

PEHP HEALTH & BENEFITS DENTAL BREAKDOWN



Medicare Basic Dental

This plan has limited coverage. This document provides a snap shot of benefits when using an in-network provider. This document does not guarantee coverage. Please check eligibility and yearly maximums online often. Contracted, in-network providers can access the full fee schedule at WWW.PEHP.ORG. For detailed questions, you can call customer service at 801-366-7555.

Effective January 1, 2026, to ensure medical necessity and prevent service duplication, preauthorization is required for certain procedures. You can find a full list of these procedures along with the appropriate preauthorization forms on our website [PEHP - Dental Preauthorization](#)

YEARLY MAXIMUMS & WAITING PERIODS

Policy Year: Jan 1 – Dec 31

Yearly Dental Maximum: \$500 per person

Yearly Dental Deductible: \$50 per person, does not apply to in-network diagnostic and preventative.

No waiting periods.

Preventative

CDT Code	Description	Benefit Benefits reduced by 20% when using an out of network provider	Frequency
0120	Periodic Oral Examination	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0145	Oral Evaluation for a patient under age 3		
0150	Comprehensive Oral Evaluation		Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0160	Detailed & Extensive Oral Evaluation		Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0220	Intra-Oral periapical first film	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0230	Intra-Oral periapical each additional film		

0251	Extra-Oral posterior dental radiographic image	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0272	Bitewing – two films		Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0274	Bitewing – four films		
0277	Vertical bitewings 7-8 films		
0210	(FMX) Intraoral-complete series, including bitewings	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0330	Panoramic film		
1110	Prophylaxis – adult age 14 and up	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
1120	Prophylaxis – child through age 13		
1206	Fluoride – topical application of fluoride varnish	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
1208	Fluoride – topical application of fluoride, excluding varnish		
1351	Sealant – per tooth	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.

Basic

CDT Code	Description	Benefit Benefits reduced by 20% when using an out of network provider	Frequency
0140	Limited Oral Evaluation – Problem Focused (emergency exam)	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0180	Comprehensive Periodontal Evaluation	100% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
1510 1516 1517 1520 1526 1527	Space Maintainers	Not covered	

2140 2150 2160 2161	Amalgam Fillings	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2330 2331 2332 2335 2391 2392 2393 2394	Resin Based Composite Fillings	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2510- 2530 2610- 2630 2650- 2652	Inlay	Not covered	
2799	Interim Crown	Not covered	
2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	Not covered	
2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Not covered	
2920	Re-cement or re-bond crown	Not covered	
2928- 2934	Crowns	Not covered	
2950	Core Buildup, including any pins when required	Not covered	
2952	Post and core in addition to crown, indirectly fabricated	Not covered	
3110 3120	Pulp cap direct/indirect	Not covered	
3220	Pulpotomy	Not covered	
3310 3320 3330	Root Canal Therapy	Not covered	
3346- 3348	Root canal retreatment	Not covered	
4261	Osseous Surgery – one to three contiguous teeth or tooth bounded spaces per quadrant	Not covered	
4266 4267	Guided tissue regeneration resorbable barrier, per site	Not covered	
4341 4342	Periodontal Scaling and Root Planing	Not covered	
4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Not covered	

4355	Full mouth debridement	Not covered	
4381	Localized delivery of anti-microbial agents	Not covered	
4910	Periodontal maintenance	Not covered	
7140	Extraction, erupted tooth, or exposed root	Not covered	
7210 7220 7230 7240 7241 7250	Extractions, surgical/impacted	Not covered	
7951 7952 7953	Sinus Augmentation & Bone Replacement Graft	Not covered	
9222 9223	Deep Sedation/General Anesthesia	Not covered	
9243	Intravenous moderate (conscious) sedation/analgesia	Not covered	

Major (Prosthodontic)

Services to restore tooth structure are covered when damage is caused by decay or fracture. If the fractures are due to wear the service will not be covered. If two different major services are received on the same tooth in the five-year period, the payment for the second service will be reduced by the amount for the first, up to the plan maximum.

All major services are paid on the seat date and have a five-year replacement.

CDT Code	Description	Benefit Benefits reduced by 20% when using an out of network provider	Frequency
2542-2664	Onlay	Not covered	
2710-2794	Custom and Pre-Fabricated Crown	Not covered	
2960-2962	Labial Veneer	Not covered	
5110-5286 5750-5761 5810-5821	Denture	Not covered	
6010-6050	Implant	Not covered	

6051-6077			
6090-6095			
6104	Bone graft at time of implant placement	Not covered	
6205-6794	Bridge	Not covered	
9222 9223	Deep Sedation/General Anesthesia	Not covered	
9243	Intravenous moderate (conscious) sedation/analgesia	Not covered	
9944-9946	Night/Occlusal Guard	Not covered	

Orthodontics

CDT Code	Description	Benefit	Frequency
8010-8090 8660-8699	Orthodontics	Not covered	