



SOLSTICE DENTAL PLAN FAQs

1. **Q** Which company is offering dental coverage for employees for the upcoming Plan Year effective October 1, 2022?

- A** Dental coverage will continue to be exclusively offered through Solstice Benefits. On October 1, 2020, Solstice Benefits became the exclusive dental carrier for Volusia County School employees. As a member you have a selection of either a PPO or a DHMO plan.

2. **Q** What is the group number and what are the Solstice Dental Plan numbers?

- A** Solstice Group number: **14349**
PPO Plan number: **11411**
DHMO S200B Access + Plan number: **13089**


3. **Q** Is there a coverage difference between the Solstice Dental PPO & DHMO plans and the previous carrier?

- A** **DHMO S200B Access+ Plan:**
- **Great Savings:** Solstice rates provide more than 15% savings vs. the previous carrier's DHMO rates and the Solstice DHMO plan is richer in benefit.
 - **Open Access Network:** Solstice's open access model means NO dental office assignments! For you, this means a convenient, flexible experience with shorter wait times for appointments. The previous carrier required primary dentist assignment and, when changing assigned dentists, members must wait to appear on a dental office "roster" before making an appointment.
 - **Out-of-Network Benefits:** The Solstice DHMO plan offers out-of-network reimbursements on 35 common procedures like cleanings, X-rays, and fillings. The previous carrier's plan did not offer any out-of-network coverage.
 - **Expanded Coverage:** Solstice covers over 500 procedure codes vs. the previous carrier's coverage of 275 codes.
 - **Wisdom Teeth Extractions:** Both the Solstice and the previous carrier plans require the presence of pathology, i.e., disease or decay, for coverage of 3rd molar (wisdom teeth) extractions. Another advantage of Solstice's plan is that the Solstice DHMO providers offer members a 25% discount when there is no pathology present.

PPO Plan 11411

- **Great Savings:** Our rates are more than 14% below the previous carrier's rates for a matching plan.
- **Benefit Design:** Both Solstice and the prior carrier had an 80% preventive /80% basic services/50% major services model in- and out-of-network. This means the dental plan pays those percentages (%) of the covered services. Effective October 1, 2021, the Solstice PPO was upgraded to cover 100% preventive and diagnostic services at 100% in-network. This means PPO members will have no out-of-pocket cost in-network for services like cleanings and exams.
- **Sealants:** Sealants can reduce the risk of tooth decay in children by 50% to 80%. Solstice covers sealants under Preventive services, while the previous carrier covered them under Basic services – this results in lower out-of-pocket cost to you, the plan member. Under the Solstice plan, the deductible does NOT apply to sealants. Effective October 1, 2021, the Solstice PPO upgraded plan covers sealants at 100% in-network and; therefore, at no cost to the member.

4. How can I find out if my dentist is an in-network provider under the Solstice dental plans?


-  You can visit the website at <https://www.solsticebenefits.com/provider-search.aspx>, call us at 855-301-4370, or reach us via online chat. Customer service representatives are available to assist you from 8 a.m. to 8 p.m. EST.

Outside of the normal business hours, Solstice's Interactive Voice Response (IVR) System is also available at the same toll-free number. You can use the IVR system to request network directories, verify benefits and eligibility, and request ID cards – 24 hours a day, seven days a week. Provider booklets are posted on MyBenefits at <https://www.vcsedu.org/insurance>.

To find a provider on the website:

- PPO, select Solstice PPO.
- DHMO, select the S200B.

5. If my dentist is not contracted with Solstice Benefits, can I nominate the dentist to join the network?

-  **Yes!** We are proud to offer you one of the largest DHMO networks in Florida, with providers in more than 30 states, and a national PPO network. We are always accepting new provider nominations in our network. You can nominate a dentist to join the PPO or DHMO networks through our Provider Nomination Form located on the Solstice landing page. Please select if you are nominating your dentist for the "Dental DHMO" or "Dental PPO" on the form and e-mail the form to Laura Wicks Lwicks@Solsticebenefits.com.

6. What are the monthly rates for the Solstice dental plans?

-  Please refer to the Volusia Schools Benefits Plan Premium rate sheet included in your benefit materials.

