

Pre-Determinations are not required but recommended for services over \$300. This is your best opportunity to learn of your benefit coverage prior to obtaining care. This will help make your experience a breeze!



# Are You Ready for Your Next Dental Procedure?

Ensure you protect your smile and wallet with a pre-determination!

## What is a Pre-Determination?

A pre-determination is a detailed review by your dental insurance (in this case, Solstice) of your dentist's proposed treatment plan. It's like getting a financial green light before you proceed, ensuring that you and your dentist know exactly what part of your treatment is covered by insurance.

## How Can You Request a Pre-Determination?

1. Talk to your dentist about your upcoming procedure.
2. Your dentist will submit a treatment plan to your insurance.
3. You and your provider will receive a detailed coverage and payment breakdown by mail, which you can also view on the member/provider portal.
4. Review the details and discuss any concerns with your dentist or Solstice.

## Ready to Get Started?

Contact your dedicated member services team to discuss your next steps and ensure your dental procedure is clear and covered. We're here to guide you every step of the way!

## Why Request a Pre-Determination?

Before any dental treatment, ensure you understand all costs and confirm your insurance coverage to avoid surprises. This preparation not only offers peace of mind by verifying the necessity of the procedure but also enables you to make informed decisions about your dental health.

To get the *most* out of your dental care benefits and avoid high out-of-pocket costs, we suggest you choose in-network providers whenever possible.

<b>Solstice Claims Address</b>	<b>Payor ID</b>
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