

# **MySolstice Provider Portal Guide**

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#### Introduction

Welcome to *My*Solstice, your Solstice provider portal. At Solstice, we are committed to delivering world class products and services; it's why we work hard to understand the unique needs of our providers.

We share the same mission: to improve the lives of those we serve through dental and overall wellness, as well as access to care. We also understand that your time is valuable and we strive to create efficient and hassle-free administration for you and your staff. Your *My*Solstice online portal provides the information you need 24 hours a day, seven days a week.

In this document, you will find instructions on how to:

- Check member eligibility (Dental and Vision)
- File a claim (Dental only)
- Check claim status (Dental and Vision)
- Utilize the Resources page

#### Accessing MySolstice

To access *My*Solstice, you must be using the latest version of Google Chrome, Mozilla Firefox, or a version of Microsoft Internet Explorer with the following specifications:

#### **Internet Explorer**

- Version: 9.0 or above
- Cipher Strength: 128-encryption
- Update Versions: SP2 or higher
- Security: Medium or lower
- **PDF Acrobat Reader:** 9.0





To Access the *My*Solstice provider portal, do the following:

- 1. Click on your Internet Explorer icon or an alternate internet browser.
- 2. In the address line, enter <u>https://www.mysolstice.net/</u>. This will bring you to the *My*Solstice user Log in page.

Solstice Members	and Providers, please log in to the Mysolstice portal below or click <u>here</u> to create your account.
Benefits Administra	tors, your portal has moved! Please visit the Solstice Marketplace ( <u>www.solsticemarketplace.com</u> to manage your benefits.
Questions? Call	us toll-free at 1.877.760.2247 Monday through Friday from 8 a.m. to 6 p.m. ET or email us at <u>contact@solsticebenefits.com</u> .
	Please login to your Solstice account
	Username
	Provide
	Password
	ft+Log in
	Forgot your password?
	Not registered with MySolstice yet?
	Sign up for an account now >

- 3. Then, enter your username and password.
- 4. Select "Log in".
- 5. You will be taken to your provider portal dashboard.





#### Your Provider Portal Dashboard

Your dashboard is your homepage whenever you log into your provider portal. It displays the information you use most, helping you to easily manage your day-to-day business. No matter where you are within your provider portal, you can return to your dashboard by selecting **HOME**, located on the top navigation panel.

We know you and your staff are busy; so, our aim is to simplify your life by ensuring that you can access the information and resources you need at the click of a mouse.

#### **Claims History**

Your new dashboard displays the last 90 days of claim history associated with your office for an at-aglance snapshot of claims activity.

	HOME MY ACCOUNT RESO	URCES CONTACT US
🙎 Dental Group	Dashboard	
Dashboard displays daims fo To view a more detailed history, click on	r the last 90 days "View All Claims." Here you'll see	claims from the past two years
439 CLAIMS	Claim Status Entered Pre-determination Pended Closed	Enter Subscriber ID or SSN     Enter First, Last & DOB     ID or SSN     Search
Dental Group C	laims	W How to File a Claim

A convenient claims chart allows you to quickly see the following:

- The number of claims Solstice has received from your office within the last 90 days
- The status of the claims
- The specific number of claims within each claim status category, easily obtained by hovering over each color of the claims chart





#### **Accessing Claims**

Your portal organizes the claims we receive from your office into five categories, based on where they are in the claims review process. (*Please note that details are blurred in order to protect member and provider information.*)

1. To see which claims are at what stage of the claims process, simply, click on the appropriate tab below:

Entered	Pre-	determ	Pe	ended	Processed	Closed	ł
Entered C	laims - last 90 (	days				View All C	laims 🕽
Claim #	Member ID	Mem	ıber	Service Date	Provider	Status	Action
Marca - Kitalah	10000	Laboration of the second	il an	11/02/2010	6	Entered	6
10.000	10000	1000		11/02/2010	6	Entered	5
		1000		11/02/2010	б	Entered	5
A	10000	100	Contraction of the	11/02/2010	6	Entered	5
Decision and the	OT DOLLARS	i della d	Sec.	11/02/2010	6	Entered	<u>ر</u>
						123	> »

