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

Group:	**Alpine Uniserv**
Plan:	**TDA Companion**
Underwritten by:	**Companion Life Insurance Company**
Administered by:	**Dental Management Administrators**
Effective Date:	**9/1/2026**
Benefit Year:	**Contract**
Plan Type:	**Voluntary / Fully Insured**

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	**100%**	**100% up to R&C***
Type 2 - Basic Fillings	**80%**	**80% up to R&C***
Type 3 - Major Crowns, Bridges, Prosthodontics	**50%**	**50% up to R&C***
Type 4 - Orthodontics Dependent children up to age 19	**50%**	**50%**
Adult Orthodontics	Discount Only	No Coverage

Sealants	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 3 - Major	Type 3 - Major
Endodontics	Type 3 - Major	Type 3 - Major
Periodontics	Type 3 - Major	Type 3 - Major
Simple Extractions	Type 3 - Major	Type 3 - Major
Oral Surgery	Type 3 - Major	Type 3 - Major

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	12 Month Waiting Period
Type 4 - Orthodontics	12 Month Waiting Period

Deductible	In and Out of Network Deductibles are Combined
Per Person	$100.00
	Lifetime
Deductible Applies To	Type 1, Type 2 & Type 3

Annual Maximum Per Person	$1,000.00
Orthodontic Lifetime Maximum	$1,000.00

Network / Reimbursement Schedule	TDA PPO	R&C (90th)*

Monthly Rates	
Employee	$51.50
Two Party	$110.60
Family	$182.50

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, dependent children
Sealants	1 per molar, ages 6-16
Space Maintainers	Up to age 16
Bitewing X-Rays	2 per plan year
Periapical X-Rays	No frequency
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 3 - Major
Anesthesia - (Limited to surgical procedures only)	Covered in Type 3 - Major
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

* When using a non-participating provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).

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!