

# Comparing Dental Plus and Basic Dental



You have two options for dental coverage. Dental Plus pays more and has higher premiums and lower out-of-pocket costs. Basic Dental pays less and has lower premiums and higher out-of-pocket costs. Changes to existing dental coverage can be made only during open enrollment in odd-numbered years. Learn more at [peba.sc.gov/dental](http://peba.sc.gov/dental).

## Dental Plus

Dental Plus has higher allowed amounts, which are the maximum amounts allowed by the plan for a covered service. Network providers cannot charge you for the difference in their cost and the allowed amount.

## Basic Dental

Basic Dental has lower allowed amounts, which are the maximum amounts allowed by the plan for a covered service. There is no network for Basic Dental; therefore, providers can charge you for the difference in their cost and the allowed amount.

	Dental Plus	Basic Dental
<b>Diagnostic and preventive</b> <i>Exams, cleanings, X-rays</i>	You do not pay a deductible. The Plan will pay 100% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You do not pay a deductible. The Plan will pay 100% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Basic</b> <i>Fillings, oral surgery, root canals</i>	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 80% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 80% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Prosthodontics</b> <i>Crowns, bridges, dentures, implants</i>	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 50% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 50% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Orthodontics<sup>2</sup></b> <i>Limited to covered children ages 18 and younger.</i>	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.
<b>Maximum payment</b>	\$2,000 per person each year for diagnostic and preventive, basic and prosthodontics services.	\$1,000 per person each year for diagnostic and preventive, basic and prosthodontics services.

<sup>1</sup> If you have basic or prosthodontic services, you pay only one deductible. Deductible is limited to three per family per year.

<sup>2</sup> There is a \$1,000 maximum lifetime benefit for each covered child, regardless of plan or plan year.



## 2022 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

	Employee	Employee/spouse	Employee/children	Full family
<b>Dental Plus</b>	\$26.60	\$61.42	\$75.76	\$101.94
<b>Basic Dental</b>	\$0.00	\$7.64	\$13.72	\$21.34

### Scenario 1: Routine checkup

Includes exam, four bitewing X-rays and adult cleaning

	Dental Plus		Basic Dental
	In network	Out of network	
<b>Dentist's initial charge</b>	\$191.00	\$191.00	\$191.00
<b>Allowed amount<sup>3</sup></b>	\$135.00	\$171.00	\$67.60
<b>Amount allowed by the Plan (100%)</b>	\$135.00	\$171.00	\$67.60
<b>Your coinsurance (0%)</b>	\$0.00	\$0.00	\$0.00
<b>Difference between allowed amount and charge</b>	\$56.00 <i>Dentist writes off this amount</i>	\$20.00	\$123.40
<b>You pay</b>	\$0.00	\$20.00 <i>Difference in allowed amount and charge</i>	\$123.40 <i>Difference in allowed amount and charge</i>

### Scenario 2: Two surface amalgam fillings

	Dental Plus		Basic Dental
	In network	Out of network	
<b>Dentist's initial charge</b>	\$190.00	\$190.00	\$190.00
<b>Allowed amount<sup>3,4</sup></b>	\$145.00	\$177.00	\$44.80
<b>Amount allowed by the Plan (80%)</b>	\$116.00	\$141.60	\$35.84
<b>Your coinsurance (20%)</b>	\$29.00	\$35.40	\$8.96
<b>Difference between allowed amount and charge</b>	\$45.00 <i>Dentist writes off this amount</i>	\$13.00	\$145.20
<b>You pay</b>	\$29.00 <i>20% coinsurance</i>	\$48.40 <i>20% coinsurance plus difference</i>	\$154.16 <i>20% coinsurance plus difference</i>

<sup>3</sup> Allowed amounts may vary by network dentist and/or the physical location of the dentist.

<sup>4</sup> Example assumes the \$25 annual deductible has been met.