Each tab displays the following claim details:

- Claim number
- Member ID
- Member name
- Service date
- Provider name
- Claim status (Entered/Completed/Pended/Processed/Closed/Held)
- Action/View Icon (1), which you can use to view an Explanation of Benefits (EOBs) once the claim is closed
- 2. Select the member or provider name to view claims information. The claims that have been entered for either the member or under the provider will be displayed.





3. The information below shows the claims under a particular provider.

Claim #	Member ID	Member	Service Date / Received Date (Pre-D)	Status	Action
A CONTRACTOR OF		Lange and	11/02/2016	Entered	6
		Column and state of the	11/02/2016	Entered	
1.10.100.000.0	ALC: NO.	Intelligent Responses	11/02/2016	Entered	0
Dist of the little	A DESCRIPTION OF	Continue Response	11/02/2016	Entered	
	100000-0000	hadren and	11/02/2016	Entered	
Contraction of the	COLUMN TWO	Later Lynn	11/02/2016	Entered	0
		colores an over	11/02/2016	Entered	5
A CONTRACTOR	(Off) Internet	Drawny Donish	10/31/2016	Entered	5
and Terminal State	i-(related)	Rep (Mindulad	09/26/2016	Entered	5
THE OWNER WHEN	Rest Table III	Manyor Station	09/19/2016	Entered	5
					1 2

#### **View All Claims**

The initial view on your dashboard on your dashboard shows the last 90 days of claims. To view an even more comprehensive history, click on "View All Claims"; this will display the last two years of claims.

ed	Closed	Processed	ended	erm F	Pre-de	Entered
Claims 🕽	View All C			/5	ms - last 90 da	Entered Claim
Action	Status	Provider	Service Date	Member	Member ID	Claim # Me
d 👼	Entered	Dealer States	11/02/2016	Indian Course	1000	CONTRACTOR OF THE
d 👼	Entered	Desile Collins	11/02/2016	Martine Course		
d \overline 💿	Entered	There is a set of the	11/02/2016	International Contractory of the	100 C	1000
d 💿	Entered	Index Million	11/02/2016	Local Decision		10.000 A.M.
d 💿	Entered	The part of the part of the	11/02/2016	Labor Course		CONTRACTOR OF
2 3 33	123					



You can export the claims history to an Excel or PDF document. Simply click on the Excel or PDF link, based on the type of document you need. Once your document opens or downloads, you may view and save to view at a later time and date.

Entered		Pre-d	eterm	Pr	ended		Processed	Close	d
							Export Claim Hi	istory to: <u>Exc</u>	el PDF
Entered C	Claims	- last 2 ye	ars					View Last 9	0 Days 🕽
Claim #	Men	nber ID	Men	ıber	Service Date		Provider	Status	Action
2010/04/02/000	100	10.00	- Ladies	1.00	11/02/201	6	and a state	Entered	0
100.000					11/02/201	6	1	Entered	0
2010/01/02/01			- And Street	il.	11/02/201	6	inter bilders	Entered	0
2010/01/02/01				<b>Distant</b>	11/02/201	6	tests bit to	Entered	0
1	1.00		10.00	1.00	11/02/201	6	built California	Entered	0

#### **Check Claim Status**

Want to check the status of a claim? Follow these steps:

1. On the right side of your provider dashboard, select Check Claim Status. Your portal will expand to provide you with three options for searching for a claim.





2. Then, make a selection, enter the required information and click **Search**. *Please note that if you choose to enter a claim number, dashes are not necessary.* 



The portal will show the status of the claim in question.

