



ADOA DENTAL PLAN COMPARISON CHART

	UnitedHealthcare DHMO (Solstice)	Delta Dental PPO
Plan Type	Prepaid/DHMO	Indemnity/PPO
Deductibles	None	\$50 single/\$150 family
Maximum Benefits	Copay	Co-insurance
Annual Combined Preventive, Basic and Major Services	No dollar limit	\$2,000 per person
Orthodontia Lifetime	No dollar limit	\$1,500 per person
Preventive Care	Copay	Co-insurance
Office Visit	\$0	\$0 - Deductible Waived*
Oral Exam	\$0	
Prophylaxis/Cleaning (2/year)	\$0	
Fluoride treatments	Without Varnish: \$0/ With Varnish: \$20	
X-Rays	\$0	\$0 - Deductible Waived*
Basic Restorative	Copay	Co-insurance
Office Visit	\$0	\$0
Sealants	\$0 per tooth	20% (to age 19)**
Fillings	One Surface: Amalgam: \$16 / Resin: \$37	20%
Extractions	Simple: \$35 Surgical: \$105	
Periodontal Gingivectomy	\$119 (1–3 teeth); \$180 (4+ teeth)	
Oral Surgery	\$25–\$270	
Major Restorative	Copay	Co-insurance
Office Visit	\$0	\$0
Crowns	\$195–\$290 + Lab and Mat Fees	50%
Dentures	\$485–\$502	
Fixed Bridgework	\$290 + Lab and Mat Fees Per Unit	
Crown/Bridge Repair	\$80–\$95	
Implant Body	\$795	
Orthodontia		
Child	\$1,375–\$2,875	50%
Adult		
Other Services		
TMJ Exam, Services	Exams and Tests: \$150–\$250	Not covered
External Bleaching	\$30–\$240	Not covered

* Routine visits and exams are covered only two times per year at 100%.

** Percentages indicate the percentage of cost you pay.