

Dental Summary

DentalSelect

Summary of Benefits for:

ARUP Laboratories

Dental Plus
Platinum Network

90th R&C

Effective Date: 1/1/2022
Renewal Date: 1/1/2023

	Contracted Dentist	Non-Contracted Dentist
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays, space maintainers, sealants	100%	100% of R&C
Basic		
Composite fillings, extractions, endodontics, periodontics, oral surgery	80%	80% of R&C
No Waiting Period		
Major		
Crowns, bridges, dentures, full implants	50%	50% of R&C
No Waiting Period		
Orthodontics		
Children and Adults	50%	50%
Waiting Periods	No Waiting Period	
Lifetime Maximum	\$2,000	
All Members:	Up to a 20% Discount May Apply; See Plan Notes	No Benefit
Maximum Benefit		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is:	\$2,500.00
	Per Calendar Year	
Deductible		
<i>Applies to Basic and Major Services</i>	Per Benefit Period	
	Per Person:	\$50.00
	Family Maximum:	\$150.00

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No Waiting Period		
Major		
Crowns, bridges, dentures, full implants	50%	50% of R&C
No Waiting Period		
Orthodontics		
All Members:	Up to a 20% Discount May Apply; See Plan Notes)	0% (No Benefit)
Maximum Benefit		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: Per Calendar Year	\$2,000.00
Deductible		
<i>Applies to Basic and Major Services</i>	<i>Per Benefit Period</i> Per Person:	\$50.00
	Family Maximum:	\$150.00

Dental Notes for:

ARUP Laboratories

Effective Date: 1/1/2022

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Dental Plan Notes

Co-Insurance R&C Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.*
- Non-Contracted: Dental Select will allow up to the Reasonable & Customary (R&C) amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

MAC refers to the Maximum Allowable Charge in Utah and Texas.

MAB refers to the Maximum Allowable Benefit in all other states.

R&C refers to the Reasonable & Customary amount in Utah and Texas.

U&C refers to or Usual & Customary amount in all other states.

Contracted Dentist refers to a network dentist in UT and TX.

Participating Provider refers to a network dentist in all other states.

Non-Contracted Dentist refers to a non-network dentist in UT and TX.

Non-Participating Provider refers to a non-network dentist in all other states.

* Please contact Dental Select's Customer Care at 800-999-9789 or consult your provider to confirm availability.

This summary of benefits is current as of 01/01/2022. To verify up to date benefits, please contact Dental Select Customer Care at 800-999-9789.