Utah Select Health Small Employer Dental plans | 2027

Plan name ▶	Select Health Dental Copay Prime	Select Health Dental Copay Classic	Select Health Dental 1000 Prime	Select Health Dental 1000 Flex	Select Health Dental 1000 Classic	Select Health Dental 1500 Prime	Select Health Dental 1500 Flex	Select Health Dental 1500 Classic	Select Health Dental 1500 Flex Roll Over	Select Health Dental 1500 Classic Roll Over	Select Health Dental 2000 Flex Roll Over	Select Health Dental 2000 Classic Roll Over	Select Health Dental Max Flex Roll Over
Participating networks	**Prime**	**Classic**	**Prime**	**Flex Tiered (Prime + Classic)**	**Classic**	**Prime**	**Flex Tiered (Prime + Classic)**	**Classic**	**Flex Tiered (Prime + Classic)**	**Classic**	**Flex Tiered (Prime + Classic)**	**Classic**	**Flex Tiered (Prime + Classic)**
Service area	Davis, Salt Lake, Utah, and Weber counties	Utah	Davis, Salt Lake, Utah, and Weber counties	Utah	Utah	Davis, Salt Lake, Utah, and Weber counties	Utah	Utah	Utah	Utah	Utah	Utah	Utah
Group size	2-50	2-50	2-50	2-50	2-50	2-50	2-50	2-50	2-50	2-50	2-50	2-50	2-50
Deductible													
Individual / Family	$50 / $150 (Preventive: $0)	$50 / $150 (Preventive: $0)	$50 / $150 (Preventive: $0)	$50 / $150 (Preventive: $0)	$50 / $150 (Preventive: $0)	$50 / $150 (Preventive: $0)	$50 / $150 (Preventive: $0)	$50 / $150 (Preventive: $0)	$25 / $75 (Preventive: $0)	$25 / $75 (Preventive: $0)	$25 / $75 (Preventive: $0)	$25 / $75 (Preventive: $0)	$0 / $0
Annual maximum													
Individual	None (copay schedule)	None (copay schedule)	$1,000	$1,000	$1,000	$1,500	$1,500	$1,500	L1: $1,500 L2: $2,000 L3: $2,500	L1: $1,500 L2: $2,000 L3: $2,500	L1: $2,000 L2: $2,500 L3: $3,000	L1: $2,000 L2: $2,500 L3: $3,000	L1: $4,000 L2: $4,500 L3: $5,000
Services													
Plan pays coinsurance preventive / basic / major (OON)	Fixed copays (no coinsurance)	Fixed copays (no coinsurance)	100% / 80% / 50%	100% / (80% - 60%) / (50% - 40%)	100% / 80% / 50%	100% / 80% / 50%	100% / (80% - 60%) / (50% - 40%)	100% / 80% / 50%	L1: 100% / (80% - 60%) / (50% - 40%) L2: 100% / (85% - 65%) / (55% - 45%) L3: 100% / (90% - 70%) / (60% - 50%)	L1: 100% / 80% / 50% L2: 100% / 85% / 55% L3: 100% / 90% / 60%	L1: 100% / (80% - 60%) / (50% - 40%) L2: 100% / (85% - 65%) / (55% - 45%) L3: 100% / (90% - 70%) / (60% - 50%) (80% / 60% / 30%) OON	L1: 100% / 80% / 50% L2: 100% / 85% / 55% L3: 100% / 90% / 60%	L1: 100% / (80% - 60%) / (50% - 40%) L2: 100% / (85% - 65%) / (55% - 45%) L3: 100% / (90% - 70%) / (60% - 50%) (80% / 60% / 30%) OON
Out-of-network (OON)	$0	$0	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%	80% / 60% / 30%
Out-of-area-network (OOA)	Not included	Not included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
Implants (voluntary)	Fixed copays (no coinsurance) 12m waiting period	Fixed copays (no coinsurance) 12m waiting period	50% 12m waiting period	50% 12m waiting period	50% 12m waiting period	50% 12m waiting period	50% 12m waiting period	50% 12m waiting period	50% 12m waiting period	50% 12m waiting period	60% 12m waiting period	60% 12m waiting period	60% 12m waiting period
Missing tooth (voluntary)	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period	36m waiting period
Waiting periods P / B / M / O (voluntary)	P: 0m, B: 0m, M: 6m, O: n/a	P: 0m, B: 0m, M: 6m, O: n/a	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m	P: 0m, B: 0m, M: 6m, O: 12m
Child ortho add-on (<19)	Not included	Not included	Available 50% up to $1,000 lifetime	Available 50% up to $1,000 lifetime	Available 50% up to $1,000 lifetime	Available 50% up to $1,000 lifetime	Available 50% up to $1,000 lifetime	Available 50% up to $1,000 lifetime	Available 50% up to $1,000 lifetime	Available 50% up to $1,000 lifetime	Available 50% up to $1,500 lifetime	Available 50% up to $1,500 lifetime	Available 50% up to $2,500 lifetime
Aligner add-on (>=19)	Not included	Not included	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max	Available 50% up to $1,000 lifetime max
Teeth whitening add-on (>=19)	Available $150 annual allowance	Available $150 annual allowance	Available $150 annual allowance	Available $150 annual allowance	Available $150 annual allowance	Available $150 annual allowance	Available $150 annual allowance	Available $150 annual allowance	Available $250 annual allowance	Available $250 annual allowance	Available $250 annual allowance	Available $250 annual allowance	Available $250 annual allowance

Out-of-network (OON) benefits- Services performed by non participating providers are covered at reduced coinsurance levels.