Entered	Ĩ	Pre-det	erm	Pe	ended	P	rocessed		Closed	ł
EQ, Closed Cl	aims -	last 90 days	5					Vi	iew All C	laims 🕽
					Convice			- K		
Claim #	Men	nber ID	Mem	iber	Date		Provider		Status	Action
Claim #	Mem	nber ID	Mem	iber	Date 09/19/2010	5	Provider		Status Closed	Action
Claim #	Mem	ber ID	Mem	ber	09/19/2010 09/07/2010	5 <u> </u>	Provider		Status Closed Closed	Action

# View Explanation of Benefits (EOB)

You can view EOBs for claims that are pending or that have been processed. To view, do the following:

1. From your dashboard, click on the **Closed** tab.

	Entered	Pre-determ	Pended	Processed	Closed
Vers	ion 4.0	D	ecember 2016		
					9 Page



2. Then select the member's name.

Entered	I	Pre-de	eterm	P	Pended	P	rocessed	Close	d
EQ Closed	Claims -	last 90 day	/S					View All (	Claims 🕽
Claim #	Me	mber ID	Mem	ber	Service Date		Provider	Status	Action
p-cator-te	1.12	200	in the second		09/19/201	6	ante biologia	Closed	6
10.000			Sec. 6	1000	09/07/201	6	and the second	Closed	
									1

The member's information will then be displayed.

3. Click on the Action icon 💿 on the right to view the member's EOB.

Curre	Member ID ent Eligibility overage Start	Dental		Relationship ti I	Gender: Male Date of Birth:
		Closed	Claims		
Claim #	Provider	Service Date / Received Date (Pre-D)	Status	Action	
	ranker a	09/19/2016	Closed	5	





This EOB will display the services the member received along with any patient responsibility and insurance payment. A copy of this document is mailed out to both the member and the provider.

