



# Select Health Dental Plans.

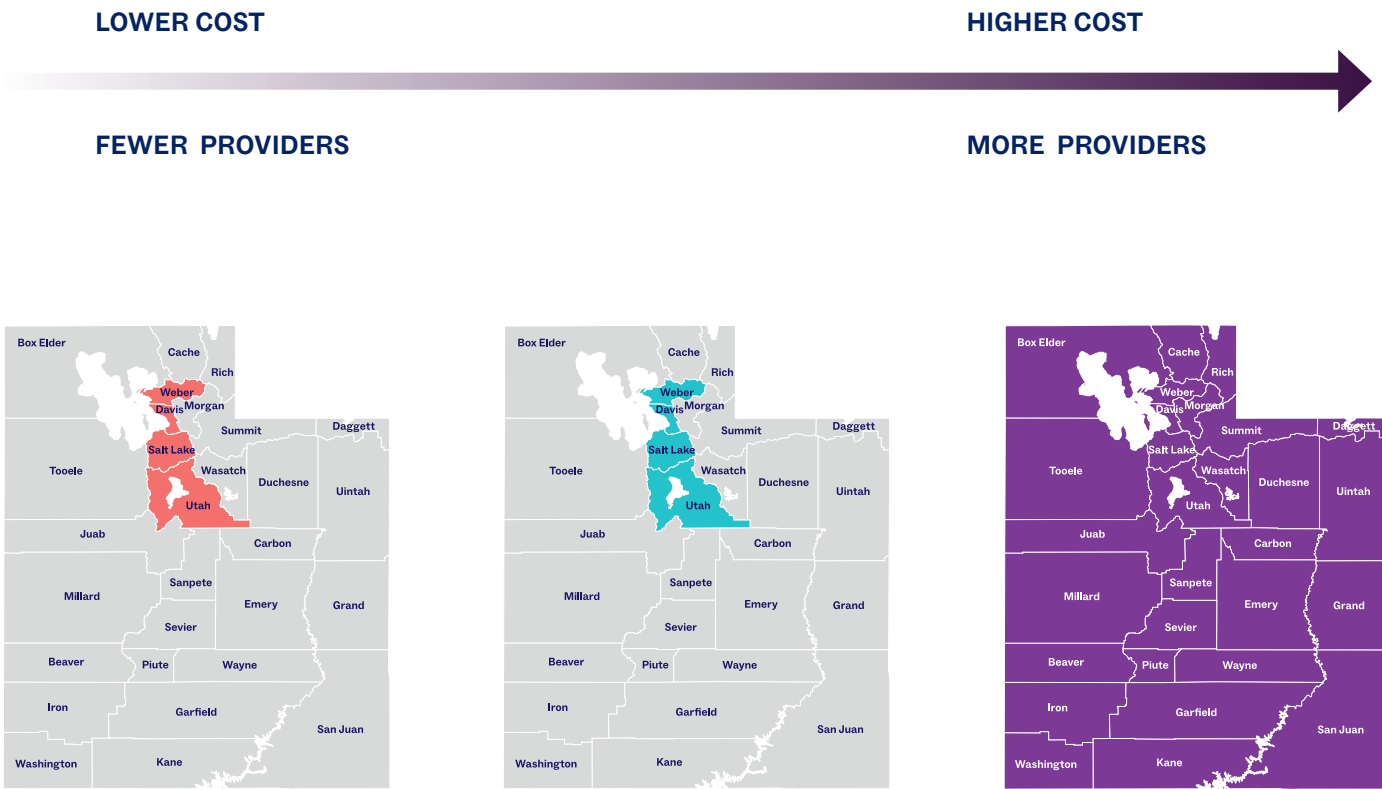
Small Employer / Associations / Level Funded

UTAH 2026



# Small Employer Plan Value Adds

- Competitive rates
  - Flexible plan designs
  - Buy-up option to include orthodontics
- Three network options
  - Premium discounts and simplified billing when combined with Select Health medical coverage
  - Standalone plans



## Select Health Fundamental

Our smallest, most affordable network for members seeking dental care along the Wasatch Front.

700+

Participating providers

## Select Health Prime

Our midsized option provides affordable access to dental providers along the Wasatch Front in the most populated counties.

850+

Participating providers

## Select Health Classic

Our largest, most popular plan with statewide coverage, including rural areas where Prime and Fundamental are not available.

1,600+

Participating providers

# Small Employer Plan Options

You can purchase dental coverage as a standalone product, or add it to your medical plan to boost your employee benefit package.

Benefits	In-network	Out-of-network
Deductible (individual/family)	\$50–\$100 / \$150–\$300	
Annual Maximum Plan Payment (per person, per calendar year)	\$1,000–\$2,000	
Preventive and Diagnostic Oral exams, cleanings, fluoride, X-rays	Plan pays 100%	Plan pays 80%
Basic Fillings and oral surgery	Plan pays 80% after Deductible	Plan pays 60% after Deductible
Major Crowns, bridges, dentures, anesthesia for major services, endodontics, and periodontics	Plan pays 50% after Deductible	Plan pays 40% after Deductible
Implants	Plan pays 50% after Deductible	Plan pays 50% after Deductible
Orthodontics*	Plan pays 50%	
Orthodontic Lifetime Maximum Plan Payment (per person)	\$1,000 / \$1,500	

*\*Orthodontics are not covered on all plans. This only applies if orthodontia is listed as a covered service on the Dental Payment Summary (DPS).*

## Contributory and voluntary plans

We offer both contributory and voluntary premium options. For contributory plans, the employer contribution must equal at least 50% of the single coverage monthly premium. For employers with four or fewer enrolling employees, 100% must participate. For employers with five or more enrolling, 75% must participate. Employees waiving coverage due to a valid waiver will not be counted towards participation.

