

Select Health Dental Payment Summary (DPS) Key

The DPS indicates which services are covered on a member's plan, the allowed frequencies, and under which tier (preventive, basic, or major) the services are covered. Access and review the dental coding and reimbursement policies (quick links below) to ensure individual codes used are reimbursable.

NOTE: Key information annotated below can be found at the top of each DPS. Review our [Dental FAQs](#) to learn more.

This indicates the group name.

This indicates calendar vs. plan year accumulators.

UTAH VALLEY REGIONAL MED CENTER - SELF FUND		G1007186 1061 F90A0133 01/01/2022	
selecthealth DENTAL		PARTICIPATING (In-Network)	NONPARTICIPATING (Out-of-Network)
		When using participating providers, you are responsible to pay the amounts in this column	When using nonparticipating providers, you are responsible to pay the amounts in this column
WAITING PERIODS			
Preventive and Diagnostic			
Basic			
Major			None
Orthodontic			
Missing Tooth ¹			
Any treatment, supply, or service received during the waiting period is not covered.			
ANNUAL MAXIMUM PLAN PAYMENT			
Annual maximum plan payment - per calendar year			Individual \$1,500
<i>Preventive services not included</i>			
DENTAL DEDUCTIBLE			
Deductible - per calendar year			Individual/Family \$50/\$150
		CLASSIC	NONPARTICIPATING
PREVENTIVE AND DIAGNOSTIC			
Oral examinations - two per calendar year			
Cleanings - two per calendar year			
X-rays			
- Panoramic or complete intraoral - once every 36 months			
- Bitewing - Under 18 two per calendar year; 18 and older one time per calendar year		Covered 100%	Covered 100%
Sealants - covered under age 15, limited to permanent molars and bicusps without decay or restorations. Sealant repair/replacement is not covered within 36 months of application			
Space maintainers - covered under age 15			
Fluoride - two applications per calendar year, covered under age 18			

These numbers in the DPS header indicate (in order from left to right):

- Group Number
- SubGroup Number
- Product ID
- Last Renewal Date of the Plan

Use the [Provider Benefit Tool \(PBT\)](#) (secure login required) to view amounts met.

This indicates the applicable network name for the member's plan.

NOTE: Not all providers are contracted on all Select Health dental networks.

DENTAL CODING & REIMBURSEMENT POLICIES—QUICK LINKS:

- [Anterior Crowns and Labial Veneers \(D001\)](#)
- [Unspecified Procedures \(D002\)](#)
- [Periodontal Codes \(D003\)](#)
- [Crown, Inlay, Onlay, and Veneer Repairs \(D004\)](#)
- [Fixed Partial Dental Procedures: Pontics and Crowns \(D005\)](#)
- [Treatment for Post-Surgical Complications \(D006\)](#)
- [Crown Revisions \(D007\)](#)
- [Dental Anesthesia Coverage \(D008\)](#)
- [Crown/Veneer Placement Date \(D009\)](#)
- [Crown Lengthening \(D010\)](#)
- [Treatment of Root Canal Obstruction: Non-Surgical Access \(D011\)](#)
- [Intraoral-Occlusal Radiographic Image \(D012\)](#)
- [Pulp Caps \(D013\)](#)
- [Anterior Multiple Surface Fillings \(D014\)](#)
- [Scaling and Debridement of a Single Implant \(D015\)](#)
- [Core Buildup \(D016\)](#)
- [Collection and application of autologous blood concentrate \(D017\)](#)
- [Complicated suturing \(D018\)](#)
- [Guided tissue regeneration \(D019\)](#)
- [Dental record documentation \(D020\)](#)



QUESTIONS? CONTACT MEMBER SERVICES AT 800-538-5038.