Navigating your benefits

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# The State Dental Plan/Dental Plus decision

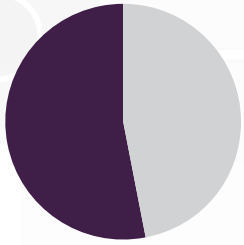
When you originally enroll in the State Dental Plan, and every odd year during enrollment after that, you have a choice about your coverage. Is the State Dental Plan, which has no additional premiums for single members, enough coverage for you? Or should you add Dental Plus, an option which includes extra coverage, little to no balance billing in most cases and higher allowed amounts, available to you for an additional premium? The best way to figure it out is to compare your likely dental expenses and premiums.

With Dental Plus, you can go to a routine dental appointment with an in-network provider and will then have no balance billing for routine visits after both of these plans pay for service. For Dental Plus subscribers who go to out-of-network providers, the allowed amount is based on usual and customary charges for the area, and subscribers may be balance billed.

Compare your out of pocket expense with the State Dental Plan only and with Dental Plus in the example on the following page. You will realize greater savings by seeking services from an in network dentist. The second example compares the cost and payment of a filling with the State Dental Plan only and with Dental Plus.

## How many members participate in Dental Plus?

**Nearly 259,000** subscribers, spouses and children are enrolled in Dental Plus.



**More than 53 percent** of members enrolled in the State Dental Plan also elected to enroll in Dental Plus.

## Want to enroll in Dental Plus?

You can enroll in Dental Plus, or cancel your Dental Plus coverage, during an odd-number year open enrollment period, which occurs in October. You can also make changes within 30 days of a special eligibility situation, like marriage, childbirth or legal separation. Contact your benefits administrator for more information and to begin the process.

**Continued on back**

## Scenario 1: Routine checkup (including exam, four bitewing x-rays and adult cleaning)

| | State Dental Plan only | State Dental Plan & Dental Plus | |
|---|---|---|---|
| | | In-network | Out-of-network |
| **Dentist's initial charge** | $191.00 | $191.00 | $191.00 |
| **Allowed amount[1] (payable at 100%)** | $67.60 | $135.00 | $171.00 |
| **Amount paid by the Plan** | $67.60 | $135.00 | $171.00 |
| **Difference between allowed amount and charge** | $123.40 | $56.00 Dentist writes this amount off | $20.00 |
| **You pay** | **$123.40** | **$0.00** | **$20.00** |

## Scenario 2: Two surface amalgam fillings

| | State Dental Plan only | State Dental Plan & Dental Plus | |
|---|---|---|---|
| | | In-network | Out-of-network |
| **Dentist's initial charge** | $190.00 | $190.00 | $190.00 |
| **Allowed amount[1] (payable at 80%)** | $44.80 | $145.00 | $177.00 |
| **Amount paid by the Plan[2]** | $35.84 | $116.00 | $141.60 |
| **Difference between allowed amount and charge** | $145.20 | $45.00 Dentist writes this amount off | $13.00 |
| **You pay** | **$145.20** | **$29.00[3]** 20% coinsurance | **$48.40** |

1 Allowed amounts may vary by network dentist and/or the physical location of the dentist.
2 Examples assume that the $25 annual deductible has been satisfied.

## 2018 monthly premiums

Dental Plus has an additional premium for its greater benefits.

| | State Dental Plan | Dental Plus |
|---|---|---|
| **Member** | $0.00 | $27.12 |
| **Member/spouse** | $7.64 | $54.80 |
| **Member/children** | $13.72 | $63.20 |
| **Full family** | $21.34 | $82.10 |

Dental Plus has a greater maximum amount payable for dental services each year—$2,000 in total, compared to the $1,000 maximum amount for the State Dental Plan without Dental Plus.

# Learn more

- *Insurance Summary* | a summary of active employee benefits
- *Insurance Benefits Guide* | a detailed explanation of benefits
- www.peba.sc.gov
- PEBA Customer Contact Center | 803.737.6800 or 888.260.9430