



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:	<u>Alpine UniServ</u>
Plan:	Advantage Co-Pay - D2
Underwritten & Administered by:	Educators Mutual Insurance Association, a Utah Company
Effective Date:	9/1/2025
Benefit Year:	Contract
Plan Type:	Voluntary / Fully Insured

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Endodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
Periodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
Sealants	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
Space Maintainers	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
Specialists (** See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage
**All of the benefits outlined above are for services received from general and pediatric dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.		
Waiting periods		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		N / A
Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A
Annual Maximum Per Person		None
Orthodontic Lifetime Maximum		N / A
Network / Reimbursement Schedule	Advantage	MAC
Monthly Rates		
Employee		\$26.90
Two-Party		\$62.40
Family		\$97.30

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. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.

* Anesthesia is not subject to waiting periods.

Co-Pays are subject to change January 1st of each year.