Carrier Name: Solstice

Plan Name: S800B-SHP

In-Network Single Deductible: No deductible

In-Network Family Deductible: No deductible

Out-of-Network Single Deductible:

Out-of-Network Family Deductible:

In-Network Annual Maximum: No Maximum

Out-of-Network Annual Maximum:

Frequencies Cleaning: limited to one (1) time in any consecutive six (6) month period.

Frequencies Exam: limited to One (1) time per consecutive six (6) months.

In-Network Cleanings: No charge

Out-of-Network Cleanings:

In-Network Exams: No charge

Out-of-Network Exams:

In-Network X-Rays: No charge

Out-of-Network X-Rays:

In-Network Sealants: No charge

Out-of-Network Sealants:

In-Network Fillings: 82.00

Out-of-Network Fillings:

In-Network Simple Extractions: 105.00

Out-of-Network Simple Extractions:

In-Network Root Canal: 500.00

Out-of-Network Root Canal:

In-Network Periodontal Gum Disease: 115.00

Out-of-Network Periodontal Gum Disease:

In-Network Oral Surgery:

Out-of-Network Oral Surgery:

In-Network Crowns: 290.00

Out-of-Network Crowns:

In-Network Dentures: 507.00

Out-of-Network Dentures:

In-Network Bridges:

Out-of-Network Bridges:

In-Network Implants: 3,900.00

Out-of-Network Implants:

In-Network Orthodontia: 2,875.00

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: the Schedule of Benefits that are performed by a Network General Dentist will be charged at the Network General Dentist’s Usual and Customary Fee less 25%

Waiting Period for Major Services: No waiting periods

Plan Year:

Network Type: PLHSO

Network Name:

Member Website: [www.MySolstice.net](http://www.MySolstice.net)

Customer Service Phone Number: 1.877.760.2247