

Utah Individual dental plans and benefits | 2027

Plan name ▼ Network options	Deductible (single / family)	Annual maximum (per person)	Plan pays (in-network) Preventive / Basic / Major (Flex=Prime→ Classic tiered)
Dental Preventive Flex F	\$0 / \$0	\$500	100% / 50% → 40% / 0% Class I services only — no major coverage
Dental Copay P C	\$50 / \$150 Preventive \$0	None Copay schedule — no annual cap	Fixed copays A setollar amount per proceeduce — no coinsurance
Dental 750 P C	\$50 / \$150 Preventive \$0	\$750	100% / 80% / 50%
Dental 1000 Roll Over P C F	\$50 / \$150 Preventive \$0	\$1,000 Y1 / \$1,250 Y2 / \$1,500 Y3	100% / 80% → 60% / 50% → 40% Y1 100% / 85% → 65% / 55% → 45% Y2 100% / 90% → 70% / 60% → 50% Y3
Dental 1500 P C F	\$50 / \$150 Preventive \$0	\$1,500	100% / 80% → 60% / 50% → 40%
Dental 1500 Roll Over C F	\$25 / \$75 Preventive \$0 half the 1500 deductible	\$1,500 Y1 / \$2,000 Y2 / \$2,500 Y3	100% / 80% → 60% / 50% → 40% Y1 100% / 85% → 65% / 55% → 45% Y2 100% / 90% → 70% / 60% → 50% Y3
Dental 2000 Roll Over C F	\$25 / \$75 Preventive \$0	\$2,000 Y1 / \$2,500 Y2 / \$3,000 Y3	100% / 80% → 60% / 50% → 40% Y1 100% / 85% → 65% / 55% → 45% Y2 100% / 90% → 70% / 60% → 50% Y3

Network and service area

Prime - narrower network, lowest premium.

Classic - broader network, higher premium.

Flex Tiered - Prime tier providers pay the higher listed coinsurance, Classic tier providers pay the lower (shown as 80% → 60%). Preventive is 100% at every tier. Keep a Classic dentist without buying the Classic plan.

Out-of-area Network - is not available on Individual and Family dental plans. Individual coverage runs on the network the member selects at enrollment.

Service area - Prime and Flex plans are sold only in **Davis, Salt Lake, Utah, and Weber counties**. Classic is available statewide. Network is chosen at enrollment.

Waiting periods

Shown per plan as **Preventive / Basic / Major / Orthodontia**. Preventive care is available from day one on every plan.

All waiting periods are waived with 12 months of prior coverage on a qualifed dental plan. Confirm prior coverage during enrollment.

Missing tooth - a 36-month waiting period applies on every plan.

Roll over

The annual maximum and basic/major coinsurance both increase year over year when member qualifies.

To qualify, a member must get **2 preventive visits** and spend less than \$1,000 in dental expenses each year.

If either requirement is missed, the benefit **returns to the previous year's level** (not to year 1).

Implants

Covered on **Dental 1500, 1500 Roll Over and 2000 Roll Over** after a **12-month waiting period**. Covered services: surgical placement, abutment, implant crown.

Full-arch prosthetics are excluded on all plans.

The Copay plans cover implants at the scheduled copay instead of coinsurance.

Orthodontia

Child orthodontia (**under 19**) is available on **Dental 1500, 1500 Roll over and 2000 Roll over** after a **12-month waiting period**.

Adult orthodontia or clear aligner optional add-on is not included on Individual plans.

Dental and medical bundling rates

Quoted dental rates are for bundled Select Health dental and medical plans. Bundled rates do not apply to the Dental Preventive Flex plan. Rates apply to new dental plans.

Out-of-network Preventive / Basic / Major	Child orthodontia Under 19	Implants Plan pays	Waiting periods Preventive / Basic / Major / Orthodontia	Whitening optional add-on Annual allowance
Not included	Not included	Not included	0 mo / 3 mo / Not included / Not included	Not included
Not included	Not included	Copay Per schedule; 12–mo wait	0 mo / 3 mo / 6 mo / Not included	Not included
Not included	Not included	Not included	0 mo / 3 mo / 6 mo / Not included	Not included
Not included	Not included	Not included	0 mo / 3 mo / 6 mo / Not included	Not included
50% / 40% / 25%	50% \$1,000 lifetime	50% 12–mo wait	0 mo / 3 mo / 6 mo / 12 mo	\$150
50% / 40% / 25%	50% \$1,500 lifetime	50% Y1 / 55% Y2 / 60% Y3 12–mo wait	0 mo / 3 mo / 6 mo / 12 mo	\$150
50% / 40% / 25%	50% \$1,500 lifetime	50% Y1 / 55% Y2 / 60% Y3 12–mo wait	0 mo / 3 mo / 6 mo / 12 mo	\$150

Optional teeth whitening add-on

Annual allowance per person for **in-network** whitening. **No waiting period**, ages **19 and over**, once per calendar year. Services: external bleaching per arch in office or per tooth, internal bleaching per tooth, and take-home external bleaching with custom tryas.

Not covered: out-of-network, whitening of restorations (crowns, veneers, fillings), OTC products, combined cosmetic work, active orthodontia patients, sensitivity treatment, members under 19, and untreated decay or periodontal disease.

- P Select Health Prime Network
- C Select Health Classic Network
- F Flex Tiered (Select Health Prime + Select Health Classic) Network

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, or other materials, the contract will apply.

