulting from or arising out of or in any way connected with any defective or dangerous conditions in, on, around or about a participating dental office or such other office or dental facility which may provide a service to a member. FDB will not be liable or responsible for any financial agreements made between a participating dentist and an FDB member.

EMERGENCY DENTAL SERVICES

If you have dental emergency first contact your FDB participating dentist to make an appointment. If your FDB participating dentist is unable to see you, you may seek treatment from any licensed dentist.

The emergency benefit of your plan is limited to the covered services necessary to relieve pain and discomfort.

Emergency dental services provided by a non-participating dentist may be reviewed to verify appropriateness of treatment.

EXCLUSIONS AND LIMITATIONS

The following services are not covered or offered by Florida Dental Benefits:

- Consultations for non-covered benefits.
- A Prophylaxis (routine cleaning) cannot be performed on a Member with untreated periodontal disease.
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician, a participating dentist/specialist or the Dental Director.
- Any dental procedure considered experimental by a participating dentist or specialist or the Dental Director.
- Dispensing of drugs.
- Cost of hospitalization (hospitals, outpatient surgery center or other similar facility).
- Any dental treatment started prior to the Member's effective date including but not limited to teeth prepared for crowns, root canals in progress and orthodontics.
- Any procedure that in the professional opinion of the participating dentist or dental specialist or
- Dental Consultant:

has poor probability for success based on the condition of the tooth or teeth or surrounding structures.

- Is inconsistent with generally accepted standards for dentistry.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- 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.
- Any treatment paid for by Workers' Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member. Any treatment provided without cost by any municipality, county or other political subdivision.
- Any dental care provided by a non-participating general dentist or dental specialist.
- Services resulting from any act of war, declared or not, or resulting from military services.
- The participating dentist shall have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Periodontal scaling in the absence of root planing.
- The following are not included as orthodontic benefits:
 - Repair or replacement of lost or broken
 - appliances;
 - Retreatment of orthodontic cases;
 - Specialized or cosmetic alternative to standard
 - fixed and removable orthodontic appliances;
 - Invisalign (or other similar brands) services are
 - excluded.

Limitations

- Participating dentists are required to keep records and charts of all dental services rendered to members in accordance with the Florida Dental Practice Act and Regulations. These records are the property of the participating dentist. Upon enrollment the Member authorizes Florida Dental Benefits to request and obtain, for use exclusively by Florida Dental Benefits, Member records, radiographs or any other information from any dentist that has rendered treatment to the Member.
- Upon the request of the Member, the participating dentist will furnish copies of x-rays and service records. The participating dentist has the right to charge the Member an amount not to exceed the amount charged by the Clerk of Courts for the specific county in which the dental office is located for photocopies of dental records and copies of x-rays requested by the Member. Neither any participating dentist nor Florida Dental Benefits will be required to transfer any original records or x-rays, unless required by law.
- If the services rendered, are required due to injury caused by the negligence of a third party person, and if the Member receives a recovery against the negligent party, or if the Member receives Workers' Compensation or insurance benefits, then any participating dentist shall be entitled to charge and collect from the Member, his/her usual, customary and reasonable fees for any dental services rendered up to the time and to the extent of recovery for such dental services.
- Palliative treatment includes those covered services necessary to relieve pain and discomfort on an emergency basis. Palliative treatment is limited to those instances where circumstances contraindicate more definitive treatment or services.



Dental Preferred Plan Fee Schedule

DENTAL PREFERRED PLAN

Sun Health & Dental know how important dental health is for your overall well-being. We make it easy for you to access affordable and comprehensive dental coverage. There are no deductibles, annual maximums, or waiting times.

The benefit schedule fully details covered procedures and fees. When you visit the dentist, you will pay the listed fees (if any) at the time of your appointment, or the payment plan set by your dentist.

We have over 1,000 dentists across Florida who participate with Sun Health & Dental.

Our dental benefits are only valid when you visit one of our participating dental offices.

