

PEHP Dental 16

Unified Fire Authority

Preferred Choice
dental plan



peHP Serving the Employees Who Serve Utah

PEHP Dental Care

Introduction

PEHP wants to keep you healthy and smiling brightly. We offer dental plans that provide coverage for a full range of dental care.

When you use contracted providers, you pay a specified copayment and PEHP pays the balance. When you use non-contracted providers, PEHP pays a specified portion of the Allowed Amount (In-Network Rate), and you are responsible for the balance.

Refer to the PEHP Dental Master Policy for complete benefit limitations and exclusions and specific plan guidelines. The Master Policy is available at www.pehp.org. Call PEHP Customer Service to request a copy.

Missing Tooth Exclusion

Services to replace teeth that are missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous Coverage with PEHP.

However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a bridge, denture, or implant was in place at the time the coverage became effective.

Limitations and Exclusions

Written pre-authorization may be required for prosthodontic services. Pre-authorization is not required for orthodontics.

Refer to the Dental Care Master Policy for complete benefit limitations, exclusions, and specific plan guidelines.

Master Policy

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Notice

Depending on your Employer's choice of Dental coverage plans, the Missing Tooth Exclusion and Waiting Period for Orthodontic, Implant, and Prosthodontic Benefits may not apply. Please refer to your Employer or call PEHP Customer Service for details.

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Out of network benefits are paid at 20% less than the In-Network Rate.

	Preferred Choice
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS	
Deductible <i>Does not apply to Diagnostic & Preventive Services</i>	\$0
Annual Benefit Maximum	\$1,500
DIAGNOSTIC	
Periodic Oral Examinations	No charge
X-rays	20% of In-Network Rate
PREVENTIVE	
Cleanings and Fluoride Solutions	20% of In-Network Rate
Sealants <i>Permanent molars only through age 17</i>	20% of In-Network Rate
RESTORATIVE	
Amalgam Restoration	20% of In-Network Rate
Composite Restoration	20% of In-Network Rate
ENDODONTICS	
Pulpotomy	20% of In-Network Rate
Root Canal	20% of In-Network Rate
PERIODONTICS	
	20% of In-Network Rate
ORAL SURGERY	
Extractions	20% of In-Network Rate
ANESTHESIA	
General Anesthesia <i>in conjunction with oral surgery or impacted teeth only</i>	20% of In-Network Rate
PROSTHODONTIC BENEFITS <i>Pre-authorization may be required</i>	
Crowns	50% of In-Network Rate
Bridges	50% of In-Network Rate
Dentures (partial)	50% of In-Network Rate
Dentures (full)	50% of In-Network Rate
IMPLANTS	
All related services	50% of In-Network Rate
ORTHODONTIC BENEFITS	
Maximum Lifetime Benefit per member	\$1,500
Eligible Appliances and Procedures	50% of eligible fees to plan maximum

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