

2024 Dental Rates Solstice

BOLD print represent a cost share change

Plan Name	Low - DPPO1	Mid - DPPO2	High DPPO3
Plan Type	PPO	PPO	PPO
Individual Deductible	N/A	N/A	N/A
Family Deductible	N/A	N/A	N/A
Calendar Year Max (Per Dep)	\$750	\$1,000	\$1,500
Preventative & Diagnostic Services	100%	100%	100%
Basic Services	80%	80%	90%
Major Services	0%	50%	50%
Orthodontia Services (Age 19)	0%	0%	50%
Orthodontia Lifetime Max	\$0	\$0	\$1,000
Waiting Period	None	None	None
OoN Structure	MAC	MAC	UCR
Rollover	Yes	Yes	Yes
Monthly Premium Information			
Single	\$16.89	\$33.91	\$50.08
Subscriber and Spouse	\$35.74	\$61.54	\$100.17
Subscriber and Child(ren)	\$40.02	\$72.74	\$125.96
Family	\$59.56	\$104.77	\$172.83