

PEHP Dental Care

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

Out of network benefits are paid at 20% less than the allowed amount.

	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