



WE'RE GLAD YOU'RE HERE.

Benefits that work for you.

As a Pima County employee, you can select the Solstice 550B dental HMO plan, administered through United Concordia. With this plan, you and your family have a multitude of benefits:

An open access network, meaning you can visit any network general dentist anytime!	Easily understand your costs with a clear plan schedule	Orthodontic coverage for adults and children	No benefit maximums, no waiting periods, no deductibles, no claim forms	25% discount at network specialists with no referral needed
No primary dentist selection required, which means faster appointments	No charge for many preventive services, including sealants for children	Cosmetic procedures (teeth whitening, bonding, and veneers) included at a co-payment	25% discount for procedures not listed in the schedule of benefits	Discount prescription, hearing, and prenatal benefits included

The care you deserve – anytime, anywhere.

Under the 550B, you have freedom to access care from any general dentist in our nationwide DHMO network – over 46,000 locations! You will not be “assigned” to a primary dentist.

To find a provider, visit www.solsticebenefits.com/provider-search.aspx or contact us at: 1-877-760-2247 or contact@solsticebenefits.com.

Save with the 550B Dental HMO Plan:

WHAT YOU PAY (IN-NETWORK)		
Typical Annual Cost	With 550B Dental Coverage	Without Dental Coverage
Adult		
Two Periodic Exams	\$0	\$72
Bitewing X-Rays (Four Films)	\$0	\$47
Two Routine Cleanings	\$0	\$140
One Resin/Composite	\$25	\$115
1-Surface Filling (Anterior)		
Anterior Root Canal	\$100	\$576
Porcelain Crown*	\$240	\$912
TOTAL	\$365	\$1,862

* Please see exclusions and limitations for details. This comparison is based on national averages.

Member Portal

To manage your benefits online, use our convenient web portal to access your health and wellness information, in addition to:

Review plan information	Locate network general dentists and specialists	Review your claims history and current status of pending claims	Request ID cards and print temporary ID cards	View the latest oral health news
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This brief summary highlights the many features of the dental insurance plans offered to eligible Pima County employees. While every effort has been made to ensure the accuracy of this chart, in the event of any discrepancy, the legal documents, policies, or certificates pertaining to the various benefits will prevail.

	Delta Dental - PPO			United Concordia/Solstice Dental - DMO
Plan Type	An indemnity plan with two network options, Preferred Provider Organization (PPO) and Premier.			A DHMO or dental health maintenance organization has no deductible or maximum benefit limits. You must select from a list of contracted dentists.
Benefit Coverage	PPO ¹	Premier ²	Out-of-Network ³	Refer to provider directory at www.solsticebenefits.com/provider-search.aspx
	Refer to provider directory at www.deltadentalaz.com			
Individual/Family Deductible	\$50/\$150	\$50/\$150	\$50/\$150	No Deductibles
Annual Maximum Benefit	\$2,000	\$2,000	\$2,000	No Limit
Rate of Reimbursement	PPO fee	Premier R&C	90th Percentile	Copays
Is Patient Responsible for Dentist's Total Billed Charges?	No	No	Yes	No
Orthodontics				
Orthodontia	50%	50%	50%	Limited orthodontic treatments for children/adults: \$1,000/\$1,350 Comprehensive orthodontic treatments for children/adults: \$3,500/\$3,750
Orthodontia Benefit Max	Adult & Child unlimited max	Adult & Child unlimited max	Adult & Child unlimited max	
Preventive Services				
Routine Exam (2 per calendar year)	100%	80%	80%	No Charge
Routine Cleaning (adult/child)	100%	80%	80%	No Charge
X-rays	100%	80%	80%	No Charge for Routine X-rays
Fluoride treatment	100%	80%	80%	No Charge
Sealant	100%	80%	80%	No Charge
Basic Services				
Fillings	80% ⁴	80% ⁴	80% ⁴	Silver Fillings - No Charge White Fillings - Various Copays
Root canal, molar (endodontics)	80% ⁴	80% ⁴	80% ⁴	Molar Tooth - \$225
Periodontics (gum disease)	80% ⁴	80% ⁴	80% ⁴	Various Copays
Major Services				
Crown	50% ⁴	50% ⁴	50% ⁴	\$240.00 + Lab
Complete upper or lower denture	50% ⁴	50% ⁴	50% ⁴	\$260.00 + Lab
Partial denture (resin)	50% ⁴	50% ⁴	50% ⁴	\$260.00 + Lab
Denture adjustments	50% ⁴	50% ⁴	50% ⁴	\$10.00
Implants	50% ⁴	50% ⁴	50% ⁴	\$1000

¹In-Network dentists with lowest out-of-pocket costs

²In-Network dentists with low out-of-pocket costs

³Highest out-of-pocket costs

⁴Deductible applies to these services

BI-WEEKLY DENTAL RATES

	Delta Dental - PPO		United Concordia/Solstice Dental - DMO	
Level of Coverage	Employee	County	Employee	County
Employee Only	\$8.92	\$8.92	\$1.84	\$1.84
Employee + Spouse	\$15.44	\$15.44	\$3.89	\$3.89
Employee + Child(ren)	\$14.53	\$14.53	\$5.40	\$5.40
Employee + Family	\$21.02	\$21.02	\$5.84	\$5.84