

Pima County Dental Comparison Chart 2020/21



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.

Plan Type	Delta Dental of Arizona			United Concordia Dental / Solstice
	Benefit Coverage	PPO ¹	Premier ²	Out-of-Network ³
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

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

³ Highest out-of-pocket costs

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

⁴ Deductible applies to these services

Bi-weekly Dental Rates

Level of Coverage	Delta Dental of Arizona		United Concordia Dental / Solstice	
	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