



SelectHealth Dental® for Individuals and Families

Here are just a few reasons to make SelectHealth your dental carrier:

- > Competitive rates
- > Flexible plan designs
- > Access to any dentist
- > Excellent local customer service
- > Simplified administration by combining with SelectHealth medical coverage

BENEFITS	OPTIONS 1 AND 2		OPTION 3	
	PARTICIPATING	NONPARTICIPATING	PARTICIPATING	NONPARTICIPATING
DEDUCTIBLE (Individual/Family)	\$50/\$150		\$50/\$150	
ANNUAL MAXIMUM PLAN PAYMENT (Individual)	Option 1 \$750 Option 2 \$1,000		Option 3 \$1,500	
PREVENTIVE AND DIAGNOSTIC Oral exams, cleanings, fluoride, X-rays	Plan pays 100%	Plan pays 80%	Plan pays 90%	Plan pays 70%
BASIC Fillings, oral surgeries	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
MAJOR Crowns, bridges, dentures, implants, endodontics, periodontics	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
ORTHODONTICS	Not covered		Not covered	
WAITING PERIODS Upon initial enrollment, waiting periods must be met before benefits are paid. Waiting periods differ based on the type of service.				
Preventive and Diagnostic	No waiting period		No waiting period	
Basic	6 months		6 months	
Major	12 months		12 months	
Missing Tooth	36 months		36 months	

MONTHLY PREMIUM RATES

Subscriber's Age	Option 1 - \$750 Maximum			Option 2 - \$1,000 Maximum			Option 3 - \$1,500 Maximum		
	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family
18 and younger	\$14	\$26	\$39	\$15	\$29	\$43	\$15	\$28	\$42
19 to 39	\$26	\$49	\$72	\$28	\$54	\$80	\$28	\$52	\$77
40 to 64	\$34	\$65	\$96	\$38	\$72	\$106	\$37	\$70	\$103
65 and older	\$39	\$74	\$109	\$43	\$81	\$120	\$42	\$79	\$116



ELIGIBILITY

Applicant(s) must be approved for and enrolled on a SelectHealth individual medical plan to qualify for dental coverage. When selected, dental coverage will be added to all members of the family on the medical plan.

GENERAL LIMITATIONS

SelectHealth dental plans have exclusions, limitations, and requirements that reduce or limit some of the services that are covered and the level of coverage. A partial listing of benefit limitations is found below. For a complete list of exclusions, limitations, and requirements, please contact us.

PREVENTIVE AND DIAGNOSTIC LIMITATIONS

- > **Oral examinations** - Two per year
- > **Cleanings** - Two per year
- > **X-rays** - Panoramic or complete intraoral once every 36 months; Bitewing two times per year
- > **Sealants** - Covered under age 15; limited to permanent molars and bicuspid without decay or restorations. Sealant repair/replacement is not covered within 36 months of application
- > **Space maintainers** - Covered under age 15
- > **Fluoride** - Covered under age 18, two applications per year



BASIC LIMITATIONS

- > **Fillings** - Repair or replacement is not covered within 24 months of original filling

MAJOR LIMITATIONS

- > Replacement of bridges, dentures, implants, or other prosthodontic devices due to normal wear or use, loss of remaining teeth, or change in supporting tissue is covered only after five years from the date of placement. Repair and/or adjustment of bridges, dentures, implants, or other prosthodontic devices due to normal wear or use is covered only after six months from the date of placement. Replacement or repair due to abuse, misuse, neglect, loss, or theft is not covered
- > **Dentures** - Rebasing is covered once every 36 months. Relining is covered once every 18 months
- > **Endodontics** - Repeat procedures are not covered within 12 months of the original procedure when performed by the same provider
- > **Periodontal surgery** - One per quadrant every 36 months
- > **Periodontal debridement** - One per 36 months
- > **Periodontal scaling/root planing** - One per quadrant every 24 months
- > **Periodontal maintenance** - Two times per year in lieu of cleaning

ORTHODONTIC LIMITATIONS

- > **Orthodontic services** - Not covered