

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.

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
Diagnostic and preventive <i>Exams, cleanings, X-rays</i>	You do not pay a deductible. The Plan will pay 100% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You do not pay a deductible. The Plan will pay 100% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Basic <i>Fillings, oral surgery, root canals</i>	You pay up to a \$25 deductible per person. ¹ The Plan will pay 80% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You pay up to a \$25 deductible per person. ¹ The Plan will pay 80% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Prosthodontics <i>Crowns, bridges, dentures, implants</i>	You pay up to a \$25 deductible per person. ¹ The Plan will pay 50% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You pay up to a \$25 deductible per person. ¹ The Plan will pay 50% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Orthodontics² <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.
Maximum payment	\$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.

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

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

2021 Monthly premiums

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

	Employee	Employee/spouse	Employee/children	Full family
Dental Plus	\$25.96	\$60.12	\$74.26	\$99.98
Basic Dental	\$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	
Dentist's initial charge	\$191.00	\$191.00	\$191.00
Allowed amount³	\$135.00	\$171.00	\$67.60
Amount allowed by the Plan (100%)	\$135.00	\$171.00	\$67.60
Your coinsurance (0%)	\$0.00	\$0.00	\$0.00
Difference between allowed amount and charge	\$56.00 <i>Dentist writes off this amount</i>	\$20.00	\$123.40
You pay	\$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	
Dentist's initial charge	\$190.00	\$190.00	\$190.00
Allowed amount^{3,4}	\$145.00	\$177.00	\$44.80
Amount allowed by the Plan (80%)	\$116.00	\$141.60	\$35.84
Your coinsurance (20%)	\$29.00	\$35.40	\$8.96
Difference between allowed amount and charge	\$45.00 <i>Dentist writes off this amount</i>	\$13.00	\$145.20
You pay	\$29.00 <i>20% coinsurance</i>	\$48.40 <i>20% coinsurance plus difference</i>	\$154.16 <i>20% coinsurance plus difference</i>

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

⁴ Example assumes that the \$25 annual deductible has been met.