



ANNUAL OPEN ENROLLMENT FOR 2016 BENEFITS

Frequently Asked Questions (FAQs) for dental carrier transition to Solstice Benefits, Inc.

Q1. Which company will offer dental coverage for BCC employees for the upcoming Plan Year?

A1. Dental coverage will be offered exclusively by **Solstice Benefits, Inc.** (Solstice). Solstice has offered the Dental HMO (DHMO) coverage, in partnership with UnitedHealthcare, to our group for the last three years.

Beginning Jan 1, 2016, Solstice will offer a [low PPO](#) and [high PPO](#), in addition to the [DHMO](#) plan.

Q2. When will the dental change exclusively to Solstice Benefits, Inc. become effective?

A2. The change will become effective January 1, 2016.

Q3. What type of plans will Solstice Benefits, Inc. offer to our group?

A3. The dental program will offer three plans. Solstice will offer a “[low](#)” PPO plan, a “[high](#)” option PPO plan and a [DHMO](#) plan.

Q4. How can I find out if my dentist is an in-network provider under the Solstice PPO plan?

A4. You can visit the website at solsticebenefits.com or call 877-760-2247. Customer service representatives are available from 8 a.m. to 6 p.m. EST. Interactive Voice Response (IVR) System is also available at the same toll free number. Members can use the IVR system to request network directories, verify benefits, eligibility and request ID cards --- 24 hours a day, seven days a week. Provider booklets are posted on [MyBenefits](#). Please note, the booklets are subject to change and information must be confirmed with Solstice prior to visiting the dentist – by either contacting Solstice via the toll free number, or visiting www.solsticebenefits.com.

The plan you select when searching for a provider for the low and high PPO plans online is “**Solstice PPO**.”

Q5. How can I find out if my dentist is an in-network provider under the Solstice DHMO Plan?

A5. You can visit the website at solsticebenefits.com or call 877-760-2247. Customer service representatives are available from 8 a.m. to 6 p.m. EST. Interactive Voice Response (IVR) System is also available at the same toll free number. Members can use the IVR system to request network directories, verify benefits, eligibility and request ID cards --- 24 hours a day, seven days a week. Provider booklets are posted on [MyBenefits](#). Please note, the booklets are subject to change and information must be confirmed with Solstice prior to visiting the dentist – by either contacting Solstice via the toll free number, or visiting solsticebenefits.com.

The plan you select when searching for a provider for the DHMO plan online is “**DMO Solstice Network S700A, S700A, S700AP & S700B-SHP**”

Q6. If my dentist is not a participating in-network provider can I nominate the dentist to join the network?

A6. Yes, you can nominate a dentist to join the PPO or DHMO networks. Use the "[Provider Nomination Form](#)" to nominate a dentist. Please check if your are nominating your dentist for the "Dental DHMO" or "Dental PPO" on the form and fax the completed form to 954-370-1737 or e-mail the form to Sales@SolsticeBenefits.com

Q7. How will premiums change for the dental program for Plan Year 2016?

A7. Dental premiums will change as follows:

- Solstice DHMO = Premiums will decrease by 1%
- Solstice Low PPO = Premiums will increase by 19.5%
- Solstice High PPO = Premiums will increase by 19.5%

For example, the premium increase for High PPO coverage is \$2.64 for "Employee Only" coverage and \$8.26 per pay period for a family with four or more individuals covered.

Dental Plans Level of Coverage	Solstice DHMO S700A		Solstice Low PPO Plan		Solstice High PPO Plan	
	Monthly Cost	Biweekly deduction	Monthly Cost	Biweekly deduction	Monthly Cost	Biweekly deduction
Employee Only	\$11.16	\$5.58	\$17.21	\$8.61	\$32.33	\$16.17
EE + 1 Dependent	\$19.09	\$9.55	\$32.67	\$16.34	\$61.95	\$30.98
EE + 2 Dependents	\$25.87	\$12.94	\$39.96	\$19.98	\$71.57	\$35.79
EE + 3/More Dependents	\$34.13	\$17.07	\$55.49	\$27.75	\$101.22	\$50.61

As a point of reference, the initial renewal proposal received from UnitedHealthcare included a 45% increase for the low and high PPO plans and no premium change for the DHMO coverage.