We are here to help you, and your satisfaction is our priority. Our team is trained to assist you with any questions or concerns about your plan, benefits, or your experience at our participating dental offices. Feel free to reach out to us at [888-577-8670](tel:888-577-8670) for assistance. Our goal is to make dental care easy for you to access and use.

Diagnostic Member Pays

D0120 Periodic oral evaluation - established patient, limit 2 per year includes D0150	\$0
D0140 Limited oral evaluation - problem focused, limit 4 per year	\$0
D0150 Comprehensive oral evaluation, limit 2 per year includes D0120	\$0
D0160 Detailed and extensive oral evaluation - problem focused	\$0
D0170 Re-evaluation - limited, problem focused (established patient not post-operative visit)	\$15
D0180 Comprehensive periodontal evaluation - new or established patient	\$15
D0190 Screening of a patient	\$0
D0191 Assessment of a patient	\$0

X-rays

D0210 Intraoral - complete series of radiographic images, limit 1 per 3 years includes D0330	\$0
D0220 Intraoral - periapical first radiographic Image, limit 6 per year includes D0230	\$0
D0230 Intraoral - periapical each additional radiographic image, limit 6 per year includes D0220	\$0
D0240 Intraoral - occlusal radiographic image	\$5
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$0
D0270 Bitewing - single radiographic image, limit one set per year (includes D0270, D0272, D0274)	\$0
D0272 Bitewings - two radiographic images (additional pair per year), limit one set per year (includes D0270, D0272, D0274) .	\$0
D0274 Bitewing - four radiographic images, limit one set per year (includes D0270, D0272, D0274)	\$21
D0330 Panoramic radiographic image, limit 1 per 3 years includes D0210	\$0
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis	\$75
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	\$20
D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions	\$30
D0460 Pulp vitality tests	\$0
D0470 Diagnostic casts	\$0

Preventive

D1110 Prophylaxis - adult, limit 2 per year	\$0
D1120 Prophylaxis - child, limit 2 per year	\$0
D1206 Topical application of fluoride varnish.....	\$0
D1208 Topical application of fluoride - excluding varnish	\$0
D1310 Nutritional counseling for control of dental disease	\$0
D1320 Tobacco counseling for the control and prevention of oral disease	\$0
D1330 Oral hygiene instructions	\$0
D1351 Sealant - per tooth	\$15
D1510 Space maintainer - fixed unilateral, per quadrant	\$55

Preventive Member pays

D1516 Space maintainer - fixed bilateral, Maxillary, limit 1 per lifetime	\$250
D1517 Space maintainer - fixed bilateral, Mandibular, limit 1 per lifetime	\$250
D1520 Space maintainer - removable, unilateral - per quadrant	\$95

Fluoride treatment is limited to 1 in any 12 consecutive month period for children under age 16. Sealants covered on permanent posterior teeth. Limit 1 per tooth every 3 years, limit 8 teeth per year. Sealants are covered for unrestored permanent molar teeth for children under age 16.

Restorative Fillings..... Member Pays

D2140 Amalgam - 1 surface, primary or permanent	\$0
D2150 Amalgam - 2 surfaces, primary or permanent	\$0
D2160 Amalgam - 3 surfaces, primary or permanent	\$0
D2161 Amalgam - 4 or more surfaces, primary or permanent	\$0
D2330 Resin-based composite - 1 surface, anterior	\$40
D2331 Resin-based composite - 2 surfaces, anterior	\$45
D2332 Resin-based composite - 3 surfaces, anterior	\$55
D2335 Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$75
D2391 Resin-based composite - 1 surface, posterior	\$70
D2392 Resin-based composite - 2 surfaces, posterior	\$90
D2393 Resin-based composite - 3 surfaces, posterior	\$110
D2394 Resin-based composite - 4 or more surfaces, posterior.....	\$130

Restorative fillings are limited to 1 per tooth per surface every 36 month.

