

PLAN YEAR SEPT 2025-2026



CONTACT INFORMATION

ANNIE COUNCIL

224-2055

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D 5 - Choice Plan Premiere and Advantage Dentists		
	In-Network	Out-Of-Network
Type I Preventative	100%	80% (Premier)
Type II Basic	80%	60% (Premier)
Type III Major	50%	50% (Premier)
Type IV Orthodontics	Discount Only	None
Annual Maximum	\$1,200.00	
Specialists	Same as General Dentist	
Endodontics Periodontics	Type III - Major	
Deductible	\$100 Lifetime Per Person \$300 Per Family Per Year	
Waiting Periods on Type III	12 Month; However waived if first chance to sign up or if transferring from D2,D3, Peak, Elite, Mac or Comp.	
Employee	\$38.50 monthly rate	
2 Party	\$88.30 monthly rate	
Family	\$153.00 monthly rate	

D 2 - Advantage Co-Pay Plan Advantage Dentists	
	In-Network Only
Type I Preventative	100%
Type II Basic	Based Upon Fee schedule
Type III Major	Based Upon Fee schedule
Type IV Orthodontics	Discount Only
Annual Maximum	Unlimited
Specialists	20% Discount
Endodontics Periodontics	Based Upon Fee schedule
Deductible	None
Waiting Periods	None
Employee	\$26.90 monthly rate
2 Party	\$62.40 monthly rate
Family	\$97.30 monthly rate

D 3 Premiere PPO (100) Discount plan Premiere Dentists	
	In-Network Only
Type I Preventative	100%
Type II Basic	See Member Schedule (Discount Only)
Type III Major	See Member Schedule (Discount Only)
Type IV Orthodontics	Discount Only
Annual Maximum	Unlimited
Specialists	Same as General Dentist
Endodontics Periodontics	See Member Schedule (Discount Only)
Deductible	None
Waiting Periods	None
Employee	\$19.70 monthly rate
2 Party	\$39.70 monthly rate
Family	\$65.50 monthly rate

2024-2025 COPAY FEE EXAMPLES - In-Network (subject to change January 1st of each year)			
2331	Porcelain filling	Type II	2 surface anterior
2394	Porcelain filling	Type II	4 surface posterior
4210	Gingivectomy	Type III	(periodontics)
3330	Molar	Type III	Root Canal
2750	Porcelain Crown	Type III	
0120	Office Visit	Type I	

2024-2025 COPAY FEE EXAMPLES In-Network (subject to change January 1st of ea. Yr.) (Specialists are 20% Discount only)			
2331	Porcelain filling	\$46	2 surface anterior
2394	Porcelain filling	\$82	4 surface posterior
4210	Gingivectomy	\$245	(periodontics)
3330	Molar	\$362	Root Canal
2750	Porcelain Crown	\$355	
0120	Office Visit	\$0	

2024-2025 COPAY FEE EXAMPLES In-Network (subject to change January 1st of each year)			
2331	Porcelain filling	\$88	2 surface anterior
2394	Porcelain filling	\$146	4 surface posterior
4210	Gingivectomy	\$274	periodontics)
3330	Molar	\$563	Root Canal
2750	Porcelain Crown	\$669	
0120	Office Visit	\$ 0	



Contact Information
 Annie Council
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Alpine School District 2025-2026 School Year

