

2024 PEBB Dental Benefits At-A-Glance

Use the following charts to see what you pay for dental services. Before you select a dental plan or provider, compare the plans to find out what is covered, which providers are in-network, and your costs for care. For information on specific benefits and exclusions, refer to the plan's benefits booklet (also called evidence of coverage or certificate of coverage) or contact the plan directly. If anything in these charts conflicts with the plan's benefits booklet, the benefits booklet takes precedence and prevails.

DeltaCare and Willamette Dental Group (underwritten by Willamette Dental of Washington, Inc.) are managed-care plans. You must select and receive care from a primary care dental provider in that plan's network.

Uniform Dental Plan is a preferred-provider organization (PPO) plan. You can choose any dental provider and change providers at any time. You must meet the deductible before the plan pays for most services under this plan.

All dental plans include a nonduplication of benefits clause, which applies when you have dental coverage under more than one account.

What you pay ↘	Managed Care Plans		Preferred Provider Organization (PPO)	
	DeltaCare (Group 3100)	Willamette Dental Group (Group WA82)	Uniform Dental Plan (Group 3000 Delta Dental PPO) PPO and out-of-state	Non-PPO
Annual Costs				
Deductible	None		\$50/person, \$150/family	
Annual maximum	None		You pay amounts over \$1,750	
Services				
Crowns	\$100 to \$175		50%	60%
Dentures	\$140 for complete upper or lower		50%	60%
Fillings	\$10 to \$50		20%	30%
Nonsurgical TMJ	30%, then any amount over \$1,000 per year, then any amount over \$5,000 in member's lifetime	Any amount over \$1,000 per year, then any amount over \$5,000 in member's lifetime	30%, then any amount over \$500 in member's lifetime	
Oral surgery	\$10 to \$50 to extract a tooth		20%	30%
Orthodontia	Up to \$1,500 copay per case		50%, then any amount over \$1,750 in member's lifetime (deductible doesn't apply)	
Orthognathic surgery	30%, then any amount over \$5,000 in member's lifetime		30%, then any amount over \$5,000 in member's lifetime	
Periodontic services (treatment of gum disease)	\$15 to \$100		20%	30%
Preventive services	\$0		\$0 (10% out-of-state)	20%
Root canals (endodontics)	\$100 to \$150		20%	30%

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. **Employees:** Your payroll or benefits office. **Retirees and PEBB Continuation Coverage members:** Call us at 1-800-200-1004 (TRS: 711).