Fixed Crown and Bridge

D2410 Gold foil - 1 surface	\$75
D2420 Gold foil - 2 surfaces	\$95
D2430 Gold foil - 3 surfaces	\$125
D2510 Inlay - metallic - 1 surface.....	\$115
D2520 Inlay - metallic - 2 surfaces	\$125
D2530 Inlay - metallic - 3 or more surfaces	\$150
D2542 Onlay - metallic - 2 surfaces	\$325
D2543 Onlay - metallic - 3 surfaces	\$330
D2544 Onlay - metallic - 4 or more surfaces	\$355
D2610 Inlay - porcelain/ceramic - 1 surface	\$325
D2620 Inlay - porcelain/ceramic - 2 surfaces	\$350
D2630 Inlay - porcelain/ceramic - 3 or more surfaces	\$375
D2642 Onlay - porcelain/ceramic - 2 surfaces	\$395
D2643 Onlay - porcelain/ceramic - 3 surfaces	\$415
D2644 Onlay - porcelain/ceramic - 4 or more surfaces	\$445
D2650 Inlay - resin-based composite - 1 surface	\$195
D2651 Inlay - resin-based composite - 2 surfaces	\$250

Fixed Crown and Bridge Member Pays

D2652 Inlay - resin-based composite - 3 or more surfaces	\$275
D2662 Onlay - resin-based composite - 2 surfaces.....	\$250
D2663 Onlay - resin-based composite - 3 surfaces.....	\$275
D2664 Onlay - resin-based composite - 4 or more surfaces	\$290
D2710 Crown, resin-based composite (indirect)	\$210
D2720 Crown, resin with high noble metal	\$455
D2721 Crown, resin with predominantly base metal.....	\$405
D2722 Crown, resin with noble metal	\$425
D2740 Crown, porcelain/ceramic	\$350
D2750 Crown, porcelain fused to high noble metal	\$350
D2751 Crown, porcelain fused to predominantly base metal	\$350
D2752 Crown, porcelain fused to noble metal	\$350
D2780 Crown - 3/4 cast high noble metal	\$350
D2781 Crown - 3/4 cast predominantly base metal.....	\$350
D2782 Crown - 3/4 cast noble metal	\$350
D2783 Crown - 3/4 porcelain/ceramic	\$350
D2790 Crown - full cast high noble metal	\$350
D2791 Crown - full cast predominantly base metal.....	\$350
D2792 Crown - full cast noble metal	\$350
D2799 Provisional crown - further treatment of completion of diagnosis necessary prior to final impression.....	\$50
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$20
D2920 Re-cement or re-bond crown	\$20
D2930 Prefabricated stainless steel crown - primary tooth	\$90
D2931 Prefabricated stainless steel crown - permanent tooth	\$95
D2932 Prefabricated resin crown	\$95
D2933 Prefabricated stainless steel crown with resin window	\$95
D2940 Protective restoration	\$40
D2950 Core buildup, including any pins	\$50
D2951 Pin retention, per tooth, in addition to restoration	\$20
D2952 Post and core, in addition to crown, indirectly fabricated	\$100
D2953 Each additional indirectly fabricated post - same tooth	\$105
D2954 Prefabricated post and core, in addition to crown	\$100
D2955 Post removal	\$30
D2957 Each additional prefabricated post - same tooth	\$30
D2960 Labial veneer (resin laminate) - direct	\$205
D2961 Labial veneer (resin laminate) - indirect...	\$260
D2962 Labial veneer (porcelain laminate) - indirect	\$425
D2970 Temporary crown, fractured tooth	\$50
D2980 Crown repair	\$95

Inlays, onlays, crowns and veneers are limited to 1 per tooth per 5 years.

Post and core are limited to 1 per tooth per 5 years.

