

ADOA DENTAL PLAN COMPARISON CHART

	UnitedHealthcare DHMO (Solstice)	Delta Dental PPO
Plan Type	Prepaid/DHMO	Indemnity/PPO
Deductibles	None	\$50 single/\$150 family
Preventive Care	Copay	Co-insurance
Office Visit	\$0	\$0 - Deductible Waived*
Oral Exam	\$0	\$0 - Deductible Waived*
Prophylaxis/Cleaning (2/year)	\$0	\$0 - Deductible Waived*
Fluoride treatments	Without Varnish: \$0/ With Varnish: \$20	\$0 - Deductible Waived* (to age 18)
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	20%
Periodontal Gingivectomy	\$119 (1-3 teeth); \$180 (4+ teeth)	20%
Oral Surgery	\$25-\$270	20%
Major Restorative	Copay	Co-insurance
Office Visit	\$0	\$0
Crowns	\$195-\$290 + Lab and Mat Fees	50%
Dentures	\$485-\$502	50%
Fixed Bridgework	\$290 + Lab and Mat Fees Per Unit	50%
Crown/Bridge Repair	\$80-\$95	50%
Implant Body	\$795	50%
Orthodontia		
Child	\$1,375-\$2,875	50%
Adult		50%
Other Services		
TMJ Exam, Services	Exams and Tests: \$150-\$250	Not covered
External Bleaching	\$30-\$240	Not covered
Maximum Benefits		
Annual Combined Preventive, Basic, and Major Services	No dollar limit	\$2,000 per person
Orthodontia Lifetime	No dollar limit	\$1,500 per person
* Routine visits and exams are covered only two times per year at 100%.		
** Percentages indicate the percentage of cost you pay.		