Univera Dental Select plans

Our Univera Dental Select plans are focused on preventive care and offer a growing network of dentists. Good oral health can help reduce the need for more costly dental care down the road.

univera HEALTHCARE

Right here. **For you.**

Univera Dental Select plans feature:

- Access to a growing network of providers
- Lower out-of-pocket costs when members use the network
- 100% employee-paid options focused on preventive care with an annual maximum rollover benefit

To help make selecting the right plan for your employees even easier, we've provided some variations on our most popular plans. Additional package configurations and benefit combinations are available for quoting.

Package description	The plans below represent our most popular plans			The plans below represent our most popular plans with an annual maximum rollover		
	No orthodontia coverage	$1,000 orthodontia coverage	Less coverage on Classes II, IIA, III and no orthodontia	No orthodontia coverage	$1,000 orthodontia coverage	Modified deductible and annual max, with no orthodontia coverage
Deductible	$50	$50	$50	$50	$50	$75
Annual max	$1,000	$1,000	$1,000	$1,000	$1,000	$750
Class I	0%	0%	0%	0%	0%	0%
Class II	20%*	20%*	50%*	20%*	20%*	20%*
Class IIA	20%*	20%*	50%*	20%*	20%*	20%*
Class III	50%*	50%*	50%*	50%*	50%*	50%*
Class IV	N/A	50% up to age 19, subject to orthodontia lifetime maximum	N/A	N/A	50% up to age 19, subject to orthodontia lifetime maximum	N/A
Ortho max**	N/A	$1,000	N/A	N/A	$1,000	N/A

Rates - effective 1/1/2027 - 3/31/2027									
Plan type	**Employer sponsored**	**Employer sponsored**	**Employer sponsored**	**Employer sponsored**	**Voluntary**	**Employer sponsored**	**Voluntary**	**Employer sponsored**	**Voluntary**
Package ID	**UDSE-13-26/26**	**UDSE-8-26/26**	**UDSE-33-26/26**	**UDSER-1-26/26**	**UDSVR-1-26/26**	**UDSER-2-26/26**	**UDSVR-2-26/26**	**UDSER-3-26/26**	**UDSVR-3-26/26**
Single	$42.46	$42.46	$34.89	$44.18	$38.57	$44.15	$47.46	$40.73	$36.29
Subscriber & spouse	$84.91	$84.91	$69.77	$88.36	$77.15	$88.28	$94.90	$81.48	$72.57
Subscriber & child(ren)	$79.06	$83.45	$64.95	$82.25	$71.81	$86.59	$93.09	$75.85	$67.55
Family	$128.60	$134.01	$105.67	$133.81	$116.80	$139.08	$149.55	$123.40	$109.90

Class I preventive & diagnostic services

Class II basic service

Class IIA basic restorative, endodontic and periodontal services, including oral surgery

Class III major services including prosthodontics

Class IV orthodontia

*Subject to deductible.
**Minimum of 5 enrolled required to include orthodontic benefits services.
For additional packages, including employee-paid options, ask your account manager or visit UniveraHealthcare.com.
Cost-shares reflect member responsibility.

Univera Access Dental plans

By combining your medical and dental benefits with Univera Healthcare, you can catch small problems early to keep costs in check. With a growing network of dentists, we can help your team be more productive in the workplace by being more proactive about their dental care.

Univera Access Dental plans are specifically designed for small business and feature:

- Range of package options to meet budget needs
- Affordable Care Act (ACA) compliance in a stand-alone dental plan
- Deductibles as low as $0
- Full family coverage
- No annual maximum for pediatric services

Package ID	UAD-1500-PPO		UAD-1000-PPO		UAD-1000B-PPO		UAD-750-PPO	
	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
Deductible Enrollee/2+ enrollees	None	None	$25/$75	$75/$225	$25/$75	$75/$225	$25/$75	$100/$300
Out-of-pocket maximum Enrollee/2+ enrollees	$350/$700[1]	N/A	$350/$700[1]	N/A	$350/$700[1]	N/A	$350/$700[1]	N/A
Annual maximum	N/A	$1,500	N/A	$1,000	N/A	$1,000	N/A	$750
Preventive services	$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
Basic services	$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
Major services	$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
Orthodontics[2]	$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A
Rates - effective 1/1/2027 - 3/31/2027								
Single	$28.37		$23.37		$22.94		$15.51	
Subscriber & spouse	$56.74		$46.74		$45.88		$31.02	
Subscriber & child(ren)	$71.05		$59.41		$58.60		$46.76	
Family	$111.33		$92.82		$91.47		$70.78	

* Subject to plan deductible
[1] Out-of-pocket maximum applies to in-network only
[2] Service requires prior authorization and must be medically necessary
Same coverage for in- and out-of-network; out-of-network is subject to balance billing (excluding out-of-pocket maximum).
Adult benefits are subject to plan annual maximum. Coverage level varies by service category between adult and pediatric benefits.

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