



ConnectiCare SOLO Dental Plan

Effective Jan. 1, 2025 – Dec. 31, 2025

Coverage	100/100/0 Unlimited, No Ortho
Per person	\$32.00

Care Category	Provider Level of Benefits	Description
Annual deductible	\$25	
Annual benefit maximum	Unlimited	
Diagnostic	100%	Oral examinations, diagnostic casts
Preventive	100%	Prophylaxis, fluoride applications, space maintainers
X-rays	100%	Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays
Restorative	100% after deductible	Treatment of tooth decay by the use of amalgam and/or composite restorations

Premiums are valid for the period 1/1/2025 - 12/31/2025. Rates apply to new sales and renewing SOLO dental policies. This is only a summary. Please refer to the Certificate of Insurance for actual benefits, exclusions, limitations, and other plan terms.

Coverage is underwritten and provided by ConnectiCare Inc., and its affiliates, with services administered through Healthplex, Inc.