Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

DENTAL COVERAGE
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES
OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Group:	**Alpine UniServ**
Plan:	**Choice PPO - D5**
Underwritten & Administered by:	**Educators Mutual Insurance Association, a Utah Company**
Effective Date:	**9/1/2026**
Benefit Year:	**Contract**
Plan Type:	**Voluntary / Fully Insured**

	In-Network (Advantage *Plus* Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	**100%**	**100%**	**80% up to MAC***
Type 2 - Basic Fillings, Oral Surgery	**80%**	**80%**	**60% up to MAC***
Type 3 - Major Crowns, Bridges, Prosthodontics	**50%**	**50%**	**50% up to MAC***
Type 4 - Orthodontics Dependent children ages 7 through 18	**Discount Only**	**Discount Only**	**No Coverage**
Adults	Discount Only	Discount Only	No Coverage
Endodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
Periodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	12 Month Late Entrant Waiting Period
Type 4 - Orthodontics	N / A

Deductible	In and Out of Network Deductibles are Combined	
Per Person	$100 per lifetime	
Family Max	$300 per year	
Deductible Applies To	Type 2 & Type 3	Type 1, Type 2 & Type 3

Annual Maximum Per Person	$1,200.00
	All maximums are combined up to limits above
Orthodontic Lifetime Maximum	N / A

Network / Reimbursement Schedule	Advantage Plus	Premier	MAC
Monthly Rates			
Employee		$40.00	
Two-Party		$91.80	
Family		$159.10	

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Up to age 16
Sealants	Up to age 16
Space Maintainers	Up to age 16
Bitewing X-Rays	Up to 4, twice per year
Periapical X-Rays	6 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major**
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major**
Implants / Implant Abutments	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).

** Anesthesia is not subject to waiting periods.