day, Noven	nber 22, 2016											
lyso ALV												
SUBSC	RIBER						Pr Pr	ovider TIN: ovider Name	e ( ma			
			Pa	EXPLAN	ATION OF 8/2016	BENEFI	rs					
Dationt			ID #		CLAIM SUMM	ARY	Total	Amount Co	vorod	200	10	
Insure	d in the second		Clain	n#			Paid by Other Insurance Co.					
Group	Indexed Care Is		Grou	Group #				Total Plan Benefit				
							Datio	nt Dosponsi	L CLOBERT	100 March 100 Ma		
							Patie	ant Responsi	Diffity			
Procedure Code	Type of Service	Service Date	Total Charge	Not Covered	Discount	Eligible Expense	Remark Code	Deductible Applied	Paid At %	Benefits Paid	Patient Responsibility	
Procedure Code D2331	Type of Service Resin-based composite	Service Date	Total Charge \$99.00	Not Covered \$0.00	Discount \$34.00	Eligible Expense \$0.00	Remark Code 43	Deductible Applied \$0.00	Paid At %	Benefits Paid \$65.00	Patient Responsibility \$0.00	
Procedure Code D2331 D2392	Type of Service Resin-based composite - two surfaces, anterior Resin-based composite - two surfaces, posterior	Service Date	Total Charge           \$99.00           \$195.00	Not Covered \$0.00 \$0.00	Discount \$34.00 \$115.00	Eligible Expense \$0.00 \$0.00	Remark Code 43	Deductible Applied \$0.00 \$0.00	Paid At % 0	Benefits Paid \$65.00 \$80.00	Patient Responsibility \$0.00 \$0.00	
D2392 D2393	Type of Service Resin-based composite - two surfaces, anterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior	Service Date	Total Charge           \$99.00           \$195.00           \$195.00	Not Covered           \$0.00           \$0.00           \$0.00	Discount \$34.00 \$115.00 \$48.75	Eligible Expense \$0.00 \$0.00 \$0.00	Remark Code 43 10	Deductible Applied           \$0.00           \$0.00           \$0.00	Paid At % 0 0	Benefits Paid           \$65.00           \$80.00           \$0.00	Patient Responsibility \$0.00 \$0.00 \$146.25	
Procedure Code D2331 D2392 D2393 D5213	Type of Service Resin-based composite - two surfaces, anterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Maxillary partial denture - cas metal framework w	Service Date	Total Charge           \$99.00           \$195.00           \$195.00           \$195.00	Not Covered           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	Discount \$34.00 \$115.00 \$48.75 \$345.00	Eligible Expense \$0.00 \$0.00 \$0.00 \$0.00	Remark Code 43 10	Deductible Applied           \$0.00           \$0.00           \$0.00           \$0.00	Paid           At %           0           0           0           0           0           0	Benefits Paid           \$65.00           \$80.00           \$80.00           \$655.00	Patient Responsibility \$0.00 \$0.00 \$146.25 \$0.00	
Procedure           Code           D2331           D2392           D2393           D5213           D5214	Type of Service Resin-based composite - two surfaces, anterior - two surfaces, posterior Resin-based composite - three surfaces, posterior Maxillary partial denture - cast metal framework W Mandibular partial denture - cast metal framework	Service Date	Total Charge           \$99.00           \$195.00           \$195.00           \$1,000.00           \$1,000.00	Not Covered           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	Discount           \$34.00           \$115.00           \$48.75           \$345.00           \$345.00	Eligible Expense \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Remark Code 43 10	Deductible Applied           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	Paid           At %           0           0           0           0           0           0           0           0           0	Benefits Paid           \$65.00           \$80.00           \$0.00           \$655.00           \$655.00	Patient Responsibility \$0.00 \$0.00 \$146.25 \$0.00 \$0.00	
Procedure           Code           D2331           D2392           D2393           D5213           D5214           D7210	Type of Service Resin-based composite - two surfaces, anterior Resin-based composite - two surfaces, posterior Resin-based composite - three surfaces, posterior Maxillary partial denture - cast metal framework W Mandibular partial denture - cast metal framework Extraction, erupted tooth requiring removal of bon	Service Date	Total Charge           \$99.00           \$195.00           \$195.00           \$1,000.00           \$1,000.00           \$295.00	Not Covered           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	Discount           \$34.00           \$115.00           \$48.75           \$345.00           \$345.00           \$175.00	Eligible Expense \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Remark Code 43 10	Deductible Applied           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	Paid           At %           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0	Benefits Paid           \$65.00           \$80.00           \$0.00           \$655.00           \$655.00           \$120.00	Patient Responsibility \$0.00 \$0.00 \$146.25 \$0.00 \$0.00 \$0.00	





#### How to File a Claim

Your provider portal allows you to take care of various daily tasks without picking up the phone or leaving your desk. Filing a claim has never been easier.

1. On the right portion of your provider dashboard, select, **How to File a Claim**.

	HOME MY ACCOUNT RESO	DURCES CONTACT US
🙎 Dental Group	Dashboard	
Dashboard displays daims for To view a more detailed history, click on	r the last 90 days "View All Claims." Here you'll see	e claims from the past two years
439 CLAIMS	Claim Status Entered Pre-determination Panded Closed	Enter Subscriber ID or SSN     Enter First, Last & DOB     ID or SSN     Starch
Dental Group C	laims	How to File a Claim Check Claim Status

2. Then, click on ClaimConnect. You will be taken to DentalXchange.com, a payer portal.







Using this convenient resource, Solstice providers are able to submit their claims and get paid faster. DentalXChange also offers a comprehensive suite of Electronic Data Interchange (EDI) services, specifically designed for dental providers to help lower costs, improve efficiency and increase revenue.

