Carrier Name: Solstice

Plan Name: 11047

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: $1000 per person per Calendar Year

Out-of-Network Annual Maximum: $1000 per person per Calendar Year

Frequencies Cleaning: 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.

Frequencies Exam: Limited to two (2) times per consecutive twelve (12) months.

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions: 80%

In-Network Root Canal: 50%

Out-of-Network Root Canal: 50%

In-Network Periodontal Gum Disease: 50%

Out-of-Network Periodontal Gum Disease: 50%

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery: 50%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 50%

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia: Not Covered

Out-of-Network Orthodontia: Not Covered

Orthodontia Lifetime Maximum: N/A

Orthodontia Maximum Age: N/A

Out of Network Explanation: Out of‐Network benefits are based on the participating provider contracted fees.

Waiting Period for Major Services:

Plan Year:

Network Type: PPO

Network Name:

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

Customer Service Phone Number: 1.877.760.2247