PEHP HEALTH & BENEFITS DENTAL BREAKDOWN

Medicare Dental 1000 Plan

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: $1,000 per person
Yearly Dental Deductible: $50 per person

There is a six-month waiting period for Prosthodontic (Major). No benefits are payable for services performed before the six-month waiting period has been met, even with preauthorization. Please verify online to see if the waiting period has been met. This waiting period may be waived if the member had continuous PEHP sponsored dental coverage for 6 months without a break in coverage. Please call customer service for more details.

There is a five-year missing tooth clause from the original effective date. This waiting period may be waived if the member had continuous PEHP sponsored dental coverage for five years or longer without a break in coverage. Please call customer service for more details.

Preventative

CDT Code	Description	Benefit Benefits reduced by 20% when using an out of network provider	Frequency
0120	Periodic Oral Examination	80% of PEHP's in-network rate Deductible applies if provider is out of network.	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	80% 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	80% 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	80% 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	80% 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	80% 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	Not Covered	

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)	80% of PEHP's in-network rate Deductible applies if provider is out of network.	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
0180	Comprehensive Periodontal Evaluation	80% 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	Space Maintainers – through age 16 only	Not Covered	

1526 1527			
2140 2150 2160 2161	Amalgam Fillings	80% 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 2390 2391 2392 2393 2394	Resin Based Composite Fillings	80% 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	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2799	Interim Crown	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2920	Re-cement or re-bond crown	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2928-2934	Crowns	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2950	Core Buildup, including any pins when required	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2952	Post and core in addition to crown, indirectly fabricated	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
3110 3120	Pulp cap direct/indirect	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.

3220	Pulpotomy	80% of PEHP's in-network rate	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
3310 3320 3330	Root Canal Therapy	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
3346 3347 3348	Root canal retreatment	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
4261	Osseous Surgery – one to three contiguous teeth or tooth bounded spaces per quadrant	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
4266 4267	Guided tissue regeneration resorbable barrier, per site	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
4341 4342	Periodontal Scaling and Root Planing	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
4355	Full mouth debridement	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
4381	Localized delivery of anti-microbial agents	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
4910	Periodontal maintenance	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
7140	Extraction, erupted tooth, or exposed root	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
7210 7220 7230 7240 7241 7250	Extractions, surgical/impacted	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
7951 7952 7953	Sinus Augmentation & Bone Replacement Graft	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.

9222 9223	Deep Sedation/General Anesthesia	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
9243	Intravenous moderate (conscious) sedation/analgesia	80% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.

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	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2710-2794	Custom and Pre-Fabricated Crown	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
2960-2962	Labial Veneer	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
5110-5286 5750-5761 5810-5821	Denture	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
6010-6050 6051-6077 6090-6095	Implant	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
6104	Bone graft at time of implant placement	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.

6205-6794	Bridge	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
9222 9223	Deep Sedation/General Anesthesia	50% of PEHP's in-network rate after deductible when done in conjunction with major services.	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
9243	Intravenous moderate (conscious) sedation/analgesia	50% of PEHP's in-network rate after deductible when done in conjunction with major services.	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.
9944-9946	Night/Occlusal Guard	50% of PEHP's in-network rate after deductible	Access the Dental CDT Code Guide for frequency limitations, claim remark requirements, and preauthorization requirements.

Orthodontics

CDT Code	Description	Benefit	Frequency
8000-8999	Orthodontics	Not covered	