



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:	Premier (100) - D3
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%	100% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	See Member Schedule	No Coverage
Type 3 - Major Crowns, Bridges, Prosthodontics	See Member Schedule	No Coverage
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Endodontics	Type 3 - Major	No Coverage
Periodontics	Type 3 - Major	No Coverage
Sealants	Type 2 - Basic	No Coverage
Space Maintainers	Type 2 - Basic	No Coverage
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	Premier	MAC
Monthly Rates		
Employee	\$19.70	
Two-Party	\$39.70	
Family	\$65.50	

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	Covered in Type 3 - Major
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.

Member Fees are subject to change January 1st of each year.