

What does your State Dental Plan do for you?

You might need just a couple of routine visits to your dentist every year or you could have greater dental needs, like oral surgery, restorative work or your child may need braces. Whatever your dental needs, how can you know what your State Dental Plan will pay?

Routine dental visits

See your dentist for your regular six-month checkups. The services you receive at these visits include X-rays, cleanings, fluoride treatments and exams.

Your State Dental Plan pays the entire allowed amount, the maximum amount the Plan will pay for these services. If your dentist charges more than that allowed amount, you must pay the difference. If you're also enrolled in Dental Plus, you will have no balance billing for routine

Type of coverage	Annual deductible	Percent covered
Class I – Exams, cleanings, fluoride treatments, X-rays	None	100 percent of allowed amount

visits to an in-network dentist after both of these plans pay for service. For Dental Plus subscribers who go to out-of-network providers, the allowed amount

is based on usual and customary charges for the area, and subscribers may be balance billed.



Scenario: routine check-up (including exam, four bitewing x-rays, and adult cleaning) for a member with State Dental Plan only

Dentist's charge (average)	\$191.00
Allowed amount (payable at 100 percent)	\$67.60
Amount paid by the State Dental Plan	\$67.60
Difference between payable amount and charge	\$123.40
You pay	\$123.40

Non-routine dental procedures

Many trips to the dentist are covered as Class I services, but what if you need something more than preventive work? Your insurance covers different services at different levels.

Type of coverage	Annual deductible	Percent covered
Class II – Services like fillings, extractions and root canals	\$25 per person, \$75 maximum for family	80 percent of allowed amount
Class III - Services like crowns, implants, dentures	\$25 per person, \$75 maximum for family	50 percent of allowed amount

Scenario: two surface amalgam fillings for a member with State Dental Plan only

Dentist's charge (average)	\$190.00
Allowed amount (payable at 80 percent)	\$44.80
Amount paid by the State Dental Plan	\$35.84
Difference between payable amount and charge	\$154.16
You pay	\$154.16

Orthodontics

Orthodontic coverage is available only for children 18 and younger, and includes a **lifetime \$1,000-per-child maximum payment**. Unlike other categories of service, Dental Plus does not offer additional benefits for these services.

Type of coverage	Annual deductible	Percent covered
Class IV – Orthodontic services including diagnostics, treatment and appliances	None	50 percent of allowed amount

Maximum payments

Your State Health Plan insurance has a maximum amount you may have to pay every year, but your State Dental Plan works differently. It has a maximum amount that it will pay for your dental care every year. For State Dental Plan members, this is \$1,000. For Dental Plus members, it's an additional \$1,000 annually for a total of \$2,000. Orthodontics are the only category with a lifetime maximum payment – \$1,000 per covered child – with no added benefits under Dental Plus.

**Charges may vary slightly by provider and/or location of the provider. The example givens are for the State Dental Plan only, not Dental Plus.*

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