



**Group:** Alpine Uniserv  
**Plan:** TDA PPO MAC  
**Underwritten by:** Companion Life Insurance Company  
**Administered by:** Dental Management Administrators  
**Effective Date:** 9/1/2025  
**Benefit Year:** Contract  
**Plan Type:** Voluntary / Fully Insured

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100%	90% up to MAC*
<b>Type 2 - Basic</b> Fillings	80%	70% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	40% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children up to age 19	50%	50%
Adult Orthodontics	Discount Only	No Coverage
<b>Sealants</b>	Type 1 - Preventive	Type 1 - Preventive
<b>Space Maintainers</b>	Type 1 - Preventive	Type 1 - Preventive
<b>Endodontics</b>	Type 3 - Major	Type 3 - Major
<b>Periodontics</b>	Type 3 - Major	Type 3 - Major
<b>Simple Extractions</b>	Type 2 - Basic	Type 2 - Basic
<b>Oral Surgery</b>	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	12 Month Waiting Period	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$50.00	
Family Max	\$150.00	
<b>Deductible Applies To</b>	Type 2 & Type 3	
<b>Annual Maximum Per Person</b>	\$1,200.00	
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00	
<b>Network / Reimbursement Schedule</b>	TDA PPO	MAC*
<b>Monthly Rates</b>		
Employee	\$41.62	
Two Party	\$93.83	
Family	\$158.39	

<b>Provisions / Limitations / Exclusions</b>	
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 2 - Basic
Anesthesia - (Limited to surgical procedures only)	Covered in Type 2 - Basic
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
* 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).	

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!