

DENTAL PLAN COMPARISON

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
Higher premium but a large network In & out-of-network coverage - Your costs are lower when you see providers in the network. - For out-of-network services, you are responsible for any balance billing amounts. No cost for preventive care Deductible and coinsurance for basic and major services \$2,000 Maximum annual benefit \$1,000 Lifetime orthodontia benefit	Low premium but a limited network – few providers in Northern AZ. In-network coverage only! - You are responsible for the full cost of out-of-network services. - Out-of-network services are covered only in emergencies. No cost for preventive care Schedule of Benefits for non-preventive services No annual benefit maximum <i>Not available in the following states:</i> <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>



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.

2027 DENTAL IN-NETWORK BENEFIT COMPARISON

	State of AZ Dental PPO Delta Dental Plus Premier	State of AZ Dental DHMO 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

2027 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](#).