

2026 ADOA RETIREE DENTAL PLANS

You can choose between two dental plans with very different out-of-pocket expenses, employee premiums and networks.

Dental PPO - Delta Dental Plus Premier	DHMO - UnitedHealthcare (UHC) Solstice - S800B *
<p>Higher premium but a large network</p> <p>In & out-of-network coverage</p> <ul style="list-style-type: none"> - Your costs are lower when you see providers in the network. - For out-of-network services, you are responsible for any balance billing amounts. <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>To find a dentist, Visit the Delta Dental website and select the 'Delta Dental Premier' network.</p>	<p>Low premium but a limited network – few providers in Northern AZ.</p> <p>In-network coverage only!</p> <ul style="list-style-type: none"> - You are responsible for the full cost of out-of-network services. - Out-of-network services are covered only in emergencies. <p>No cost for preventive care</p> <p>Schedule of Benefits for non-preventive services</p> <p>No annual benefit maximum</p> <p>To find a dentist visit the United Health Care website and select the S800B Dental Plan.</p>

*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, & PR

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

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](#).