Preventive deductibles- $0 deductible for preventive services on all plans.

Implants- All plans cover surgical placement, abutment, and implant crown; full-arch prosthetics are excluded. Copay plans cover implants based on copay schedule.

Clear aligner add-on- Available as a group add-on. This benefit is brand-agnostic and covers clear aligners as a procedure (comprehensive and limited) when prescribed and supervised by a licensed, in-network dentist or orthodontist. The plan pays 50% of the contracted/approved fee. Waiting periods are 12m (voluntary), 0m (contributory); $1,000 lifetime max is separate from annual dental maximum; standard COB rules apply; no duplicate benefit if prior ortho lifetime max is exhausted under a previous plan; no OON coverage; no deductible.

Out-of-area (OOA) benefits- Included on all non-copay plans, for members living outside Utah. Groups require 5+ members with 20% or fewer employees out-of-state.

UT service area- Prime plans are only sold in Davis, Salt Lake, Utah, and Weber counties.

Waiting period waiver- Waiting periods are waived if members have 12m prior coverage on a qualified, comprehensive dental plan.

Roll over- Increasing annual max for multiyear members; requires 2 preventive visits/year + less than $1,000/person dental expense per year; drops back to previous year's value if requirements not met.

Teeth whitening add-on- Teeth whitening allowance add-on-annual allowance per person for in-network whitening; no waiting period; 19+ yr old; 1x per calendar year. Exclusions include: no OON coverage, restoration whitening (crowns, veneers, fillings), OTC products, cosmetic work combinations, ortho patients (active treatment), sensitivity treatment, untreated cavities/periodontal disease, <19 yrs, 1x/year.

P/B/M/O- P=Preventive, B=Basic, M=Major, O=Ortho

Select Health

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Underwriting guidelines

Participation, contribution, waiting periods, and eligibility.

	Contributory	Voluntary
Waiting periods* Preventive, Basic, Major, Ortho	Waived	Preventive: 0 Basic: 0 Major: 6 months Ortho: 12 months
Employer contribution	At least 50% of the single coverage monthly premium	No minimum requirement
Minimum employee participation	Up to four eligible employees: 100% participation Five or more eligible: 75% participation	30%
Eligibility	30 hours / week	30 hours / week

**Waiting periods may be waived for groups who have qualified dental coverage prior to enrollment.*

Contributory vs. voluntary

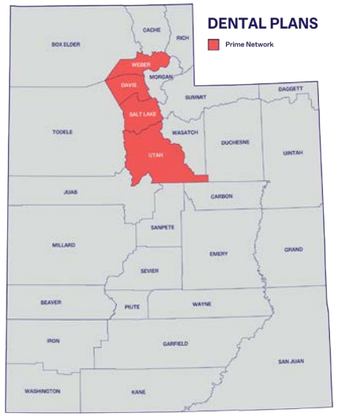
- **Contributory**—The employer pays at least 50% of the single premium, with 75%+ participation (5+ enrolling) or 100% (4 or fewer enrolling). All waiting periods are waived.
- **Voluntary (employee-pay-all)**—Requires 30% participation; standard waiting periods apply.
- **Prior coverage still helps**—Waiting periods are waived with qualified prior dental coverage in the previous 12 months.
- **Combined billing**—Pair dental with Select Health medical for one statement and a 10% new business discount.

One portfolio for Small Employer, Association, and Level Funded

In 2027, Small Employer, Association, and Level Funded groups share the same plan designs and networks. Choose the network that fits your members.

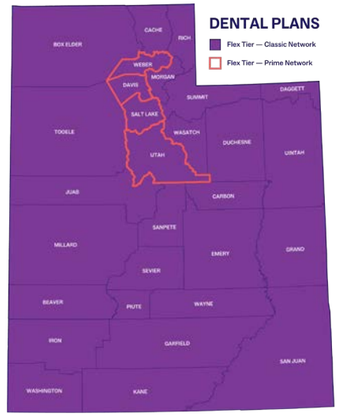
Network options

A dental network is a group of dentists who have agreed to provide services at negotiated rates. By choosing an in-network dentist, you can lower your out-of-pocket costs and enjoy a simpler claims process.



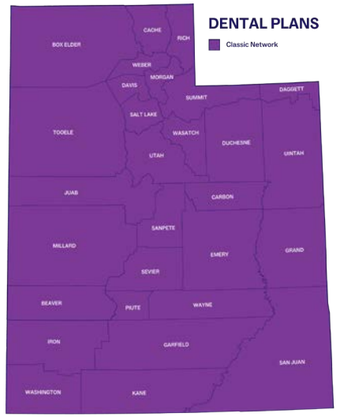
Select Health Prime

This is a focused network with access to dental providers across Utah's most populated Wasatch Front counties: Davis, Salt Lake, Utah, and Weber.



Select Health Flex

This is a tiered network blending Prime and Classic—members pay the lowest cost at a Prime-tier provider, with Classic-tier access too. Includes state wide access.



Select Health Classic

Our largest, most popular network includes 95% of all dental providers in Utah with statewide coverage, including rural areas where Prime providers are not available.

National wrap network: All non-copay plans include national coverage for employees living or seeking services outside Utah.

To see the full fair treatment notice, visit **selecthealth.org/disclaimers/non-discrimination**. This information is available for free in other languages and alternate formats by contacting Select Health: **800-538-5038 (TTY:711)**.

Your contract is the final authority on your plan's benefits and coverage. If there are differences between the contract and other materials, the contract will apply.

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