For voluntary plans, employers need at least 30% participation. Please note, voluntary plans have coverage waiting periods for certain services (see the table on the next page).

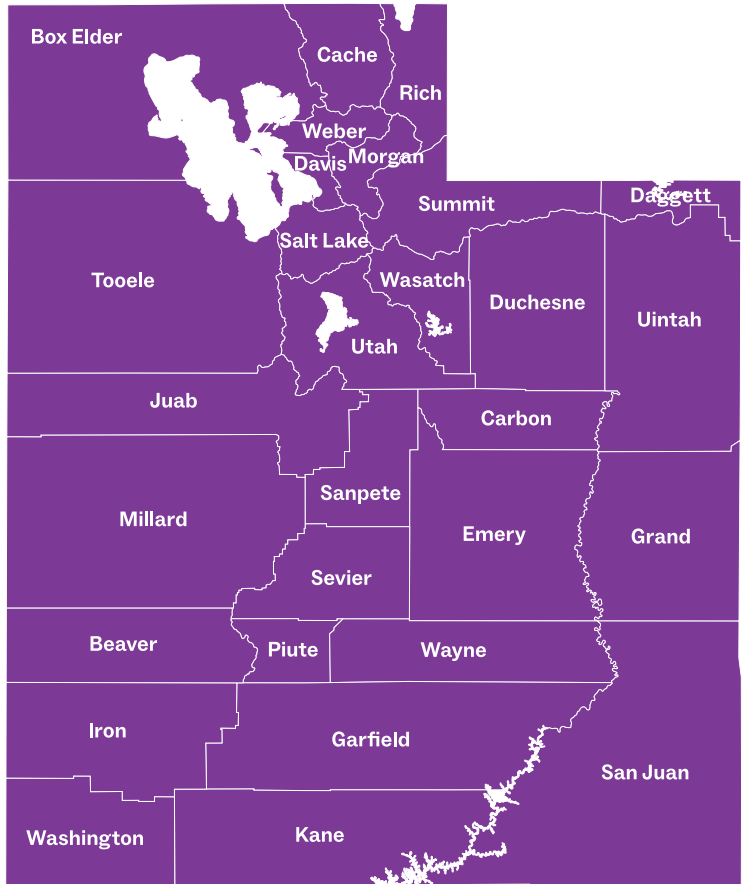
**Note:** For those who live outside of the service area, we offer plans that do not require a network selection.

Learn more about our plan options by visiting [selecthealth.org/plans/dental](https://selecthealth.org/plans/dental).



## Associations/Level Funded Plan Value Adds

- Competitive rates
- Flexible plan designs
- Buy-up option to include orthodontics
- Statewide network
- Premium discounts and simplified billing when combined with Select Health medical coverage
- Standalone plans



### Select Health Classic

Our largest, most popular network with statewide coverage, including rural areas.

1,600+

Participating providers

## Associations/Level Funded Plan Options

You can purchase dental coverage as a standalone product, or add it to your medical plan to boost your employee benefit package.

Benefits	Classic Network	Out-of-network
Deductible (individual/family)	\$50/\$150	
Annual Maximum Plan Payment (per person, per calendar year)	\$1,000–\$2,000	
Preventive and Diagnostic Oral exams, cleanings, fluoride, X-rays	Plan pays 100%	Plan pays 80%
Basic Fillings and oral surgery	Plan pays 80% after Deductible	Plan pays 60% after Deductible
Major Crowns, bridges, dentures, anesthesia for major services, endodontics, and periodontics	Plan pays 50% after Deductible	Plan pays 40% after Deductible
Implants	Plan pays 50% after Deductible	Plan pays 50% after Deductible
Orthodontics*	\$1,000	
Orthodontic Lifetime Maximum Plan Payment (per person)	\$1,000	

*\*Orthodontics are not covered on all plans. This only applies if orthodontia is listed as a covered service on the Dental Payment Summary (DPS).*

### Contributory Plans

We offer a contributory premium option. For contributory plans, the employer contribution must equal at least 50% of the single coverage monthly premium. For employers with four or fewer enrolling employees, 100% must participate. For employers with five or more enrolling, 75% must participate. Employees waiving coverage due to a valid waiver will not be counted towards participation.

Note: For those who live outside of the service area, we offer plans that do not require a network selection. Learn more about our plan options by visiting [selecthealth.org/plans/dental](https://selecthealth.org/plans/dental).



# Underwriting Guidelines

	Contributory	Voluntary
Waiting periods* <ul style="list-style-type: none"><li>• Preventive</li><li>• Basic</li><li>• Major</li><li>• Orthodontics (buy-up option)</li><li>• Missing tooth</li></ul>	None	None 3 months 12 months Not available 36 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 members 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, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900 (TTY: 711)** / Select Health: **800-538-5038**.

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。請致電





