Dental PPO Summary of Benefits Effective 1/1/2022

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	OUT-OF-NETWORK	NETWORK	OUT-OF-NETWORK
Individual Annual Calendar Year Deductible	$50	$100	$0	$0
Family Annual Calendar Year Deductible	$150	$300	$0	$0
Maximum (the sum of all Network and Out-of-Network benefits will not exceed Maximum Benefits)	$1500 per person per Calendar Year	$1000 per person per Calendar Year	$1000 per person per Lifetime	$1000 per person per Lifetime

Annual deductible applies to preventive and diagnostic services	No (In Network)	No (Out-of-Network)
Solstice BenefitsBooster Included (Increasing Calendar Year Maximum Benefit)	Yes	
Preventive Waiver Saver Included (P&D Services Do Not Accumulate Towards Annual Maximum)	No	
Orthodontic eligibility requirement	Adults and Children	

COVERED SERVICES	NETWORK PLAN PAYS*	OUT-OF-NETWORK PLAN PAYS**	BENEFIT GUIDELINES
PREVENTIVE & DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	90%	Limited to two (2) times per consecutive twelve (12) months.
Routine Radiographs	100%	90%	Bitewings: Limited to one (1) series of films per consecutive twelve (12) months.
Non-Routine - Complete Series Radiographs	100%	90%	Complete Series/Panorex: Limited to one (1) time per consecutive thirty-six (36) months.
Prophylaxis (Cleanings)	100%	90%	Limited to (2) prophylaxis in any twelve (12) consecutive months, to a maximum of (2) total prophylaxis and periodontal maintenance procedures in any twelve (12) consecutive months.
Fluoride Treatment	100%	90%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per consecutive twelve (12) months.
Sealants	100%	90%	Limited to Covered Persons under the age of sixteen (16) years, and to one (1) time per first or second unrestored permanent molar every consecutive thirty-six (36) months.
Space Maintainers	100%	90%	Limited to Covered Persons under the age of sixteen (16) years, one (1) time per consecutive sixty (60) months. Benefit includes all adjustments within six (6) months of installation.
Palliative Treatment	100%	90%	Covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit
BASIC SERVICES			
Restorations (Amalgam or Composite)	80%	70%	Multiple restorations on one (1) surface will be treated as a single filling.
Simple Extractions	80%	70%	Limited to one (1) time per tooth per lifetime.
MAJOR SERVICES			
Anesthetics	50%	40%	General Anesthesia: When clinically necessary or when administered in conjunction with an approved bony extraction (D7230/40/41) of a 3rd molar.
Adjunctive Services	50%	40%	
Oral Surgery (includes surgical extractions)	50%	40%	Extractions: Limited to one (1) time per tooth per lifetime.
Periodontics - Surgical	50%	40%	Periodontal Surgery: Limited to one (1) quadrant or site per consecutive thirty-six (36) months per surgical area.
Periodontics - Non Surgical	50%	40%	Scaling and Root Planing: Limited to one (1) time per quadrant per consecutive twenty-four (24) months. Periodontal Maintenance: Limited to two (2) periodontal maintenance in any twelve (12) consecutive months, to a maximum of two (2) total prophylaxis and periodontal maintenance procedures in any twelve(12) consecutive months.
Endodontics	50%	40%	
Implants	50%	40%	Subject to separate Lifetime Maximum of $2,500
Inlays/Onlays/Crowns	50%	40%	Limited to one (1) time per tooth per consecutive sixty (60) months.
Dentures and other Removable Prosthetics	50%	40%	Full Denture/Partial Denture: Limited to one (1) per consecutive sixty (60) months. No additional allowances for precision or semi precision attachments.
Fixed Partial Dentures (Bridges)	50%	40%	Bridges: Limited to one (1) time per tooth per consecutive sixty (60) months
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite	50%	50%	Limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.

*The network percentage of benefits is based on the discounted fees negotiated with the provider.

**Out of-Network benefits are based on the 80th Percentile of Usual and Customary Charge.