

# DENTAL PLANS

You can choose between two dental plans: a PPO and a DHMO. The plans are very different. They have different out-of-pocket expenses, employee premiums and networks.

State of AZ Dental PPO Delta Dental Plus Premier	State of AZ Dental DHMO UnitedHealthcare (UHC) Solstice - S800B
<p>Higher premium but a large network</p> <p>In &amp; out-of-network coverage</p> <ul style="list-style-type: none"><li>- Your costs are lower when you see providers in the network.</li><li>- For out-of-network services, you are responsible for any balance billing amounts.</li></ul> <p>No cost for preventive care</p> <p>Deductible and coinsurance for basic and major services</p> <p>\$2,000 Maximum annual benefit</p> <p>\$1,000 Lifetime orthodontia benefit</p>	<p>Low premium but a limited network – few providers in Northern AZ.</p> <p><b>In-network coverage only!</b></p> <ul style="list-style-type: none"><li>- You are responsible for the full cost of out-of-network services.</li><li>- Out-of-network services are covered only in emergencies.</li></ul> <p>No cost for preventive care</p> <p><a href="#">Schedule of Benefits</a> for non-preventive services</p> <p>No annual benefit maximum</p> <p><i>Not available in the following states:</i></p> <p><i>AK, AL, AR, DE, HI, IA, ID, LA, ME, MS, MT, ND, NE, NH, OK, RI, SD, VT, WV, WY, GU, USVI, and PR</i></p>



## FINDING A DENTIST

Before choosing a dental plan, it is a good idea to make sure your providers are in the network.

- **Delta Dental:** Visit the [Delta Dental](#) website and select the 'Delta Dental Premier' network.
- **United Health Care:** Visit the [United Health Care](#) website and select the S800B Dental Plan.

## 2024 DENTAL IN-NETWORK BENEFIT COMPARISON

	State of AZ Dental PPO Delta Dental Plus Premier	State of AZ Dental DHMO UnitedHealthcare (UHC) Solstice - S800B
<b>Plan Year Deductible</b>	Individual: \$50 Family \$150	None
<b>Annual Maximum</b>	\$2,000 per person	No Dollar Limit
<b>Preventive</b>	\$0 – No Deductible	\$0 – No Deductible <sup>1</sup>
<b>Fillings</b>	20%	Amalgam: \$16 Resin: \$37
<b>Extractions</b>	20%	Simple: \$35 Surgical: \$105
<b>Periodontal Gingivectomy</b>	20%	\$119, 1-3 teeth; \$180, 4 or more teeth
<b>Oral Surgery</b>	20%	\$25 - \$270
<b>Crowns</b>	50%	\$290 + Lab & Material
<b>Denture</b>	50%	\$485 - \$502
<b>Fixed Bridgeworks</b>	50%	\$290 + Lab & Material per Unit
<b>Crown/Bridge Repair</b>	50%	\$80 - \$95
<b>Implant Body</b>	50% <sup>2</sup>	\$795
<b>Orthodontia</b>	50% <sup>3</sup>	\$1,375 - \$2,875

<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 are covered once per Plan Year at 100%

<sup>2</sup> Subject to benefit year allowance & lifetime maximum limit of \$1,000 per tooth

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

## 2024 PER PAY PREMIUMS

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

For more plan details, view the [Dental Plan Descriptions](#).