Dental ID Card Guide

These ID card samples will help you identify SelectHealth® members and their network. A subscriber’s ID card covers all enrolled dependents.

Our Member Services representatives are available to answer your questions about benefits and eligibility. Call us at 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m., to verify benefits.

COMMERCIAL NETWORKS

In-Network Dental Benefits
- Deductible: $1000
- Annual Max: $1000
- Preventive and diagnostic: 0%
- Basic: 20% after deductible
- Major: 50% after deductible
- Orthodontic: 50%
- Orthodontic lifetime max: $1000

In-Network Medical Benefits
- Medical Deductible: None
- Preventive Care: $0
- Primary Care: $25
- Specialty Care: $40
- Connect CareSM: $10
- Urgent Care Clinic: $40
- Emergency Room: $350

Pharmacy Benefits
- Rx Deductible: $150
- Tier 1: $10
- Tier 2: 25%
- Tier 3: 50% After Rx Deductible
- Tier 4: 20% After Rx Deductible
- Tier 5: 20% After Rx Deductible
- RX BIN: 015938
- RX PCN: 7463
- RX GRP ID: U1000009

COMMERCIAL NETWORKS

Classic network providers are in all Utah counties and represent the majority of dental providers in Utah. Prime and Fundamental network providers are only in Davis, Salt Lake, Weber, and Utah counties.

Classic Individual and Small Employer plans include embedded preventive pediatric benefits for cleanings, fluoride applications, oral exams, sealants, and x-rays.

Verify coverage by contacting Member Services.

DENTAL ADVANTAGE®

As part of Medicare Advantage plans, members have preventive dental benefits “embedded” in their medical coverage. There are optional supplemental benefit (OSB) packages available as well.

Check with Member Services to verify coverage for services not listed in the table below.

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Allowable Benefit/Time Frame</th>
<th>Applicable Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings</td>
<td>2 cleanings/calendar year</td>
<td>D1110, D1120</td>
</tr>
<tr>
<td>Oral Examinations</td>
<td>2 exams/calendar year</td>
<td>D0120, D0145, D0150</td>
</tr>
<tr>
<td>Bite-Wing X-Rays</td>
<td>2 full series bite-wings/calendar year OR 2 vertical bite-wings in lieu of full series bite-wings/calendar year</td>
<td>D0270, D0272, D0273, D0274, D0277</td>
</tr>
<tr>
<td>Panorex/Complete Mouth X-rays</td>
<td>1 Panorex/36-month period OR 1 complete mouth x-ray/36-month period</td>
<td>D0330, D0210</td>
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</tbody>
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