



APPLICATION FOR DENTAL TRANSITION OF CARE

Orthodontic transition of care is a service that enables you to continue dental treatment already in progress.

Please submit this form, attaching any Explanation of Benefits (EOB's) from your prior dental Provider and/or documents (Treatment Plan) from your dentist that verifies the qualification requirements.

Employee Information

Employee Name:		Subscriber Id:	
Address:		City/State:	Zip:
Home Phone No:	Work Phone No:		
Employer Name:		Plan Effective Date:	
Patient Name:		Patient Date of Birth:	

Dental Provider Information

Practice Name:		Treating Dentist:	
Address:			City:
State/Zip:	Phone Number:		

Treatment Information

Treatment Start Date		Length of Treatment	
Type of Service		Detailed Treatment Plan	
Additional Services Needed		Number of Months Remaining	
Banding Date (orthodontia)		Total balance due to the Provider	
Prior Carrier Paid Amount		Amount Already Paid by the member	

Authorization to release records

I authorize my dental provider to provide Solstice Benefits, Inc. information concerning my treatment. This information will be used to determine the patient's eligibility for transition of care benefits under the new plan.

Patient's Signature / Parent or Guardian's Signature if Applicant is a Minor Date

Solstice Benefits, Inc.

Attn: Claims Department, P.O. Box 2057
Farmington Hills, MI 48333

Tel: 1-844-208-0223 | Fax: 954-370-1701

e-mail: claim@SolsticeBenefits.com

Solstice Orthodontic Transition of Care **FAQ**



1. Q: How do you handle transition of care (TOC) for employees who began orthodontic treatment with our prior dental insurance carrier?

A: Solstice provides coverage for orthodontic transition of care. To determine the employee's remaining orthodontic benefits, Solstice will need the prior insurance carrier's Explanation of Benefits (EOB) and a TOC application that provides:

- ✓ Patient information
- ✓ Treating orthodontist's name and contact information
- ✓ Date the original treatment started
- ✓ Type of orthodontic services the member received

2. Q: Will the employee's orthodontic treatment be covered by Solstice if he or she started orthodontic treatment prior to the transition but did not elect benefits with the previous carrier?

A: The orthodontic treatment would not be covered by Solstice because this is considered a treatment already in progress. Transition of care is when the employee moves benefits from one insurance company to another.

3. Q: With transition of care, does the employee need to change their orthodontist to receive benefits once the Solstice plan becomes active?

A: No, if the member is transitioning to a dental HMO plan, he or she will receive benefits only if the treating orthodontist is an in-network DHMO provider.

4. Q: What's the process if an employee wanted to transfer to an in-network DHMO orthodontist to continue orthodontic care?

A: The employee is eligible for orthodontic benefits. We will consider the remaining months at the negotiated rate of the in-network DHMO provider minus the amount paid by the other carrier and any copayments paid by the member.

5. Q: How do you determine an employee's benefits once we switch over to Solstice?

A: Here's the calculation for determining an employee's orthodontic benefits when transition of care occurs:

A. **Take current orthodontic lifetime maximum – Total amounts** already paid by prior carrier =
Remaining orthodontic benefit

B. **Take remaining orthodontic maximum ÷ Remaining months** of ortho treatment =
Monthly orthodontic payment amount

6. Q: How are orthodontic payments made?

A: We pay for orthodontic cases on a prorated basis. The remaining months of treatment are automatically paid monthly for the remainder of the member's orthodontic treatment. Payment can be sent either directly to the employee or to the provider based on the employee's preference.

7. Q: Are new hires eligible for transition of care?

A: Transition of care is only available for employees who are employed by the group on the effective date of the plan.