7. **Q** Is anything changing for the DHMO plan?

- A** There are **no plan changes** for the DHMO plan for the upcoming 2022/2023 plan year. The Solstice DHMO is an open access plan, meaning you do not have to select or be assigned to a primary care dentist or appear on a dental office roster. While in-network dental visits are encouraged, you have the convenient flexibility of visiting an out-of-network provider and receiving reimbursement on 35 preventive, diagnostic and restorative procedures. These procedures are indicated on the DHMO S200B Access+ Schedule of Benefits located on the Solstice landing page. All other services must be obtained from a participating in-network dentist or specialist. You will pay the dentist the co-payments listed on the Schedule of Benefits. There are no deductibles, no waiting periods and no annual benefit dollar maximums. There are defined member copayments on over 500 procedure codes. There is a 25% discount on all procedure codes that are not listed on the Schedule of Benefits.

Please review the Solstice detailed Schedule of Benefits for more information located on the Solstice landing page, www.solsticebenefits.com/vcs.

8. **Q** Do I have to declare a primary dentist under the DHMO plan?

- A** No, neither you nor your covered dependents must declare a primary dentist under the DHMO plan. You can visit any in-network contracted dentist anytime or visit an out-of-network dentist for reimbursements for the 35 covered preventive, diagnostic and restorative procedures as detailed in your DHMO S200B Access+ Schedule of Benefits.
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9. **Q** How can I obtain specialty dental care under the DHMO plan?

- A** You may receive specialty care from an Oral Surgeon, Endodontist, of Periodontist in two ways:

- **Self-Referral:** You may now self-refer to a contracted participating specialist. Before services are rendered, please confirm the Specialist is a contracted in-network provider. You may do this by calling Solstice Customer Service 855-301-4370 or vcs@solsticebenefits.com. You may also go to www.solsticebenefits.com to search for a dental provider.

Solstice may request the specialist provide us with dental X-rays, study models or other information. This may be necessary to evaluate the treatment plan. This information will also help to determine the extent of the member benefit.

Solstice will determine if the proposed treatment is covered under the policy and estimate the amount of the payment. The estimate of benefits payable will be sent to you and your Specialist. Pre-Treatment Estimates are subject to all terms, conditions and provisions of the Policy. Dental conditions that can be effectively treated by a less costly procedure will be assigned that less costly benefit.

****Preferred Method****

- **Customer Service Assistance:** You may also contact our Customer Service Department who will provide a referral and written authorization to receive specialty Dental Services by an approved Network Dental Specialist at the listed copayments. They can also assist with scheduling an appointment with the specialist.

10. Q How do I obtain a pre-authorization for specialty under the DHMO plan?

- A** We're here to help! To obtain a pre-authorization for specialty care, contact Solstice at 855-301-4370 or vcs@solsticebenefits.com.
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11. Q How long does a preauthorization process for specialty care typically take under the DHMO plan?

- A** A typical pre-authorization is usually processed within 72 hours. Written notification of the pre- authorization is issued to both the dental specialist provider and the member. Immediate pre- authorization is typically provided for an evaluation if you are experiencing acute pain. Please note that treatment is subject to clinical review and benefit frequencies.
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12. Q Do I need a referral for my child to visit a pediatric dentist under the DHMO plan?

- A** No pre-authorization is required to access a Pediatric Dentist. Members may simply find the participating contracted specialist in our directory and call the providers office directly to schedule their appointment. Children are covered through the age of 16 at the pedodontist.
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13. Q Are Pre-Treatment Plans recommended for the DHMO?

- A** Your dental plan covers an extensive array of dental procedures at either a fixed copayment or at a discount off the dentist's normal charges. It is highly recommended that prior to having dental work started, you request a pre-treatment plan or estimate from your dentist on all treatment over \$300. Should you have any questions regarding your treatment plan, you can always refer to your Schedule of Benefits or call Solstice to ensure that you receive the maximum benefit from your dental plan.
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14. Q Is there an out of service area emergency benefit available out-of-network for the DHMO plan?

