

Preferred Choice Dental

Introduction

PEHP's Preferred Choice Dental Care is a Preferred Provider Organization (PPO) utilizing a contracted panel of providers, and Eligible Benefits are payable per the contracted Preferred Dental Fee Schedule (PDF). The Members pay the specified Copayments at the time of service and the balance is paid by PEHP. PEHP will provide a current list of Preferred Providers at www.pehp.org. PEHP reserves the right to make changes to the Provider list during a Plan year.

When a Member enrolled in Preferred Choice Dental Care uses a non-Preferred Provider, PEHP will pay up to Preferred Dental fees, minus the Copayment. The Member is responsible for any balance.

WAITING PERIOD FOR ORTHODONTIC, IMPLANT AND PROSTHODONTIC BENEFITS

There is a Waiting Period of six months from the effective date of Coverage for Orthodontic, Implant and Prosthodontic benefits.

CLAIMS PAYMENT PROCEDURES

When a Member of Preferred Choice Dental Care receives services by a Preferred Dental Provider, the Member pays the specified Copayments at the time of service and the balance is paid by PEHP.

When a non-Preferred Dental Provider is used, PEHP will pay Eligible Benefits up to the Preferred Dental Fee Schedule (PDF), minus applicable Copayments. The Member will be responsible to pay the Preferred Dental Copayment and any remaining balance. When using a non-Preferred Provider, it is the Member's responsibility to ensure that the claim is filed with PEHP.

Master Policy

Refer to the Dental Care Master Policy for complete benefit Limitations, Exclusions, and specific plan guidelines.

The Master Policy is available online at www.pehp.org. Contact PEHP to request a copy of the Master Policy.

PREFERRED CHOICE DENTAL CARE

Refer to the context of this Master Policy for complete benefit Limitations, Exclusions, and specific plan guidelines.

PDF = PREFERRED DENTAL FEE SCHEDULE	PREFERRED CHOICE DENTAL CARE PAYMENT	MEMBER PAYMENT
Diagnostic		
<i>Periodic Oral Examinations</i>	100% of PDF	No copay
<i>X-rays</i>	80% of PDF	Balance
Preventive		
<i>Cleanings and Fluoride Solutions</i>	80% of PDF	Balance
<i>Sealants (permanent molars only through age 17)</i>	80% of PDF	Balance
Restorative		
<i>Amalgam Restoration</i>	80% of PDF	Balance
<i>Composite Restoration</i>	80% of PDF	Balance
Endodontics		
<i>Pulpotomy</i>	80% of PDF	Balance
<i>Root Canal</i>	80% of PDF	Balance
Periodontics		
	80% of PDF	Balance
Oral Surgery		
<i>Extractions</i>	80% of PDF	Balance
Anesthesia		
<i>General Anesthesia (in conjunction with oral surgery or impacted teeth only)</i>	80% of PDF	Balance
Prosthodontic Benefits		
<i>Crowns</i>	50% of PDF	Balance
<i>Bridges</i>	50% of PDF	Balance
<i>Dentures (partial)</i>	50% of PDF	Balance
<i>Dentures (full)</i>	50% of PDF	Balance
Implants (all related services)	50% of PDF	Balance
Basic, Prosthodontic and Implant Benefits— Maximum Yearly Benefit per Member is \$1,500.		
Orthodontic Benefits		
<i>Eligible Appliances and Procedures</i>	50% of Balance eligible fees to plan maximum	Balance

Orthodontic Benefits—
Maximum Lifetime Benefit per Member is \$1,500.