

2024 ADOA RETIREE DENTAL OPTIONS

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.

Dental PPO - Delta Dental Plus Premier	DHMO - UnitedHealthcare (UHC) Solstice - S800B
Higher premium but a large network	Low premium but a limited network – few providers in Northern AZ.
In & out-of-network coverage	In-network coverage only!
- Your costs are lower when you see providers in the network.	- You are responsible for the full cost of out-of-network services.
- For out-of-network services, you are responsible for any balance billing amounts.	- Out-of-network services are covered only in emergencies.
No cost for preventive care	No cost for preventive care
Deductible and coinsurance for basic and major services	Schedule of Benefits for non-preventive services
\$2,000 Maximum annual benefit	No annual benefit maximum
\$1,000 Lifetime orthodontia benefit	<i>Not available in the following states: 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>
To find a dentist, Visit the Delta Dental website and select the 'Delta Dental Premier' network.	To find a dentist visit the United Health Care website and select the S800B Dental Plan.

IN-NETWORK BENEFIT COMPARISON

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

¹ 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%

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

³ Limited to a lifetime maximum of \$1,500 per member

DENTAL – MONTHLY PREMIUMS

	UHC Solstice S800B DMO	Delta Dental Plus Premier
Retiree	\$8.52	\$35.94
Retiree + Adult	\$17.04	\$75.63
Retiree + Child	\$16.59	\$60.48
Family	\$25.54	\$118.26

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

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