



	11025		11029		11015	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Preventive & Diagnostic	100%	100%	100%	100%	100%	100%
Basic Restorative	80%	80%	80%	80%	90%	80%
Specialty Services	80%	80%	80%	80%	90%	80%
Major Restorative	50%	50%	50%	50%	60%	50%
Orthodontia	N/C	N/C	N/C	N/C	N/C	N/C
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500	\$1,500
P&D Waiver Saver	Not Included		Not Included		Not Included	
Individual Deductible	\$50	\$50	\$50	\$50	\$50	\$50
Deductible Type	Annual		Annual		Annual	
Orthodontia Lifetime Maximum	N/C	N/C	N/C	N/C	N/C	N/C
Reimbursement Method	MAC	MAC	MAC	MAC	MAC	MAC
Pediatric EHB Rider	Not Included		Not Included		Not Included	
Cleaning Allowance (Prophylaxis)	2 Cleanings		2 Cleanings		2 Cleanings	
Solstice BenefitsBooster	Included		Included		Included	
Implant Coverage	Not Covered		Not Covered		Not Covered	

Proposed Rates Effective 12-1-2018

2-Tier	Employee Only	\$30.33	\$35.23	\$37.25
	Employee + Family	\$85.48	\$99.30	\$104.98
3-Tier	Employee Only	\$30.33	\$35.23	\$37.25
	Employee + 1	\$60.66	\$70.47	\$74.50
	Employee + 2 +	\$88.24	\$102.50	\$108.37
4-Tier	Employee Only	\$30.33	\$35.23	\$37.25
	Employee + Spouse	\$60.66	\$70.47	\$74.50
	Employee + Child(ren)	\$68.93	\$80.08	\$84.66
	Employee + Family	\$96.51	\$112.11	\$118.53

Rate Assumptions and Caveats

- Rates are valid for groups situated in the 146 3 digit ZIP area. At least 80% of participating employees must reside within or around the ZIP area.
- Voluntary rate type requires a minimum of 35% group participation
- Participation requirements will be based on 30 benefit eligible employees
- Rates assume the Group's SIC Code to be 8399
- Rates are only valid on a takeover basis for groups with existing dental coverage.
- Solstice reserves the right to adjust the quoted rates should the Group's member to sub ratio exceed 3.0
- Rates are valid until the listed effective date and assume a 12 month contract period
- Rates include a 10.00% commission load.
- Plans including Orthodontia coverage require a minimum of 10 subscriber enrollment applications
- The following apply for groups with less than 15 subscribers:
 - An ACH/EFT Authorization Form must be completed and automatic ACH/EFT must be the method of payment to avoid an additional service fees
 - A NYS45 Form or equivalent employer's quarterly report form must be provided for groups with less than 15 subscribers.