

## 2026 PEBB Dental Benefits Comparison

Use the chart below to see what you pay for dental services. Before you select a dental plan or provider, compare the plans to find out what is covered, which providers are in-network, and your costs for care. For benefit details, refer to the plan's benefits booklet (also called a certificate of coverage) or contact the plan. If anything in this chart conflicts with the plan's benefits booklet, the benefits booklet takes precedence and prevails.

Uniform Dental Plan (UDP) is a preferred-provider organization (PPO) plan available throughout the U.S. You can choose any dental provider and change providers at any time. UDP offers a tiered network of providers, which means there are two cost-sharing levels. Providers in the Delta Dental Premier network charge more for covered services than providers in the Delta Dental PPO network. The UDP amounts shown below are for the Delta Dental PPO network only.

\*The UDP deductible does not apply to orthodontia, preventive care, and services for children under age 15. You must meet the deductible before the plan pays for all other covered services.

DeltaCare and Willamette Dental (underwritten by Willamette Dental of Washington, Inc.) are managed-care plans. You must select and receive care from a primary care dental provider in that plan's network. DeltaCare's service area is limited to Washington State. Willamette Dental has office locations in Washington, Oregon, and Idaho.

الا What you pay	Managed Care Plans		Preferred Provider Organization (PPO)	
	<b>DeltaCare</b> (Group 3100) DeltaCare network	<b>Willamette Dental</b> (Group WA82)	Uniform Dental Plan (Group 3000 Delta Dental PPO)	
			PPO and out-of-state	Non-PPO
Annual Costs				
Deductible	None		\$50/person*; \$150/family*	
Annual maximum	None		Any amount over \$1,750/person	
Services				
Crowns	\$100 to \$175		50%	60%
Dentures	\$140 for complete upper or lower		50%	60%
Fillings	\$10 to \$50		20%	30%
Nonsurgical temporomandibular joint (TMJ) treatment	30% then any amount over   \$1,000 per year; any amount over   \$5,000 in member's lifetime   \$5,000 in member's lifetime		30% then any amount over \$1,000 per year; any amount over \$5,000 in member's lifetime	
Oral surgery	\$0 to \$50 per tooth removed	\$10 to \$50 per tooth removed	20%	30%
Orthodontia	\$1,500 per case		50% up to \$1,750, then any amount over \$1,750 in member's lifetime	
Orthognathic surgery (jaw surgery)	30% up to \$5,000, then any amount over \$5,000 in member's lifetime		30% up to \$5,000, then any amount over \$5,000 in member's lifetime	
Periodontic services (treatment of gum disease)	\$15 to \$100		20%	30%
Preventive services	\$0		\$0 (10% out-of-state)	20%
Root canals (endodontics)	\$100 to \$150		20%	30%

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