

## 2020 PEBB Dental Benefits Comparison

For information on specific benefits and exclusions, refer to the dental plan's certificate of coverage or contact the plan directly. A PPO refers to a preferred-provider organization (network).

Annual Costs	Preferred-provider plan	Managed-care plans	
	Uniform Dental Plan (UDP) (Group 3000 Delta Dental PPO)	DeltaCare (Group 3100)	Willamette Dental Group (Group WA82)
<b>Deductible</b>	You pay \$50/person, \$150/family	None	
<b>Plan maximum</b> (See specific benefit maximums below)	You pay amounts over \$1,750	No general plan maximum	
Benefits	Preferred-provider plan	Managed-care plans	
	Uniform Dental Plan (UDP) (Group 3000 Delta Dental PPO)	DeltaCare (Group 3100)	Willamette Dental Group (Group WA82)
	<b>You pay after deductible:</b>	<b>You pay:</b>	
<b>Dentures</b>	50% PPO and out of state; 60% non-PPO	\$140 for complete upper or lower	
<b>Root canals</b> (endodontics)	20% PPO and out of state; 30% non-PPO	\$100 to \$150	
<b>Nonsurgical TMJ</b>	30% of costs until plan has paid \$500 for PPO, out of state, or non-PPO; then any amount over \$500 in member's lifetime	<b>DeltaCare:</b> 30% of costs, then any amount after plan has paid \$1,000 per year, then any amount over \$5,000 in member's lifetime <b>Willamette Dental Group:</b> Any amount over \$1,000 per year and \$5,000 in member's lifetime	
<b>Oral surgery</b>	20% PPO and out of state; 30% non-PPO	\$10 to \$50 to extract a tooth	
<b>Orthodontia</b>	50% of costs until plan has paid \$1,750 for PPO, out of state, or non-PPO; then any amount over \$1,750 in member's lifetime (deductible doesn't apply)	Up to \$1,500 copay per case	
<b>Orthognathic surgery</b>	30% of costs until plan has paid \$5,000 for PPO, out of state, or non-PPO; then any amount over \$5,000 in member's lifetime	30% of costs until plan has paid \$5,000; then any amount over \$5,000 in member's lifetime	
<b>Periodontic services</b> (treatment of gum disease)	20% PPO and out of state; 30% non-PPO	\$15 to \$100	
<b>Preventive/diagnostic</b> (deductible doesn't apply)	\$0 PPO; 10% out of state; 20% non-PPO	\$0	
<b>Restorative fillings</b>	20% PPO and out of state; 30% non-PPO	\$10 to \$50	
<b>Restorative crowns</b>	50% PPO and out of state; 60% non-PPO	\$100 to \$175	

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