- A** There are 35 ADA codes covered out-of-network. In addition, DHMO members experiencing an emergency out of the service area can receive covered emergency services from any general dentist. Typical emergency services are an emergency examination, X-rays, prescription or other palliative care to relieve immediate pain, infection or bleeding. Members should return to their area network dentist for any restorative and/or definitive treatment, such as, but not limited to, fillings and root canals, to correct the clinical situation which created the symptoms that required the emergency care. Members may be reimbursed up to \$100 for emergency care towards the abatement of pain. Members file a claim form along with a payment receipt to receive the reimbursement.

15. **Q** Is the PPO plan changing?

- A** No, there are no changes to the PPO plan for the next benefit year. The PPO calendar year max is \$1,000, preventive services at 100% in-network and 80% out-of-network. Basic services at 80% in and out of network. Major services 50% in and out-of-network. Orthodontics Lifetime Max \$1,000 – plan responsibility 50% in and out of network.
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16. **Q** Is the PPO available nationally?

- A** Yes. Please search for providers on www.solsticebenefits.com (Select: Product: Dental – Select a Plan: Solstice PPO) or contact Solstice at 855-301-4370 or vcs@solsticebenefits.com.
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17. **Q** Does Solstice offer a roll over program for the PPO plan?

- A** Yes, through the BenefitBooster program. This program allows you to “roll over” unused dollars from your calendar year maximum benefit if certain conditions are met. In other words, if you don’t use your entire benefit maximum one year, you can roll those dollars over to the next plan year.
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18. **Q** Are Pre-Treatment Plans recommended for the PPO dental plans?

- A** Yes, pre-treatment estimate is recommended for any service expected to cost more than \$300.
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19. **Q** What do I do if my claim has not been paid?

- A** If your claim has not been paid, please contact Solstice at 855-301-4370 or vcs@solsticebenefits.com. The Customer Service Representative will review claim history and assist you.

Note there may be a few reasons why a claim was not approved/completed for payment:

- Provider sent claim to the previous carrier
- Claim was received without the required documentation and closed for lack of information
- Claim denied for frequency
- Member may have met their calendar max on the PPO plan
- Provider payment is patient copayment only
- Procedure not covered
- Member not active

Solstice Claim address

Solstice Benefits
P.O. Box 2057
Farmington, MI 48333
Payor ID 76578
Provider Customer Service: (877) 760-2247

20. **Q** How do I get an ID card?

- A** ID cards were sent at Solstice plan inception and to all new enrollees throughout the year. ID cards are not sent to all members each plan year. They are also not sent when members make a plan change. The Member ID does not change when a plan change has been completed. Should you like a new ID card you may contact Solstice at 855-301-4370 or vcs@solsticebenefits.com. You can also register at www.mysmile365.com/Solstice then download the Solstice Mobile App and your ID card will be on your Smartphone.
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21. **Q** How can I find out more information about the dental coverage?

- A** Click the link below and it will take you to the Solstice/VCSB landing page for employees below. www.solsticebenefits.com/vcs
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22. **Q** Is there a website that I can visit, once my coverage is effective?

- A** Please visit www.mysmile365.com/solstice, once your coverage is effective. You can find the following information on the portal
- Locate a dentist
 - Review your coverage
 - Check your dental claims
 - Get answers to the most frequently asked questions
 - Learn about oral health and dental treatment
 - Request a dental ID card
 - Mobile app
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23. **Q** Does Solstice have a mobile app?

- A** Yes, employees can register at either www.mysmile365.com/solstice or directly on the app after downloading. The mobile app is available for downloading in the Apple store for iPhone users and in Google Play store for Android users by searching “MySolstice”.

24. How do I contact Solstice Benefits?

-  • Volusia Schools Solstice Customer Service Number: 855-301-4370
 - Customer Service is available Monday through Friday from 8:00 a.m. to 8:00 p.m.
- Volusia Schools Solstice E-mail: vcs@solsticebenefits.com
- Locate a Dental provider: www.solsticebenefits.com
- Member Portal: www.mysmile365.com/Solstice

Thank you for being part of the Solstice family!