

# Dental Plans

Benefit Options offers employees two dental plan options. Benefits are subject to all provisions, terms and conditions of the Plan Description. For more information, visit [benefitoptions.az.gov](http://benefitoptions.az.gov).

## Cigna Dental DHMO

Fully-insured Dental Health Maintenance Organization Plan with no deductibles or dollar limits. Services must be obtained from an in-Network provider. Out-of-Network services are only covered in emergency situations. This carrier replaces Total Dental Administrators (TDA).

## Delta Dental PPO Plus Premier

Self-insured dental Preferred Provider Organization Plan. Services can be obtained in-Network or out-of-Network but will have higher costs for out-of-Network services. Additionally, there are in-Network and out-of-Network deductibles that must be met.



## Dental Plan Comparison – In-Network Services

The chart below is a comparison of in-Network services only and are subject to all provisions, terms and conditions of the Plan Description or Patient Charge Schedule. For a complete list of other benefits coverage and out-of-Network services, view the Summary Plan Descriptions at [benefitoptions.az.gov](http://benefitoptions.az.gov).

Plan Type		CIGNA		DELTA DENTAL	
		DHMO		PPO	
<b>DENTAL PREMIUMS PER PAY PERIOD (26 PAY PERIODS)<sup>1</sup></b>					
		Employee	State	Employee	State
Employee Only		\$1.64	\$2.29	\$14.30	\$2.29
Employee + Adult		\$3.29	\$4.58	\$30.33	\$4.58
Employee + Child		\$3.08	\$4.58	\$23.34	\$4.58
Employee + Family		\$5.46	\$6.32	\$48.26	\$6.32
Plan Year Deductibles		None		\$50/\$150	
Annual Combined Basic & Major Svcs		No Dollar Limit		\$2,000 per person	
Orthodontia Lifetime		No Dollar Limit		\$1,500 per person	
<b>EMPLOYEE COST FOR CARE</b>					
<b>PREVENTIVE CARE CLASS I</b>	Oral Exam	\$0		\$0 - Deductible Waived <sup>2</sup>	
	Emergency Exam	\$0 (pain treatment) \$55 (after hours office visit)		\$0 - Deductible Waived <sup>2</sup>	
	Prophylaxis/Cleaning	\$0		\$0 - Deductible Waived <sup>2</sup>	
	Fluoride Treatment	\$0		\$0 (to age 18) - Deductible Waived <sup>2</sup>	
	X-Rays	\$0		\$0 - Deductible Waived <sup>2</sup>	
<b>Sealants</b>		\$12 per tooth		20% (to age 19)	
<b>Fillings</b>		Amalgam: \$0 Resin: \$0		20%	
<b>Extractions</b>		Simple: \$12 Surgical \$53		20%	
<b>Periodontal Gingivectomy</b>		\$91: (1 to 3 teeth) \$180: (4 or more teeth)		20%	
<b>Oral Surgery</b>		\$12 - \$850		20%	
<b>Crowns</b>		\$150 - \$500		50%	
<b>Dentures</b>		\$680 upper & lower		50%	
<b>Fixed Bridgework</b>		\$135 per unit		50%	
<b>Crown/Bridge Repair</b>		\$43		50%	
<b>Implant Body</b>		\$1,025		50% <sup>3</sup>	
<b>ORTHODONTIA</b>		Coverage for Adults & Children 24-month treatment fee (see charge schedule)		See lifetime	
<b>OTHER SERVICES</b>	TMJ Exam/Services	\$330 Occlusal orthotic device		Not covered	
	External Bleaching	\$165		Not covered	

<sup>1</sup> UA has 24 pay period deductions. See your HR website for details.

<sup>2</sup> Routine visits, exams, and 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, Periapical) are covered once per Plan Year at 100%.

<sup>3</sup> Subject to both the benefit year allowance & the lifetime maximum limit-\$1,000 per tooth. Subject to all provisions, terms and conditions of the Plan Description.