



# 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](https://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 deductible per person</b> . <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 deductible per person</b> . <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 deductible per person</b> . <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 deductible per person</b> . <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.

## 2026 Monthly premiums

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

	Dental Plus	Basic Dental
Employee	\$33.88	\$0.00
Employee/spouse	\$76.14	\$7.64
Employee/children	\$92.76	\$13.72
Full family	\$124.00	\$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
Dentist's initial charge	\$235.00	\$235.00	\$235.00
Allowed amount <sup>3</sup>	\$145.00	\$180.00	\$75.00
Amount paid by the Plan (100%)	\$145.00	\$180.00	\$75.00
Your coinsurance (0%)	\$0.00	\$0.00	\$0.00
Difference between allowed amount and charge	\$90.00 Dentist writes this off	\$55.00	\$160.00
You pay	\$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
Dentist's initial charge	\$190.00	\$190.00	\$190.00
Allowed amount <sup>3,4</sup>	\$145.00	\$177.00	\$44.80
Amount paid 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 Dentist writes this off	\$13.00	\$145.20
You pay	\$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.