

Solstice Dental Plans Effective January 1, 2022

PPO Plans

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 Plans

- **DHMO Basic S700B PBC Access + (Plan number 13123)**
- **DHMO Enhanced S200B PBC Access + (Plan number 13122)**
 - 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.

The below apply to both DHMO plans:

- No calendar year maximum
- No calendar year 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