2026/2027 Dental Schedule of Benefits

MANAGEMENT AND BUDGET
STATE EMPLOYEE GROUP INSURANCE PROGRAM

Annual Maximum per person $2,200 (does not apply to Preventive Care, Diagnostic Care, or Orthodontia).

Orthodontics Lifetime Maximum per person $3,200 (does not start over if you change dental administrators).

	State Dental Plan Network	National Network	Out-of-network
Annual Deductible	$50 per person $150 per family	$100 per person $300 per family	$125 per person

Diagnostic and preventive care (deductible does not apply)

Covered Services	State Dental Plan Network	National Network	Out-of-network*
Examinations, dental cleanings, and routine x-rays	100% coverage	100% coverage	50% coverage
Fluoride treatment (to age 19)	100% coverage	100% coverage	50% coverage
Space maintainers	100% coverage	100% coverage	50% coverage
Sealants	100% coverage	100% coverage	50% coverage

Restorative care and prosthetics (deductible applies)

Covered Services	State Dental Plan Network	National Network	Out-of-network*
Fillings (customary restorative materials)	80% coverage	60% coverage	50% coverage
Oral surgery	80% coverage	60% coverage	50% coverage
Periodontics (gum disease therapy)	80% coverage	60% coverage	50% coverage
Endodontics (root canal therapy)	80% coverage	60% coverage	50% coverage
Inlays and onlays	80% coverage	60% coverage	50% coverage
Restorative crowns	80% coverage	60% coverage	50% coverage
Dental implants	80% coverage	60% coverage	50% coverage
Fixed or removable bridgework	80% coverage	60% coverage	50% coverage
Full or partial dentures	80% coverage	60% coverage	50% coverage
Dental relines or rebases	80% coverage	60% coverage	50% coverage
Orthodontics (deductible does not apply)	80% coverage	60% coverage	50% coverage

*Out-of-network percentage is of the allowed amount. You are responsible for the difference between the allowed amount and what is charged.

Emergency services are covered at the same benefit level as non-emergency services, whether care is received in the State Dental Plan network, the National Network, or Out-of-network.

See Summary of Benefits for specific plan limitations.

Updated for Plan Year 2027