

**Group:** Alpine UniServ  
**Plan:** Peak Care Plus  
**Underwritten by:** Total Dental Administrators Utah  
**Administered by:** Total Dental Administrators Utah  
**Effective Date:** 9/1/2025  
**Benefit Year:** Contract

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	<b>See Co-Pay Schedule</b>	<b>No Coverage*</b>
<b>Type 2 - Basic</b> Fillings	<b>See Co-Pay Schedule</b>	<b>No Coverage*</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>See Co-Pay Schedule</b>	<b>No Coverage*</b>
<b>Type 4 - Orthodontics</b> Dependent children up to age	<b>Discount Only</b>	<b>No Coverage</b>
Adult Orthodontics	Discount Only	No Coverage
<b>Sealants</b>	See Co-Pay Schedule	No Coverage*
<b>Space Maintainers</b>	See Co-Pay Schedule	No Coverage*
<b>Endodontics</b>	See Co-Pay Schedule	No Coverage*
<b>Periodontics</b>	See Co-Pay Schedule	No Coverage*
<b>Simple Extractions</b>	See Co-Pay Schedule	No Coverage*
<b>Oral Surgery</b>	See Co-Pay Schedule	No Coverage*

<b>Specialists</b>	Included **	No Coverage
** All in-network copayments included in the co-pay schedule apply to services performed at general dentist, endodontist, oral surgeon, and periodontist offices. Services performed at a pediatric dentist receive a discount only. There is no benefit at non-participating offices.		

<b>Waiting periods</b>	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None

<b>Deductible</b>	In and Out of Network Deductibles are Combined
Per Person	\$0.00
Family Max	\$0.00
<b>Deductible Applies To</b>	Type 2 & Type 3

<b>Annual Maximum Per Person</b>	Unlimited
<b>Orthodontic Lifetime Maximum</b>	N/A

<b>Network / Reimbursement Schedule</b>	DHMO-UT	No Coverage*
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<b>Monthly Rates</b>	
Employee	\$15.17
Two Party	\$31.49
Family	\$49.39

<b>Provisions / Limitations / Exclusions</b>	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 15
Sealants	Up to age 15
Space Maintainers	No Frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	No Frequency
Panoramic X-Ray	1 every 5 years
Impacted Teeth	See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	See Co-Pay Schedule
Implants / Implant Abutments	See Co-Pay Schedule
Crowns, Pontics, Abutments, Onlays and Dentures	No Frequency
Fillings on the same surface	No Frequency

\* 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!