



## Plan Type: In-Network Fixed Co-Payment

Network Options: ● Gold ● Platinum

### Employer Dental Plan

Dental Select Co-pay plans give your company the best overall value. This plan offers its members enriched features while minimizing employer costs. The absence of waiting periods and annual maximums create a competitive co-pay plan with affordable premiums and less out-of-pocket costs for its members. In addition, Employers have the option to choose either the Gold or Platinum network.

### Plan Features

- No waiting periods
- No annual maximums
- Includes out-of-network benefit
- Choose from two large, quality networks - Gold or Platinum
- Fixed affordable co-payments
- Covers in-network preventive care at 100%
- Includes orthodontic discount
- Includes discount on teeth bleaching and veneers

### Co-Pay Plans Can Be Self-Funded

### Underwritten by ACE American Insurance Company

- Rated A+ by A.M. Best and S&P
- Physical presence in 53 countries
- More than 15,000 employees serving the insurance needs of commercial and individual customers in more than 170 countries

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Plan Summary of Benefits	In-Network	Out-of-Network
<b>Preventive</b> Cleanings (2 per year), exams, fluoride and x-rays	100%	See Sample Payment Schedule
<b>Basic</b> Fillings and oral surgery	Fixed Co-Pays (see sample payment schedule)	
<b>Major</b> Crowns, bridges, endodontics, periodontics and dentures		
<b>Specialists</b> Oral Surgeon, Prosthodontist, Endodontist, Periodontist and Pediatric Specialist**	20% Discount*	No Benefit
<b>Orthodontics</b> Children & Adult	20% Discount*	
<b>Deductible</b> Per person, per calendar year	\$0 for 6 or More Enrolled (\$25 / \$75 for 2-5 Enrolled)	
<b>Waiting Periods:</b>	<b>Basic</b> <b>Major</b> <b>Orthodontic</b>	<b>None</b> <b>None</b> <b>None</b>
<b>Maximum Benefit</b> Per person, per calendar year Applies to preventive, basic and major services	No maximum	
<b>Underwriting Requirements:</b>	<b>Minimum Group Size</b> <b>Minimum Participation</b> <b>Eligible Employees</b> <b>Employer Contribution</b>	<b>2 Enrolled</b> <b>2</b> <b>Working at least 20 hours per week</b> <b>None</b>

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of discrepancy, the plan documents apply. Please refer to the plan certificate booklet for a complete description of benefits, limitations and exclusions.

**In-Network benefit based on a fixed co-pay; Out-of-Network benefit based on maximum allowable.**

#### Contracted Specialists Plan Notes

\*You receive 20% discount off the specialist's fee for covered services. Non-insured discount only - no benefit will be paid.

\*\*For Pediatric Specialist benefits, refer to complete Schedule of Co-Payments.

Groups with 10% or more of eligible employees residing outside of Utah are subject to underwriting review. Please contact your Dental Select representative to discuss plan details.