TDA Peak Care (DHMO Provider Network)			TDA Elite Choice (PPO Provider Network)			TDA PPO/MAC (PPO Provider Network)			TDA Companion (PPO Provider Network)		
In-Network			In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
Class 1 Preventative	100% after \$10 Copay		Class 1 Preventative	100% after \$15 Copay	Based on Fee Schedule	Class 1 Preventative	100%	90% MAC**	Class 1 Preventative	100%	100% MPR*
Class 2 Basic	Based on Fee Schedule		Class 2 Basic	Based on Fee Schedule		Class 2 Basic	80%	70% MAC**	Class 2 Basic	80%	80% MPR*
Class 3 Major	Based on Fee Schedule		Class 3 Major	Based on Fee Schedule		Class 3 Major	50%	40% MAC**	Class 3 Major	50%	50% MPR*
Class 4 Orthodontics	15% - 25% Discount in network		Class 4 Orthodontics	15% - 25% Discount in network		Class 4 Orthodontics	50% up to 1000	50% MAC**	Class 4 Orthodontics	50% up to 1000	50% MPR*
Annual Maximum	Unlimited		Annual Maximum	\$5,000.00		Annual Maximum	\$1,200.00		Annual Maximum	\$1,000.00	
Specialists	Specialty Care		Specialists	Same as General Dentist		Ortho Lifetime Max	\$1,000.00 up to age 19		Ortho Lifetime Max	\$1,000.00 up to age 19	
Endodontics	Based on Fee Schedule		Endodontics	Based on Fee Schedule		Endodontics	Class 3		Endodontics	Class 3	
Periodontics	Based on Fee Schedule		Periodontics	Based on Fee Schedule		Periodontics	Class 3		Periodontics	Class 3	
Deductible	None		Deductible	None		Deductible	\$50.00 PP/\$150.00 Family		Deductible	\$100.00 Lifetime/Person	
Waiting Periods	None		Waiting Periods	None		Waiting Periods	12 months***		Waiting Periods	12 months***	
Employee	\$15.17 (monthly rate)		Employee	\$33.21 (monthly rate)		Employee	\$41.62 (monthly rate)		Employee	\$45.97 (monthly rate)	
2 Party	\$31.49 (monthly rate)		2 Party	\$69.18 (monthly rate)		2 Party	\$93.83 (monthly rate)		2 Party	\$98.79 (monthly rate)	
Family	\$49.39 (monthly rate)		Family	\$114.22 (monthly rate)		Family	\$158.39 (monthly rate)		Family	\$162.92 (monthly rate)	
2024-2025 Copay Examples			2024-2025 Copay Examples			2024-2025 Coinsurance Examples			2024-2025 Coinsurance Examples		
ADA Code	Description	Copay	ADA Code	Description	Copay	ADA Code	Description	Class	ADA Code	Description	Copay
D2331	Resin Filling - Two Surface Anterior	\$52	D2331	Resin Filling - Two Surface Anterior	\$40	D2331	Resin Filling - Two Surface Anterior	Class 2	D2331	Resin Filling - Two Surface Anterior	Class 2
D2394	Resin Filling - 4 surface Posterior	\$108	D2394	Resin Filling - 4 surface Posterior	\$95	D2394	Resin Filling - 4 surface Posterior	Class 2	D2394	Resin Filling - 4 surface Posterior	Class 2
D7240	Complete Bony Impaction	\$135	D7240	Complete Bony Impaction	\$125	D7240	Complete Bony Impaction	Class 2	D7240	Complete Bony Impaction	Class 3
D4210	Gingivectomy	\$200	D4210	Gingivectomy	\$175	D4210	Gingivectomy	Class 3	D4210	Gingivectomy	Class 3
D3330	Molar Root Canal	\$395	D3330	Molar Root Canal	\$323	D3330	Molar Root Canal	Class 3	D3330	Molar Root Canal	Class 3
D2750	Porcelain Crown	\$325 + Lab Fee	D2750	Porcelain Crown	\$365	D2750	Porcelain Crown	Class 3	D2750	Porcelain Crown	Class 3
D9430	Office Visit	\$0	D9430	Office Visit	\$15	D9430	Office Visit	Class 1	D9430	Office Visit	Class 1

VISION AND HEARING DISCOUNT PLAN INCLUDED ON ALL PLANS

*MPR (Maximum Plan Reimbursement)

**MAC (Maximum Allowable Charge)

***Waiting period is waived with prior coverage, switching from EMI Health to TDA or switching between TDA plans