Solstice	@ dental xchange.com Better tools for your practice.
As a valued Solstice provider, you have access to Clair easily.	1Connect. This convenient system helps you process claims quickly and
Here's what you have access to via ClaimConnect an a	II Payer Portal
<ul> <li>Quick Claims Processing! Submit claims faster a</li> <li>Compatible with nearly every Practice Manager</li> <li>No PMS needed. Direct Data Entry solution ava</li> <li>No implementation or software fees</li> <li>No maintenance or support costs</li> <li>Unlimited training and customer supports</li> </ul>	nd get paid faster! ent System (PMS) solution for batch submission, no double entry lable at no cost for Solstice providers
If you would like to have someone from DentalXChang	e contact you, simply click on Contact Us.
Click Solutions & Services for more information, or Reg	ster Now to begin enjoying these benefits today!
Solutions & Se	Register Now

3. Select **Register Now** and start experiencing a pain-free claims submission process.





# **Check Member Eligibility**

One of the other tasks your new portal allows you to do quickly is to verify a member's eligibility.

	HOME MY ACCOUNT RESO	DURCES CONTACT US
🚨 Dental Group	Dashboard	
Dashboard displays claims for t To view a more detailed history, click on "V	th e last 90 days 'iew All Claims." Here you'll see	e claims from the past two years
439 CLAIMS	Claim Status Entered Pre-determination Pended Closed	Enter Subscriber ID or SSN     Enter First, Last & DOB     ID or SSN     Starch
Dental Group Cla	aims	How to File a Claim     Check Claim Status

- 1. Navigate to the right portion of your provider dashboard, under **Check Member Eligibility** and search for a member using his or her **Subscriber ID** or **SSN**. You may also search by the member's **First** and **Last** name plus his or her date of birth **(DOB)**.
- 2. Once you've decided how to locate the member, click **Search**. This will then take you to the Subscriber information page (below).
- 3. Click on **Eligibility Claims**, located to the left of each name.

	Subscriber Information	on
Employer Name:		Le Check Member Eligibility
Plan Name: 11029 - Solstice Den	tal PPO, 23011 - Clear 90	<ul> <li>Enter Subscriber ID or SSN</li> <li>Enter First, Last &amp; DOB</li> <li>ID or SSN</li> <li>Search</li> </ul>

		Subscriber ID	Name	Relationship	Gender	Date of Birth	Current Eligibility	
	Eligibility	-	Country Buildings	Self	Female	61.00 C 107	(11/01/2016 - 12/31/2016)	
2	<u>Claims</u>						(11/01/2016 - 12/31/2016)	9
Versic	on 4.0		Dec	ember 2016				
							14   Page	



This will display detailed information on the subscriber.

Subscriber ID:	PHODOLOGIC CONTRACT OF THE PHODOLOGIC CONTRACT. CONTRACT OF THE PHODOLOGIC CONTRACT OF THE PHODOLOGIC CONTRACT OF THE PHODOLOGIC CONTRACT. CONTRACT OF THE PHODOLOGIC CONTRACT OF THE PHODOLOGIC CONTRACT OF THE PHODOLOGIC CONTRACT. CONTRACT OF THE PHODOLOGIC CONTRACT OF THE PHODOLOGIC CONTRACT OF THE PHODOLOGIC CONTRACT. CO	Le Check Member Eligibility
Subscrib <mark>er N</mark> ame:	all ages film days	<ul> <li>Enter Subscriber ID or SSN</li> <li>Enter First, Last &amp; DOB</li> </ul>
Patient Name:	ad again of the second s	ID or SSN
Date of Birth:	201940	Search
Plan Name:	sature (realized shares to	
Effective Date:	5/98000 (	
ligible for:	manuf	



Home FAQs Contact Us Terms and Conditions Privacy Policy

At the base of your provider portal, there are a number helpful resources, created especially for you. You can catch up on the latest topics in healthcare, as well as those specific to the dental insurance industry, by accessing our latest **Provider Newsletter** or subscribing to the **Solstice Provider Blog**. You can also find out what's new at Solstice by clicking on **Solstice News**.





