

# Dental Plans

<https://in.nau.edu/human-resources/benefits-offered/>



## Delta Dental Plus Premier

Services can be obtained In-Network or Out-of-Network but will have higher costs for Out-of-Network services. Also, there are In-Network and Out-of-Network deductibles that must be met.

## UnitedHealthcare Solstice Dental Plan - S800B

No deductibles or dollar limits. Services must be obtained from your assigned in-Network general provider. Out-of-Network services are covered in emergency situations only. Plan not available in AK, AL, AR, DE, HI, IA, ID, LA, ME, MS, MT, ND, NE, NH, OK, RI, SD, VT, WV, WY, GU, USVI, and PR.

## Comparison – In-Network Services



Plan Year Deductible		None	Individual: \$50 Family \$150
Annual Maximum		No Dollar Limit	\$2,000 per person
Your Cost for Care			
Preventive Care Class I	Oral Exam	\$0 – Deductible Waived <sup>1</sup>	\$0
	Emergency Exam	\$0 – Deductible Waived <sup>1</sup>	\$35, after hours office visit
	Prophylaxis/ Cleaning	\$0 – Deductible Waived <sup>1</sup>	\$0
	Fluoride Treatment	\$0 (to age 18) - Deductible Waived <sup>1</sup>	Without Varnish: \$0 / With Varnish \$20
	X-Rays	\$0 – Deductible Waived <sup>1</sup>	\$0
Sealants		\$0 per tooth	20% (to age 19)
Fillings		Amalgam: \$16 Resin: \$37	20%
Extractions		Simple: \$35 Surgical: \$105	20%
Periodontal Gingivectomy		\$119, 1-3 teeth   \$180, 4 or more teeth	20%
Oral Surgery		\$25 - \$270	20%
Crowns		\$290 + Lab & Material	50%
Denture		\$485 - \$502	50%
Fixed Bridgeworks		\$290 + Lab & Material per Unit	50%
Crown/Bridge Repair		\$80 - \$95	50%
Implant Body		\$795	50% <sup>2</sup>
Orthodontia		\$1,375 - \$2,875	50% <sup>3</sup>
Other Services	TMJ Exam/Services	Exams & Tests: \$150 - \$250	Not covered
	External Bleaching	\$30 - \$240	Not covered

<sup>1</sup> Routine visits, exams, cleanings, and fluoride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapicals) are covered once per Plan Year at 100%.

<sup>2</sup> Subject to benefit year allowance & lifetime maximum limit of \$1,000 per tooth. Subject to all provisions, terms, and conditions of the Plan Description.

<sup>3</sup> Limited to a lifetime maximum of \$1,500 per member.

## 2023 Per Pay Premiums

Employee Only  
Employee + Adult  
Employee + Child  
Family

	Delta Dental	UnitedHealthcare
Employee Only	\$14.30	\$1.64
Employee + Adult	\$30.33	\$3.29
Employee + Child	\$23.34	\$3.08
Family	\$48.26	\$5.46