DENTAL PREFERRED PLAN

Endodontics (Root Canals)

D3110 Pulp cap, direct (excluding final restoration)	\$25
D3120 Pulp cap, indirect (excluding final restoration)	\$25
D3220 Therapeutic pulpotomy (excluding final restoration), limit 1 per tooth per 5 years	\$40
D3221 Pulpal debridement, primary and permanent teeth, limit 1 per tooth per 5 years	\$110
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$80
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$90
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$150
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	\$250
D3330 Endodontic therapy, molar tooth (excluding final restoration)	\$300
D3331 Treatment of root canal; obstruction; non-surgical access	\$85
D3346 Retreatment of previous root canal therapy - anterior	\$250
D3347 Retreatment of previous root canal therapy - premolar	\$350
D3348 Retreatment of previous root canal therapy - molar	\$450
D3410 Apicoectomy – anterior	\$150
D3421 Apicoectomy – premolar (first root)	\$175
D3425 Apicoectomy – molar (first root)	\$175
D3910 Surgical procedure for isolation of tooth with rubber dam	\$0
D3950 Canal preparation and fitting of preformed dowel or post	\$75

Endodontic therapy is limited to 1 per tooth per 5 years. Root canal retreatment is limited to 1 per tooth per 5 years.

Periodontics (Gum Treatment)

D4210 Gingivectomy or gingivoplasty – 4 or more contiguous teeth per quadrant, limit 1 per tooth per 5 years	\$150
D4211 Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth per quadrant, limit 1 per tooth per 5 years	\$45
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$100
D4240 Gingival flap procedure, including root planing - 4 or more contiguous teeth per quadrant, limit 1 per tooth per 5 years	\$140
D4241 Gingival flap procedure, including root planing, 1-3 teeth per quadrant, limit 1 per tooth per 5 years	\$250
D4245 Apically positioned flap	\$150
D4249 Clinical crown lengthening – hard tissue, limit 1 per tooth per 5 years	\$160
D4260 Osseous surgery - 4 or more contiguous teeth per quadrant, limit 1 per tooth per 5 years	\$375
D4261 Osseous graft – 1 to 3 contiguous teeth per quadrant, limit 1 per tooth per 5 years	\$375
D4263 Bone replacement graft - first site in quadrant	\$650
D4264 Bone replacement graft - each additional site in quadrant	\$500
D4266 Guided tissue regeneration – resorbable barrier, per site	\$275
D4275 Non-autogenous connective tissue graft first tooth, implant, or edentulous tooth position in graft	\$1200

Periodontics (Gum Treatment) Member Pays

D4341 Periodontal scaling and root planing – 4 or more teeth per quadrant, limit 1 per quadrant per 36 months (includes D4342)	\$55
D4342 Periodontal scaling and root planing – 1-3 teeth per quadrant, limit 1 per quadrant per 36 month (includes D4341) ..	\$50
D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth	\$75
D4355 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit, limit 1 per year	\$50
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$20
D4910 Periodontal maintenance, limit 2 per year ..	\$55
D4921 Gingival irrigation – per quadrant, limit 1 per quadrant per year	\$15

Prosthodontics (Dentures and Partials)

D5110 Complete denture - maxillary	\$325
D5120 Complete denture - mandibular	\$325
D5130 Immediate denture – maxillary	\$485
D5140 Immediate denture – mandibular	\$485
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$375
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$375
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$350
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$350
D5410 Adjust complete denture - maxillary (after 3, per adjustment)	\$20
D5411 Adjust complete denture - mandibular (after 3, per adjustment)	\$20
D5421 Adjust partial denture - maxillary (after 3, per adjustment)	\$20
D5422 Adjust partial denture - mandibular (after 3, per adjustment)	\$20
D5510 Repair broken complete denture base	\$50
D5520 Replace missing or broken teeth – complete denture (each tooth), limit 1 per tooth per 2 years	\$20
D5630 Repair or replace broken retentive/clasping materials - per tooth, limit 1 per year	\$20
D5640 Replace broken teeth - per tooth, limit 1 per tooth per 2 years	\$20
D5650 Add tooth to existing partial denture. limit 1 per tooth per 2 years	\$35
D5660 Add clasp to existing partial denture – per tooth, limit 1 per tooth per 2 years	\$60
D5710 Rebase complete maxillary denture	\$150
D5711 Rebase complete mandibular denture	\$150
D5720 Rebase maxillary partial denture	\$150
D5721 Rebase mandibular partial denture	\$150
D5730 Reline complete maxillary denture (direct)	\$55
D5731 Reline complete mandibular denture (direct)	\$55
D5740 Reline maxillary partial denture (direct)	\$55
D5741 Reline mandibular partial denture (direct) ..	\$55
D5750 Reline complete maxillary denture (indirect)	\$50
D5751 Reline complete mandibular denture (indirect)	\$50
D5760 Reline maxillary partial denture (indirect)	\$50
D5761 Reline mandibular partial denture (indirect)	\$50