Q8. Is anything changing for the DHMO plan that will continue to be offered by Solstice Benefits, Inc.?

A8. The structure of the Solstice DHMO plan is not changing. The Schedule of Benefits has been updated and about 95 additional procedures will be covered in 2016.

As a recap, the DHMO is a pre-paid plan. It is an open-access plan, meaning a member does not have to select a primary care dentist. However, all services must be obtained from a participating in-network dentist or specialist. You will pay the dentist the co-payments listed on the Schedule of Benefits. There are no deductibles, no waiting periods, no claims forms to submit, no annual benefit dollar maximums. There are defined copayments on over 430 procedure codes. Implant coverage continues to be available at copayment level through network a of implant specialists. Cosmetic procedures (teeth whitening, bonding, and veneers) are included. There is a 25% discount on all procedure codes that are not listed on the Schedule of Benefits.

Please review the detailed Schedule of Benefits and Implant Service Member Fee Schedule for more information.

Q9. Do I have to declare a primary dentist under the DHMO plan?

A9. You and your covered dependents DO NOT have to declare a primary dentist under the DHMO plan. However, you must receive your dental care from a participating in-network dentist or specialist.

Q10. How can I obtain specialty dental care under the DHMO plan?

A10. Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist or Prosthodontist) be necessary, you may receive this care in one of two ways:

- 1) You may go directly to a participating specialist without a referral and receive a 25% reduction off the provider's usual and customary fee; or

- 2) You may obtain a prior written authorization by Solstice Benefits, Inc. and receive specialty treatment by an approved participating in-network specialist at the listed co-payment.

As an enhancement, Authorizations are not required to utilize the services of an Orthodontist or Pediatric Dentist. Members may find a participating in-network provider in the directory and schedule an appointment.

Q11. How do I obtain a prior written authorization for specialty care under the DHMO plan?

A11. To obtain a written authorization for specialty care, contact Solstice at 877-760-2247.

Q12. How long does the Pre-authorization process for specialty care typically take under the DHMO plan?

A12. A typical pre-authorization is usually processed within 72 hours. Written notification of the pre-authorization is issued to both the dental specialist provider and the member. Pre-authorization is provided usually immediately for an evaluation, if the member is experiencing acute pain. Please note that treatment is subject to clinical review and benefit frequencies.

Q13. Do I need a referral for my child to visit a pediatric dentist under the DHMO plan?

A13. No, members will no longer require a pre-authorization on the DHMO to access the Pediatric Dentist. Members may simply find the participating specialist in our directory and call the providers office directly to schedule their appointment.

Q14. Are Pre-Treatment Plans recommended for the DHMO?

A14. Your dental plan covers an extensive array of dental procedures at either a fixed copayment or at a discount off the dentist's normal charges. It is highly recommended that prior to having dental work started, you request a pre-treatment plan or estimate from your dentist on all treatment over \$300. Should you have any questions regarding your treatment plan, you can always refer to your Schedule of Benefits or call Solstice to ensure that you receive the maximum benefit from your dental plan.

Q15. Is the DHMO plan available nationally?

A15. The DHMO is a select-market based plan. The plan has network providers in 48 of Florida's 67 counties, including Palm Beach, Broward, Hendry, Martin, Miami-Dade and St. Lucie counties. The DHMO also has provider networks in Georgia, New York, New Jersey and Connecticut. Please search for providers on solsticebenefits.com (Select: Product: Dental - Select a plan: **S700, S700A, S700AP & S700B-SHP**) or contact 877-760-2247

INDIVIDUALS **GROUPS** **PROVIDERS** **BROKERS**

MEMBER CORNER

- Save Money on Vision Exams!**
Keep the cash! Make sure you're getting the best deals on your vision exams.
- DHMO/DPPO Differences Guide**
Here are 7 differences between a DHMO and DPPO plan that will make choosing dental benefits a breeze.