#### **Access Resources**

The **Resources** page gives you access to helpful information, such as this Provider Portal Guide, ADA claim forms, preauthorization guidelines, Solstice Schedules of Benefits and much more. Here's how to access this page:

1. From the menu, located at the very top of your provider portal home page, select Resources.

HOME MY	ACCOUNT RESOURCES	CONTACT US
	Resources	

2. Click on View/Download in order to access the document. You can then choose to view or save it.

Resources		
2015 A Dental Service Providers Guide	View / Download	
7-15 SHP Provider Communication	View / Download	
ADA Claim Form	View / Download	1
Dental Attachment Guidelines	<u>View / Download</u>	]
Dental Claims Information and Address Guide	View / Download	





#### **View Schedules of Benefits**

Your **Resources** page has a variety of Solstice Schedules of Benefits to choose from. Simply click to view or download the desired document.

Solstice Prepaid Plans Effective Au	igust 1, 2015
300B-SHP Dental Plan Schedule of Benefits	View / Download
500B-SHP Dental Plan Schedule of Benefits	View / Download
800B-SHP Dental Plan Schedule of Benefits	View / Download
S100B-SHP Dental Plan Schedule of Benefits	View / Download
S200B-SHP Dental Plan Schedule of Benefits	View / Download
S500B-SHP Dental Plan Schedule of Benefits	View / Download
S700B-SHP Dental Plan Schedule of Benefits	View / Download
S800B-SHP Dental Plan Schedule of Benefits	View / Download

**View Affordable Care Act (ACA) Schedules of Benefits:** The Affordable Care Act (ACA) Schedules of Benefits are provided with the Certified Qualifying Dental (QDP) Plans.

Additionally, we have made it easy for you to access both the Florida and New York Schedules of Benefits for 2015 ACA/Certified QDP.

Florida Plans:	
Family PLHSO (EssentialSmile 211)	View / Download
Pediatric PPO (EssentialSmile PED 221)	View / Download
Family PPO (EssentialSmile 221)	View / Download
Family PLHSO (EssentialSmile 212)	View / Download
Family PPO (EssentialSmile 222)	View / Download
New York Plans:	
Pediatric EPO (EssentialSmile PED 111)	View / Download
Family EPO (EssentialSmile 111)	View / Download
Pediatric EPO (EssentialSmile PED 112)	View / Download
Family EPO (EssentialSmile 112)	View / Download
Family PPO (EssentialSmile 122)	View / Download



Solstice

### Search for a Provider

Your Solstice portal also gives you access to an electronic directory that allows you to quickly pull up other network providers.

1. To search for a network dentist or specialist, click the link located below the **Resources** window.

Resources	
2015 A Dental Service Providers Guide	View / Download
7-15 SHP Provider Communication	View / Download
ADA Claim Form	View / Download
Dental Attachment Guidelines	View / Download
Dental Claims Information and Address Guide	View / Download
FL 2014-2015 Essential Smile Quick Reference Guide	View / Download
FL Allowable Lab Fees for Commercial & Marketplace Prepaid Plans	View / Download
FL Dental Office Reference Guide	View / Download
MySolstice Provider User Guide	View / Download
NY 2014-2015 Essential Smile Quick Reference Guide	View / Download
NY Allowable Lab Fees & Limitations to EPO & FFS Plans	View / Download
Plan Selection Form and Implant Rider Member Fee Schedule	View / Download
Pre-Auth Guidelines - Endodontist	View / Download
Pre-Auth Guidelines - Oral Surgeon	View / Download
Pre-Auth Guidelines - Orthodontia	View / Download
Pre-Auth Guidelines - Pediatric	View / Download
Pre-Auth Guidelines - Periodontics	View / Download
SARASOTA - PPO-ASO Crosswalk	View / Download
Specialty Provider Plan Guide	View / Download
UHC Product ID Legend (Florida only)	View / Download

Provider Search (opens in new window)

Doing so will take you to a **Provider Search** page, allowing you to search for network vision and dental providers.