Prosthodontics.....Member Pays (Dentures and Partials)

D5810 Interim complete denture (maxillary)	\$225
D5811 Interim complete denture (mandibular) ..	\$225
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$190
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$190
D5850 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$35
D5851 Tissue conditioning, mandibular, limit 1 per 5 years	\$35
D5862 Precision attachment	\$150

Dentures and partials are limited to 1 set per 5 years. Relines and rebases are limited to 1 per 2 years. Adjustments are limited to 1 per year.

Implants

D6010 Surgical placement of implant body: endosteal implant	\$1800
D6104 Bone graft at time of implant placement ..	\$500
Fixed Crown and Bridge	
D6211 Pontic - cast predominantly base metal ...	\$400
D6212 Pontic - cast noble metal.....	\$400
D6240 Pontic, porcelain fused to high noble metal	\$400
D6241 Pontic, porcelain fused to base metal	\$400
D6242 Pontic, porcelain fused to noble metal	\$400
D6251 Pontic, resin with predominantly base metal	\$400
D6750 Retainer crown - porcelain fused to high noble metal	\$495
D6751 Retainer crown - porcelain fused to predominantly base metal	\$495
D6752 Retainer crown - porcelain fused to noble metal	\$495
D6780 Retainer crown - 3/4 cast high noble metal	\$530
D6781 Retainer crown - 3/4 cast predominantly base metal.....	\$510
D6782 Retainer crown - 3/4 cast noble metal	\$520
D6783 Retainer crown - 3/4 porcelain/ceramic ...	\$510
D6790 Retainer crown - full cast high noble metal	\$495
D6791 Retainer crown - full cast predominantly base metal.....	\$495
D6792 Retainer crown - full cast noble metal	\$495
D6930 Re-cement or re-bond fixed partial Denture	\$40
D6950 Precision attachment	\$150

Pontics and retainer crowns are limited to 1 per tooth per lifetime.

Oral Surgery (Extractions)

D7111 Extraction, coronal remnants - primary tooth	\$25
D7140 Extraction, erupted or exposed tooth.....	\$25
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$45
D7220 Removal of impacted tooth – soft tissue	\$60
D7230 Removal of impacted tooth – partially bony	\$80
D7240 Removal of impacted tooth – completely bony	\$100
D7241 Removal of impacted tooth – completely bony, with unusual surgical complications	\$275
D7250 Removal of residual tooth roots (cutting procedure)	\$45
D7285 Incisional biopsy of oral tissue, hard (bone, tooth)	\$120
D7286 Incisional biopsy of oral tissue, soft	\$95

DENTAL PREFERRED PLAN

Oral Surgery (Extractions) Member Pays

D7310 Alveoloplasty in conjunction with extraction, 4 or more teeth, per quadrant, limit 1 per tooth per lifetime	\$45
D7320 Alveoloplasty not in conjunction with extractions, 4 or more teeth, per quadrant, limit 1 per tooth per lifetime	\$80
D7510 Incision and drainage of abscess, intraoral soft tissue, limit 1 per tooth per lifetime	\$30
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0
D7953 Bone replacement graft for ridge preservations - per site	\$400

Orthodontics (Braces)

D8070 Comprehensive orthodontic treatment of the transitional dentition	\$2800
D8080 Comprehensive orthodontic treatment of the adolescent dentition	\$2800
D8090 Comprehensive orthodontic treatment of the adult dentition	\$3000

Orthodontic benefits cover 24 months of usual and customary orthodontic treatment. Benefits apply only at participating general dentists that perform orthodontic services.

