

## Solstice Dental Plan Summary

**NOTE:**

- Recommend when over \$300 of dental work is suggested, the provider submit a claim to Solstice for predetermination prior to services being rendered for all 3 PPO plans.
- PPO Dental network is the same for all 3 PPO plans and is twice the size of the DHMO network

### PPO Low (Plan number 11424)

- \$1,000 in-network calendar year max / \$500 out-of-network calendar year maximum
- Deductible (Applies to all services, including preventive both in and out of network)
  - **In-Network** - \$50 individual/\$100 family | **Out-of-Network** - \$100 individual/\$300 family
- Plan coverage
  - **In-Network**
    - 100% preventive (Standard dental cleaning (Code 1110) - 2 per 12 consecutive months)
    - 70% restorative (fillings/simple extractions)
    - 40% major (crowns/specialty services (Endo/Perio/OS))
  - **Out-of-Network**
    - 80% preventive (Standard dental cleaning (Code 1110) - 2 per 12 consecutive months)
    - 50% restorative (fillings/simple extractions)
    - 20% major (crowns/specialty services (Endo/Perio/OS))
- Ortho covered up to the age of 19 years with \$1,000 lifetime maximum both in and out of network (Plan coverage 50% up to the \$1,000 lifetime maximum in and out of network)
- Claims paid out of network based on in-network contracted provider's fees
- No Implant coverage

### PPO High (Plan number 11425)

- \$1,500 in-network calendar year max / \$1,000 out-of-network calendar year max
- Deductible (Applies to restorative and major services only, not for preventive both in and out of network)
  - **In-Network** - \$50 individual/\$100 family | **Out-of-Network** - \$100 individual/\$300 family
- Plan coverage
  - **In-Network**
    - 100% preventive (Standard dental cleaning (Code 1110) - 2 per 12 consecutive months)
    - 80% restorative (fillings/simple extractions)
    - 50% major (crowns/specialty services (Endo/Perio/OS))
  - **Out-of-Network**
    - 90% preventive (Standard dental cleaning (Code 1110) - 2 per 12 consecutive months)
    - 70% restorative (fillings/simple extractions)
    - 40% major (crowns/specialty services (Endo/Perio/OS))
- Ortho covered both adults and children with \$1,000 lifetime maximum both in and out of network (Plan coverage 50% up to the \$1,000 lifetime maximum in and out of network)
- Claims paid out of network based 80% of usual and customary charge
- Implant coverage – Separate \$2,500 maximum both in and out of network
- Anesthesia – Covered when medically necessary or when administered in conjunction with approved extractions impactions (Codes: 7230/7240/7241) of a 3rd molar. Recommend claim submitted for predetermination prior to services being rendered.

## PPO Premier (Plan number 11426)

- \$3,500 calendar year max both in and out of network
- Deductible (Applies to restorative and major services only, not for preventive both in and out of network)
  - **In-Network and Out-of-Network** - \$50 individual/\$150 family
- Plan coverage
  - **In-Network**
    - 100% preventive (Standard dental cleaning (Code 1110) - 2 per 12 consecutive months)
    - 80% restorative (fillings/simple extractions)
    - 50% major (crowns/specialty services (Endo/Perio/OS))
  - **Out-of-Network**
    - 90% preventive (Standard dental cleaning (Code 1110) - 2 per 12 consecutive months)
    - 70% restorative (fillings/simple extractions)
    - 40% major (crowns/specialty services (Endo/Perio/OS))
- Ortho covered both adults and children with \$2,000 lifetime maximum both in and out of network (Plan coverage 50% up to the \$2,000 lifetime maximum in and out of network)
- Claims paid out of network based 90% of usual and customary charge
- Implant coverage – Separate \$2,500 maximum both in and out of network
- Anesthesia – Covered when medically necessary or when administered in conjunction with approved extractions impactions (Codes: 7230/7240/7241) of a 3rd molar. Recommend claim submitted for predetermination prior to services being rendered.

## DHMO Basic S700B PBC Access+ (Plan number 13123)

## DHMO Enhanced S200B PBC Access+ (Plan number 13123)

- Member copayments are lower than the basic DHMO plan by 15%
- Anesthesia – Covered when medically necessary or when administered in conjunction with approved extractions impactions (Codes: 7230/7240/7241) of a 3rd molar.

## Both DHMO Plans include:

- No calendar year maximum or deductible
- Covered procedures listed on the Member fee schedule – Members know what their responsibility is as all covered ADA codes are listed on the DHMO schedule of benefits (over 500 covered ADA codes)
- Standard dental cleaning (Code 1110) covered once every 6 months – Note additional cleanings are covered at a member co-payment
- No dental office rosters or waiting periods
- No primary dentist selection necessary
- **Open Access Network** – As long as a member is treated by an in-network provider, they do not have to select a primary care dentist. Family members may use different dentists. This applies to all ADA codes other than the 35 Codes out of network covered codes.
- **35 ADA codes covered out of network** – These codes are listed on the member fee schedule. All other ADA codes member must use an in-network provider.
- Ortho coverage for both adults and children covered at a member co-payment
- Implant coverage – In-network coverage by an Implant contracted provider only