2. Fill in the required fields.

olstice	Home About Plans Providers	News Resources Service Areas Careers Contact Blog
Saarah far	Dravidare in your Area	06 III
Search for	Providers in your Area	
Search by:	Your Location     O Provider     O Office	
Product:	Select a Product 🔽 *	
Plan:	Select a Plan 🔽 *	
Specialty:	Select a Specialty 💽	
ZIP Code	•	DS VETALE COMPANY
Distance	2 miles	
Impote	a robot	ALEAND
	reCAPTCHA Privazy-Terma	
*Required Fields	Search PROVIDERS	
	1	

3. Once you are finished, select **Search Providers.** Providers will be listed based on your specifications, along with their contact information.





#### **Create a New Password**

We know that you and your staff have a lot of information to keep track of, including usernames and passwords. So, if you have forgotten your password for your portal, no worries. With just a few steps, we can quickly help you create a new password.

- 1. Click on your Internet Explorer icon or an alternate internet browser to access *My*Solstice.
- 2. In the address line, enter <u>https://www.mysolstice.net/</u>. This will bring you to the *My*Solstice user Log in page.
- 3. Click on Forgot your password.

Thursday, November 17, 2016		🗛 Login
	HOME CONTACT US	
Solstice Members and Providers, p	please log in to the MySolstice portal below or click <u>here</u> to create your account.	
Benefits Administrators, your porta	l has moved! Please visit the Solstice Marketplace ( <u>www.solsticemarketplace.com</u> ) to manage your benefits.	
Questions? Call us toll-free at 1	1.877.760.2247 Monday through Friday from 8 a.m. to 6 p.m. ET or email us at <u>contact@solsticebenefits.com</u> .	
	Please login to your Solstice account	
	Ikername	
	Genane	
	Password	
	θ⊮ Log in	
	Forgot your password?	
	Not registered with MySolstice yet?	
	Sign up for an account now >	
Hon	ne   FAQs   Contact Us   Terms and Conditions   Privacy Policy	
	© Copyright 2016 Solstice, Inc.	



4. Enter either your original username OR email address and click **Submit**. You only need to enter either your username or your email address; you do not need to enter both.

Your password will be sent to this email address.
Forgot Password?
Username:
OR Email:

5. Once you click **Submit**, you will be taken to the Security Question page where you will be able to select and answer one of your security questions.

HOME CONTACT US
Security Question
What was your favorite childhood toy?
Continue

6. Provide the correct answer to the question and click **Continue**. (Remember, these are the questions and answers you selected when you first registered).





You will receive a notification, letting you know that an email with instructions was sent to you. The email will be sent to the email address we have on file.

HOME CONTACT US	
Password Recovery An e-mail providing instructions on how to reset your password was sent to the address on file. If you do not receive an e-mail please call Member Services to ensure we have the correct e-mail address on file.	

7. Once you receive the email, open it and click on the link provided. (*Be sure to check your inbox for the email. If you are unable to locate in your inbox, check your SPAM folder*).



Clicking on the link in the email will take you to a page that allows you to change your password.





Please review the listed guidelines to create your new password. Also, keep in mind that your entry is case sensitive.

8. Then, enter and confirm your new Password and then select Change Password.

HOME MY ACCOUNT RESOURCES CONTACT US	
Change Password	
New Password	
Confirm New Password	
8-16 characters with at least 1 number & 1 upper case letter.	
Change Password	

Remember to keep this information in a safe place in case you forget. You will receive another email confirming that you have changed your password.







Keep in mind that you have the ability to change your password at any time. If you simply want to change your password for greater security, you can do so by selecting **My Account** from the top navigation panel of the dashboard and then the option to change your password. You will be prompted to enter and confirm your new password.

#### We're here to help.

If you have questions or concerns, please contact us at:

Solstice PO Box 19199 Plantation, FL 33318 Phone: 1.877.760.2247 Email: providerrelations@solsticebenefits.com

Our representatives are standing by and ready to answer any questions you may have about our members, plans, claims and much more.

