

SOLSTICE DENTAL PPO

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From a cleaning, to dental implants Solstice dental offers members more than just basic care. With Solstice Dental PPO, all covered services In-Network are based on a percentage of the fixed charges and varies whether the procedure is preventive, basic or a major service. Specialist referrals are not necessary In and Out-of-Network. If you choose to go Out-of-Network, most dentists will submit your claims directly to Solstice.

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Rates are for new and renewing groups effective 4/1/2025 — 6/1/2025

PLAN RATES (MONTHLY)

Area of Coverage: Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester & Rockland

Employee	\$58.90
Employee/Spouse (DP)	\$105.14
Employee/Child(ren)	\$125.82
Family (DP)	\$163.04

Area of Coverage: Nassau & Suffolk

Employee	\$58.90
Employee/Spouse (DP)	\$105.14
Employee/Child(ren)	\$125.82
Family (DP)	\$163.04

Area of Coverage: Delaware, Ulster, Sullivan, Putnam, Dutchess & Orange

Employee	\$58.90
Employee/Spouse (DP)	\$105.14
Employee/Child(ren)	\$125.82
Family (DP)	\$163.04

PLAN HIGHLIGHTS

- 100%/100%/60% In-Network, no specialist referrals, no waiting periods; 4 Cleanings per 12 months
- \$50 In-Network/\$50 Out-of-Network calendar deductible, preventive waiver
- 100%/80%/50% Out-of-Network (80th UCR)
- \$2,000 annual maximum In-Network/\$1,000 Out-of-Network
- Implant benefit

Dental coverage can only be elected by a group enrolling in HealthPass medical coverage.

Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.

The following billing and administrative fees apply to the following products: Dental PPO plans: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$18.25, Family \$26.50