

PEHP HEALTH & BENEFITS DENTAL BREAKDOWN



State of Utah Basic HSA Dental Care

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.

Yearly Maximums & Waiting periods

Policy Year: July 1 – June 30

Yearly Dental Maximum: \$500 per person

Yearly Dental Deductible: \$50 per person or \$150 combined for a family of three or more members.

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	Two combined exams per plan year.
0145	Oral Evaluation for a patient under age 3		
0150	Comprehensive Oral Evaluation		
0160	Detailed & Extensive Oral Evaluation		
0220	Intra-Oral periapical first film	100% of PEHP's in-network rate	Allowable when necessary for specific diagnostic purposes. Multiple PA's in any one visit will be limited to the amount allowed for full mouth x-rays, but will not apply to the time limit of once in three-year period.
0230, 0240, 0250	Intra-Oral periapical each additional film		
0251	Extra-Oral posterior dental radiographic image		
0270	Bitewing – single film	100% of PEHP's in-network rate	Two times per plan year.
0272	Bitewing – two films		
0273	Bitewing – three films		

0274	Bitewing – four films		
0277	Vertical bitewings 7-8 films		
0210	(FMX) Intraoral-complete series, including bitewings	100% of PEHP's in-network rate	Once in a three-year period for one, not both. FMX is not eligible under age 13.
0330	Panoramic film		
0350	2D oral/facial photographic image	100% of PEHP's in-network rate	Allowable when necessary for specific diagnostic purposes.
1110	Prophylaxis – adult age 14 and up	100% of PEHP's in-network rate	Two times per plan year.
1120	Prophylaxis – child through age 13		
1206	Fluoride – topical application of fluoride varnish	100% of PEHP's in-network rate	Two times per plan year, must be in conjunction with a cleaning or four times per plan year with eligible 4910 or 4346, unless under age 3 and a cleaning cannot be done. No age limit.
1208	Fluoride – topical application of fluoride, excluding varnish		
1351	Sealant – per tooth	100% of PEHP's in-network rate	Once in a five-year period on teeth without an occlusal filling, on permanent molars only, through age 17 only.
1352	Preventative resin restoration		Once in an 18-month period on teeth without an occlusal filling or prior 1351 service. No age limits.
1353	Sealant repair – per tooth		Once in a five-year period on teeth without an occlusal filling, on permanent molars only, through age 17 only. For molars with previous 1351 or 1352 the five-year period for sealants will start over on the date the 1353 is done.

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	Allowable when necessary to relieve pain on an episodic basis, but not with regular appointment. It may be billed together with palliative treatment or specific treatment code, but not both.
0180	Comprehensive Periodontal Evaluation	Not covered	

0364-0367 0380, 0383	Cone Beam CT (various images)	100% of PEHP's in-network rate	Allowable when necessary for specific diagnostic purposes. Records required.
0351	3D photographic image	100% of PEHP's in-network rate	Allowable when necessary for specific diagnostic purposes
0393	Treatment simulation using 3D image volume	100% of PEHP's in-network rate	Records required.
1510-1527	Space Maintainers	Not covered	
2140 2150 2160 2161	Amalgam Fillings	50% of PEHP's in-network rate after deductible	Once in an 18-month period.
2330 2331 2332 2335 2391 2392 2393 2394	Resin Based Composite Fillings	50% of PEHP's in-network rate after deductible	Once in an 18-month period. X-rays required when filling includes (F) surface for code 2332. X-rays required on teeth 5-12 and 21-28 for code 2335. No downgrading on posterior composites.
2510-2530 2610-2630 2650-2652	Inlay	Not covered	
2930-2934	Stainless Steel Crown	Not covered	
2940	Sedative filling/protective restoration	50% of PEHP's in-network rate after deductible	Eligible in addition to palliative care or permanent filling
2950	Core Buildup	Not covered	
2952	Cast Post and Core	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	Scaling and Root Planning	Not covered	

4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (without periodontitis).	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- 7953	Sinus Augmentation & Bone Replacement Graft	Not covered	
9110	Palliative (Emergency) treatment of dental pain	100% of PEHP's in-network rate	Allowable as necessary
9222 9223	Deep Sedation/General Anesthesia	Not covered	
9243	Intravenous moderate (conscious) sedation/analgesia	Not covered	

Major (Prosthodontic)

CDT Code	Description	Benefit	Frequency
2542- 2664	Onlay	Not covered	
2710- 2794	Crown	Not covered	
5110- 5286 5750- 5761 5810- 5821	Denture	Not covered	
6010- 6050 6051- 6077	Implant	Not covered	

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	