BROKER CORNER

- Marketplace Quote**
Request a Solstice Marketplace Quote. Obtain pricing for software and services that scale to your needs.
- Broker Tool Kit**
We know Healthcare Reform is complicated and always changing... So, we created a few tip sheets, guides and maps to help you navigate through it all!

Solstice Services & Products

We've got you covered with affordable plans that offer more than just basic care. With competitive rates and expansive provider networks - Solstice is your ancillary benefits provider of choice.

- Dental Discount
- Dental Pre-Paid/EPO
- Dental PPO/Indemnity
- Vision PPO
- Vision Discount
- Basic Life
- Voluntary Life
- Prescription
- Third Party Administration

Locate a Provider

Select Product*

Select a Plan*

Select Specialty*

Enter a ZIP Code*

[Advanced Search](#)

Q16. Is there an emergency benefit available out-of-network for the DHMO plan?

A16. DHMO members experiencing an emergency out of the service area can receive covered emergency services from any general dentist. Typical emergency services are an emergency examination, x-rays, extraction, prescription or other palliative care to relieve immediate pain, infection or bleeding. Members should return to their area network dentist for any restorative and/or definitive treatment, such as but not limited to fillings and root canals to correct the clinical situation which created the symptoms that required emergency care. Members may be reimbursed up to \$100.00 for emergency care towards the abatement of pain. Members file a claim to receive the reimbursement.

Q17. Are the PPO plan available nationally?

A17. The Solstice PPO network is available in 52 of Florida's 67 counties, including Palm Beach, Broward, Hendry, Martin, Miami-Dade and St. Lucie counties. Solstice offers access to over 20,500 providers in Florida and has a national network that offers 135,000 providers access points nationwide. Please search for providers on solsticebenefits.com (Select: Product: Dental – Select a Plan: **Solstice PPO** or contact 877-760-2247.

Q18. What are some of the features of the low PPO plan offered by Solstice?

A18. The low option Solstice PPO plan allows you and each of your covered family members to use a provider of your choice; however, you'll receive a higher level of coverage when you choose a participating in-network PPO provider. If you use an out-of-network provider fees are subject to Maximum Allowable Charges. There is a six (6) month waiting period for Class III services (Major Services) and a 12 month waiting period for Class IV (Orthodontic Services).

➡ This plan is most similar to the former UnitedHealthcare low PPO plan with the same rate of reimbursement percentage, same calendar year deductibles, and annual benefit maximums.

Please review the Benefit Schedule for more information.

Q19. What are some of the features of the high PPO plan offered by Solstice?

A19. The high option Solstice PPO Plan allows you and each of your covered family members to use a provider of your choice; however, you'll receive a higher level of coverage when you choose a participating in-network provider. This plan offers an enhanced in-network annual maximum benefit of \$1,500. If you use an out-of-network provider, fees are based on 90% of Usual and Customary Charges. There is a six (6) month waiting period for Class III (Major Services) and a 12 month waiting period for Class IV (Orthodontic Services). This plan covers Implant Services under Class III (Major Services) with a separate annual implant maximum of \$2,500 per calendar year.

Please review the Benefit Schedule for more information.

➡ This plan is most similar to the former UnitedHealthcare high PPO plan with the same rate of reimbursement percentage, same calendar year deductibles, and annual benefit maximums.

Q20. Will Solstice offer a rollover for the low and high PPO plans?

A20. Solstice offers a [BenefitBooster program](#). This program is an increasing calendar year maximum feature that encourages members to carry forward part of their unused calendar year maximum if certain conditions are met.

Q21. Are Pre-Treatment Plans recommended for the PPO dental plans?

A21. Pre-treatment estimate is recommended for any service estimated to cost more than \$300.

Q22. Will waiting periods apply for employees who are currently enrolled in dental coverage with BCC?

A22. Waiting periods do not apply to DHMO participants. Waiting periods for the Solstice PPO dental plans will be waived for employees with existing dental coverage with the Board of County Commissioners. Employees who newly join the dental program will be subject to the applicable waiting periods, unless the employee can demonstrate acceptable, continuous coverage under another dental plan. Contact Risk Management at 561-233-5400 if you have any questions.