Adjunctive Services

D9215 Local anesthesia in conjunction with operative or surgical procedures	\$0
D9222 Deep sedation/general anesthesia – first 15 minutes	\$150
D9230 Inhalation of nitrous oxide/analgesia/ anxiolysis, limit 3 per year	\$15
D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$150
D9243 Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$55
D9248 Non-intravenous conscious sedation	\$55
D9310 Second opinion (by a participating dentist)	\$55
D9430 Office visit for observation (during regularly scheduled hours) – no other services performed	\$5
D9440 Emergency visit (after hours)	\$75
D9610 Therapeutic parenteral drug, single administration	\$55
D9630 Drugs or medicaments dispensed in the office for home use	\$10
D9910 Application of desensitizing medicament ..	\$15
D9911 Application of desensitizing resin for cervical and/or root surface, per tooth	\$15
D9920 Behavior management, by report	\$20
D9950 Occlusion analysis – mounted case	\$75
D9951 Occlusal adjustment, limited	\$30
D9952 Occlusal adjustment, complete	\$175
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$350

CUSTOMER SERVICE DEPARTMENT

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Sun Health & Dental Customer Service Department Phone:
888-577-8670

NOTES

- Procedures not listed on the benefit schedule will be provided at the participating dentist's usual and customary fees less a 25% discount.
- Listed fees apply only to participating SHD dentists who perform the listed services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Members should discuss all treatment options with the SHD participating dentist prior to services being rendered.
- Crowns and Abutments: Listed fees do not include the additional cost of noble, high noble, titanium.
- An additional charge, not to exceed \$200 per unit, will be applied for precious metals.
- Laboratory fees generally apply to crowns, abutments, partial and full dentures. Listed fees do not include the additional cost of laboratory fees.
- An additional charge, not to exceed \$200 per unit will be applied for laboratory fees.
- Cases involving six (6) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$100 per unit in addition to listed fees.
- Delivery of removable and fixed prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.

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The emergency benefit of your plan is limited to the covered services necessary to relieve pain and discomfort.

Emergency dental services provided by a non-participating dentist may be reviewed to verify appropriateness of treatment.

EXCLUSIONS AND LIMITATIONS

The following services are not covered or offered by Sun Health & Dental:

- Consultations for non-covered benefits.
- A Prophylaxis (routine cleaning) cannot be performed on a Member with untreated periodontal disease.
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician, a participating dentist/specialist or the Dental Director.
- Any dental procedure considered experimental by a participating dentist or specialist or the Dental Director.
- Dispensing of drugs.
- Cost of hospitalization (hospitals, outpatient surgery center or other similar facility).
- Any dental treatment started prior to the Member's effective date including but not limited to teeth prepared for crowns, root canals in progress and orthodontics.
- Any procedure that in the professional opinion of the participating dentist or dental specialist or Dental Consultant:
 - has poor probability for success based on the condition of the tooth or teeth or surrounding structures.
 - is inconsistent with generally accepted standards for dentistry.

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- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- 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.
- Any treatment paid for by Workers' Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member. Any treatment provided without cost by any municipality, county or other political subdivision.
- Any dental care provided by a non-participating general dentist or dental specialist.
- Services resulting from any act of war, declared or not, or resulting from military services.
- The participating dentist shall have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Periodontal scaling in the absence of root planing.
- The following are not included as orthodontic benefits:
 - Repair or replacement of lost or broken appliances;
 - Retreatment of orthodontic cases;
 - Specialized or cosmetic alternative to standard fixed and removable orthodontic appliances;
 - Invisalign (or other similar brands) services are excluded.

