Select Health

Select Health Dental plans

Small Employer / Association / Level Funded

UTAH 2027



Dental Options for Small Employers

Give your employees something to smile about with one of our flexible Select Health Dental plans. Choose dental as a standalone product or pair it with your medical plan for a more complete benefits package.

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.

1000+

PARTICIPATING PROVIDERS



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. Available statewide.



Select Health Classic

Our largest, most popular network with statewide coverage, including rural areas where Prime is not available. Available statewide.

2,000+

PARTICIPATING PROVIDERS

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

Value added features

- Competitive rates
- Flexible plan designs
- Add-on options include clear aligners and teeth whitening
- 3 network options
- National wrap network for out-of-state employees
- 10% premium discount and combined billing when you bundle dental and medical with Select Health
- Standalone plans

How the plans work for your group

Loyalty rewards, add-on options, and simple participation rules.

Extra benefits

- Roll Over plans allow your employees to increase their annual maximum and reduce their coinsurance amounts as they receive preventive visits and control their spending. For example, a member on the $1,500 Roll Over plan who meets requirements over two years will have their annual max increased to $2,500 and basic and major coinsurance responsibilities decreased 10%.
- The Roll Over encourages regular preventive visits, keeping members healthier and claims lower.

Added benefits your employees can use

- **Routine preventive care:** Covered at 100% on every plan, with a $0 deductible.
- **Clear aligner:** 50% coverage for clear aligners with a separate $1,000 lifetime maximum. 12-month waiting period.
- **Teeth whitening:** Members (19+) can get an annual in-network whitening allowance ($150 or $250 depending on the plan), once per year. No waiting period.

Contributory and voluntary plans

- **Contributory:** The employer pays at least 50% of the single premium, with 75%+ participation (5+ enrolling) or 100% (4 or fewer enrolling). No waiting period.
- **Voluntary (employee pay-all):** Requires 30% participation. Waiting periods apply. Waiting periods are waived with qualified prior dental coverage in the previous 12 months.
- Pair dental with Select Health medical for one statement and a 10% dental premium discount.

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

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

L1, L2, L3 = Rollover levels

Underwriting guidelines

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

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

Questions? Contact your Select Health-appointed agent or call **844-442-6294**.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, veteran status, and/or any other characteristic protected by applicable federal or state law.

This information is available for free in other languages and alternate formats by contacting: Select Health: **800-538-5038** (TTY:**711**)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。



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