

State Risk Pool 2022-23 » 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