



# Comparing Dental Plus and Basic Dental

New hires 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 about the plans 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> Exams, cleanings, X-rays	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> Fillings, oral surgery, root canals	You pay up to a <b>\$25</b> deductible per person. <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</b> deductible per person. <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> Crowns, bridges, dentures, implants	You pay up to a <b>\$25</b> deductible per person. <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</b> deductible per person. <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> Limited to covered children ages 18 and younger	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 prosthodontics 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.

## 2025 Monthly premiums

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

	Dental Plus	Basic Dental
<b>Employee</b>	\$28.80	\$0.00
<b>Employee/spouse</b>	\$65.88	\$7.64
<b>Employee/children</b>	\$80.92	\$13.72
<b>Full family</b>	\$108.64	\$21.34

## Routine checkup example

Includes exam, four bitewing X-rays and adult cleaning

	Dental Plus (in network)	Dental Plus (out of network)	Basic Dental
<b>Dentist's initial charge</b>	\$235.00	\$235.00	\$235.00
<b>Allowed amount<sup>3</sup></b>	\$145.00	\$180.00	\$75.00
<b>Amount paid by the Plan (100%)</b>	\$145.00	\$180.00	\$75.00
<b>Your coinsurance (0%)</b>	\$0.00	\$0.00	\$0.00
<b>Difference between allowed amount and charge</b>	\$90.00 Dentist writes this off	\$55.00	\$160.00
<b>You pay</b>	\$0.00	\$55.00 Difference in allowed amount and charge	\$160.00 Difference in allowed amount and charge

## Two surface amalgam fillings example

	Dental Plus (in network)	Dental Plus (out of network)	Basic Dental
<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 paid 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 Dentist writes this off	\$13.00	\$145.20
<b>You pay</b>	\$29.00 20% coinsurance	\$48.40 20% coinsurance plus difference	\$154.16 20% coinsurance plus difference

<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.