

SRP 2023-24 » Dental

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

Preferred Dental Care

Traditional Dental Care

| | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|------------------------|
| DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS | | | | |
| Deductible <small>(Does not apply to diagnostic or preventive services)</small> | \$25 per person, \$75 maximum per family | \$25 per person, \$75 maximum per family | \$0 | \$0 |
| Annual Benefit Max | \$1,500 per person | \$1,500 per person | \$1,500 per person | \$1,500 per person |
| DIAGNOSTIC | YOU PAY | YOU PAY | YOU PAY | YOU PAY |
| Periodic Oral Examinations | \$0 | 20% of In-Network Rate | \$0 | 20% of In-Network Rate |
| X-rays | 20% of In-Network Rate | 40% of In-Network Rate | \$0 | 20% of In-Network Rate |
| PREVENTIVE | | | | |
| Cleanings and Fluoride Solutions | 20% of In-Network Rate | 40% of In-Network Rate | \$0 | 20% of In-Network Rate |
| Sealants Permanent molars only through age 17 | 20% of In-Network Rate | 40% of In-Network Rate | \$0 | 20% of In-Network Rate |
| RESTORATIVE | | | | |
| Amalgam Restoration | 20% of In-Network Rate AD* | 40% of In-Network Rate AD | 20% of In-Network Rate | 40% of In-Network Rate |
| Composite Restoration | 20% of In-Network Rate AD | 40% of In-Network Rate AD | 20% of In-Network Rate | 40% of In-Network Rate |
| ENDODONTICS | | | | |
| Pulpotomy | 20% of In-Network Rate AD | 40% of In-Network Rate AD | 20% of In-Network Rate | 40% of In-Network Rate |
| Root Canal | 20% of In-Network Rate AD | 40% of In-Network Rate AD | 20% of In-Network Rate | 40% of In-Network Rate |
| PERIODONTICS | | | | |
| | 20% of In-Network Rate AD | 40% of In-Network Rate AD | 20% of In-Network Rate | 40% of In-Network Rate |
| ORAL SURGERY | | | | |
| Extractions | 20% of In-Network Rate AD | 40% of In-Network Rate AD | 20% of In-Network Rate | 40% of In-Network Rate |
| ANESTHESIA General Anesthesia in conjunction with oral surgery or impacted teeth only | | | | |
| General Anesthesia | 20% of In-Network Rate AD | 40% of In-Network Rate AD | 20% of In-Network Rate | 40% of In-Network Rate |
| Prosthodontic, implant, and orthodontic services below are not eligible for six months from the date coverage begins unless prior, continuous dental coverage can be shown | | | | |
| PROSTHODONTIC BENEFITS Preauthorization may be required | | | | |
| Crowns | 50% of In-Network Rate AD | 70% of In-Network Rate AD | 50% of In-Network Rate | 70% of In-Network Rate |
| Bridges | 50% of In-Network Rate AD | 70% of In-Network Rate AD | 50% of In-Network Rate | 70% of In-Network Rate |
| Dentures (partial) | 50% of In-Network Rate AD | 70% of In-Network Rate AD | 50% of In-Network Rate | 70% of In-Network Rate |
| Dentures (full) | 50% of In-Network Rate AD | 70% of In-Network Rate AD | 50% of In-Network Rate | 70% of In-Network Rate |
| IMPLANTS | | | | |
| All related services | 50% of In-Network Rate AD | 70% of In-Network Rate AD | 50% of In-Network Rate | 70% of In-Network Rate |
| ORTHODONTIC BENEFITS 6-month Waiting Period | | | | |
| Maximum Lifetime Benefit per Member | \$1,500 <small>Does not apply to the Annual Benefit Maximum</small> | | \$1,500 <small>Does not apply to the Annual Benefit Maximum</small> | |
| Eligible Appliances and Procedures | 50% of eligible fees to plan maximum AD | | 50% of eligible fees to plan maximum | |

Missing Tooth Exclusion » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the [Dental Master Policy](#). If coverage is provided by a PEHP medical plan, then there is no dental plan coverage.

* AD = After Deductible