Q23. What happens if I have already started dental work under the prior carrier?

A23. It is industry standard if a procedure has been initiated but not yet completed at the termination date of a dental contract, the related procedure will be paid under the prior carrier's plan. For example, if the pre work for a crown was done on December 29, but the crown has not been seated and the member switched to Solstice on January 1, all charges related to the crown would be paid under the prior carrier. If the date of service billed on the claim is prior to the member's effective date with Solstice, then the member and/or prior carrier is responsible for payment of the claim. All new services after January 1 would be submitted and processed by Solstice.

Q24. I am in the middle of Orthodontic treatment (Orthodontia in progress). What should I do?

A24. When a member transitions coverage to Solstice, Solstice will pay for orthodontic cases in progress on a prorated basis as of the effective date with Solstice. The number of months remaining in treatment and the benefit level are taken into consideration when determining payment. The [Solstice Transition of Care Application](#) must be completed and submitted to Solstice, along with the supporting documents, prior to having additional treatment. Call Solstice Customer Service at 877-760-2247 for additional information.

Q25. How do I enroll and what do I have to do during this Open Enrollment period?

A25. If you currently participate in the United/Solstice dental program and you do not take any action during Open Enrollment, coverage for you and your covered dental dependents will **default automatically** to one of the new dental plans, as follows:

Current Coverage	New Coverage	Premium Impact	Notes
Solstice DHMO	Solstice DHMO	Premiums will decrease slightly	Same co-payments and about 95 additional covered procedures, including implant benefits.
United Low PPO	Solstice Low PPO	Premiums will increase 19.5%	Same benefit schedule, plus BenefitBooster.
United High PPO	Solstice High PPO	Premiums will increase 19.5%	Same benefit schedule, plus BenefitBooster.

Note: If you DO NOT wish for your dental coverage to default to Solstice as outline above, you must make your election during Open Enrollment in [MyBenefits](#) **between 10/27-11/12/15**.

If you do not currently participate in the dental program and wish to join the dental plan for PY 2016, you will need to make an election in [MyBenefits](#) **between 10/27-11/12/15**. Remember, waiting periods apply for newly covered PPO dental members.

If you need assistance with making your 2016 Group Insurance elections, contact Risk Management at 561-233-5400 or email your Group Insurance office at BCCMyBenefits@pbcgov.org.

Q26. When will the premiums for the new dental coverage become effective?

A26. Plan Year 2016 premiums will take effect with the 01/15/16 paycheck. It is important that you review and confirm that your premiums are accurate. Any corrections required MUST be reported to your Group Insurance office immediately and no later than 01/31/2016.

Q27. When will I receive new dental cards?

A27. Dental cards are expected to be shipped by mid-December.

Q28. How can I find out more information about the dental coverage?

A28. Visit the Publications, dental section of [MyBenefits](#) webpage for posted information. Attend an In Person open enrollment session by registering for a meeting in [TED](#) by 10/14/15. Just as in prior years, you may watch a recorded Open Enrollment meeting which will be posted on the [MyBenefits](#) as soon as it becomes available. This recorded session includes the same information as In Person meetings.

If you need assistance registering in TED to attend an In Person meeting, please contact Risk Management at BCCMyBenefits@pbcgov.org or call 561-233-5400.

Additionally, you can review the 2016 Employee Benefits Information booklet for dental plan information which will be posted on [MyBenefits](#) in advance of Open Enrollment meetings.

Q29. Is there a website that I can visit, once my coverage is effective?

A29. Please visit mysolstice.net, once your coverage is effective. You can find the following info on the portal

- Locate a dentist
- Review your coverage
- Check your dental claims
- Get answers to the most frequently asked questions
- Learn about oral health and dental treatment
- Request a dental ID card

Q30. Does the dental plan offer vision coverage?

A30. The Solstice Clear 100 Vision Plan is an added value vision discount plan that is available to members of the dental DHMO and PPO plans, at no additional cost. Review the [Clear 100 Vision Plan handout](#) for more information.