Limitations

- Participating dentists are required to keep records and charts of all dental services rendered to
- Members in accordance with the Florida Dental Practice Act and Regulations. These records are the property of the participating dentist. Upon enrollment the Member authorizes Florida Dental Benefits to request and obtain, for use exclusively by Florida Dental Benefits, Member records, radiographs or any other information from any dentist that has rendered treatment to the Member.
- Upon the request of the Member, the participating dentist will furnish copies of x-rays and service records. The participating dentist has the right to charge the Member an amount not to exceed the amount charged by the Clerk of Courts for the specific county in which the dental office is located for photocopies of dental records and copies of x-rays requested by the Member. Neither any participating dentist nor Florida Dental Benefits will be required to transfer any original records or x-rays, unless required by law.
- If the services rendered, are required due to injury caused by the negligence of a third party person, and if the Member receives a recovery against the negligent party, or if the Member receives Workers' Compensation or insurance benefits, then any participating dentist shall be entitled to charge and collect from the Member, his/her usual, customary and reasonable fees for any dental services rendered up to the time and to the extent of recovery for such dental services.
- Palliative treatment includes those covered services necessary to relieve pain and discomfort on an emergency basis. Palliative treatment is limited to those instances where circumstances contraindicate more definitive treatment or services.

Florida Dental Benefits, Inc. is licensed pursuant to Part I, Ch. 636, Florida Statutes as a Prepaid Limited Health Services Organization.



We understand that dental health can be a complex and often confusing topic. That's why we've compiled a list of frequently asked questions to help you navigate the world of oral care. Let's get started!

1. What is the importance of regular dental check-ups?

Regular dental check-ups are essential for maintaining good oral health. Dentists can detect and address issues early, preventing more significant problems down the line. They also provide professional cleanings to remove plaque and tartar buildup, which can lead to cavities and gum disease.

2. How often should I visit the dentist?

Regular dental check-ups are essential for maintaining good oral health. Dentists can detect and address issues early, preventing more significant problems down the line. They also provide professional cleanings to remove plaque and tartar buildup, which can lead to cavities and gum disease.

3. What can I expect during a dental check-up?

During a dental check-up, your dentist will perform a thorough examination of your teeth and gums. They may also take X-rays to detect hidden issues. Additionally, you might receive a professional cleaning to remove plaque and tartar buildup.

4. Are X-rays safe?

Yes, dental X-rays are generally safe. Dentists use low levels of radiation to capture images of your teeth and jawbone. They take precautions to minimize exposure, such as using lead aprons and digital X-ray technology.

5. How can I prevent cavities?

Preventing cavities involves a combination of good oral hygiene practices, such as brushing and flossing regularly, avoiding sugary foods and drinks, and getting fluoride treatments. Regular dental check-ups are also crucial for cavity prevention.

6. What is gum disease, and how can I prevent it?

Gum disease, also known as periodontal disease, is an infection of the gums and tissues that support your teeth. To prevent gum disease, practice good oral hygiene, including regular brushing and flossing. Avoid smoking and manage conditions like diabetes that can increase your risk.

7. Are there alternatives to traditional braces for straightening teeth?

Yes, there are alternatives like Invisalign, which uses clear aligners to gradually straighten teeth. Your dentist or orthodontist can help determine the best option for your specific needs.

8. How can I deal with dental anxiety?

If you experience dental anxiety, discuss it with your dentist. They can offer various techniques to help you relax, such as sedation options or simply taking breaks during your appointment. Open communication is key to managing dental anxiety effectively.

Testimonials

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"Sun Health & Dental was able to set me up with a dental appointment the same day I called to request one. I love how efficient they are."

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"My dental visit went so smooth! I got all my x-rays done, and was able to schedule a cleaning."

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"I wish I had found Sun Health & Dental sooner. They were able to help me understand exactly what to expect at my dentist appointment. My anxiety is all gone!"

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**Thank you for
choosing Sun Health
& Dental**