



Comparing the State Dental Plan and Dental Plus

Basic dental coverage with the State Dental Plan offers four classes of treatment:

I. Diagnostic and preventive Exams; cleaning and scaling of teeth; fluoride treatment; space maintainers (child); X-rays;

II. Basic Fillings; extractions; oral surgery; endodontics (root canals); periodontal procedures;

III. Prosthodontics Onlays; crowns; bridges; dentures; implants; repair of prosthodontic appliances; and

IV. Orthodontics Limited to covered children ages 18 and younger. Correction of malocclusion consisting of: diagnostic services (including models, X-rays); active treatment (including necessary appliances).

Dental Plus gives you even more coverage than basic dental, with the added benefit of a higher allowed amount. It also offers deeper discounts and lower out-of-pocket expenses. To participate in Dental Plus, you must enroll in basic coverage and cover the same family members under both plans.

	Plan	Annual deductible ¹	Percent covered of allowed amount	Maximum payment ²
I. Diagnostic and preventive	Basic Dental	None	100% Lower allowed amount	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	None	100% Higher allowed amount	\$2,000 per person each year for Classes I, II and III
II. Basic benefits	Basic Dental	You pay up to \$25 per person.	80% Lower allowed amount	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	No additional deductible.	80% Higher allowed amount	\$2,000 per person each year for Classes I, II and III
III. Prosthodontics	Basic Dental	You pay up to \$25 per person.	50% Lower allowed amount	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	No additional deductible.	50% Higher allowed amount	\$2,000 per person each year for Classes I, II and III
IV. Orthodontics³	Basic Dental	None	50%	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	None	No additional benefits	No additional benefits

Footnotes for Page 1

¹If you have services in Classes II and III, you pay only one deductible. Deductible is limited to three per family per year.

²\$2,000 is the total combined maximum yearly payment for benefits when a member is enrolled in basic dental coverage and Dental Plus.

³A subscriber must submit a letter from his provider for a covered child, ages 18 and younger, stating that the child's orthodontic treatment is not for cosmetic purposes for it to be covered by the State Dental Plan.

Learn more

- [Insurance Summary](#)
- [Insurance Benefits Guide](#)
- www.peba.sc.gov
- PEBA Customer Contact Center:
803.737.6800 or 888.260.9430

Plan comparison examples

Scenario 1: Routine checkup

(Includes exam, four bitewing x-rays and adult cleaning)

	Basic Dental	With Dental Plus	
		In-network	Out-of-network
Dentist's initial charge	\$191.00	\$191.00	\$191.00
Allowed amount ¹ (payable at 100%)	\$67.60	\$135.00	\$171.00
Amount paid by the Plan	\$67.60	\$135.00	\$171.00
Difference between allowed amount and charge	\$123.40	\$56.00 Dentist writes this amount off	\$20.00
You pay	\$123.40	\$0.00	\$20.00

Scenario 2: Two surface amalgam fillings

	Basic Dental	With Dental Plus	
		In-network	Out-of-network
Dentist's initial charge	\$190.00	\$190.00	\$190.00
Allowed amount ¹ (payable at 80%)	\$44.80	\$145.00	\$177.00
Amount paid by the Plan ²	\$35.84	\$116.00	\$141.60
Difference between allowed amount and charge	\$145.20	\$45.00 Dentist writes this amount off	\$13.00
You pay	\$154.16	\$29.00² 20% coinsurance	\$48.40

¹Allowed amounts may vary by network dentist and/or the physical location of the dentist.

²Examples assume that the \$25 annual deductible has been met.