



Contact Information

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Alpine School District 2017-2018 School Year

TDA Peak Care Plus (DHMO) (DHMO Provider Network)	
In-Network	
Class 1 Preventative	100% after \$10 Copay
Class 2 Basic	Based on Fee Schedule
Class 3 Major	Based on Fee Schedule
Class 4 Orthodontics	15% - 25% Discount
Annual Maximum	Unlimited
Specialists	Specialty Care
Endodontics	Based on Fee Schedule
Periodontics	Based on Fee Schedule
Deductible	None
Waiting Periods	None
Employee	\$12.71 (monthly rate)
2 Party	\$26.37 (monthly rate)
Family	\$41.36 (monthly rate)

TDA Elite Choice (PPO Provider Network)		
	In-Network	Out-of-Network
Class 1 Preventative	100% after \$15 Copay	Based on Fee Schedule
Class 2 Basic	Based on Fee Schedule	
Class 3 Major	Based on Fee Schedule	
Class 4 Orthodontics	15% - 25% Discount	
Annual Maximum	\$1,500.00	
Specialists	Same as General Dentist	
Endodontics	Based on Fee Schedule	
Periodontics	Based on Fee Schedule	
Deductible	None	
Waiting Periods	None	
Employee	\$27.74 (monthly rate)	
2 Party	\$57.79 (monthly rate)	
Family	\$95.41 (monthly rate)	

TDA PPO/MAC (PPO Provider Network)		
	In-Network	Out-of-Network
Class 1 Preventative	100%	90% MAC**
Class 2 Basic	80%	70% MAC**
Class 3 Major	50%	40% MAC**
Class 4 Orthodontics	50%	50% MAC**
Annual Maximum	\$1,200.00	
Ortho Lifetime Max	\$1,000.00 up to age 19	
Endodontics	Class 3	
Periodontics	Class 3	
Deductible	\$50.00 PP/\$150.00 Family	
Waiting Periods	12 months****	
Employee	\$34.16 (monthly rate)	
2 Party	\$75.99 (monthly rate)	
Family	\$127.26 (monthly rate)	

TDA Companion (PPO Provider Network)		
	In-Network	Out-of-Network
Class 1 Preventative	100%	100% MPR*
Class 2 Basic	80%	80% MPR*
Class 3 Major	50%	50% MPR*
Class 4 Orthodontics	50%	50% MPR*
Annual Maximum	\$1,000.00	
Ortho Lifetime Max	\$1,000.00 up to age 19	
Endodontics	Class 3	
Periodontics	Class 3	
Deductible	\$100.00 Lifetime/Person	
Waiting Periods	12 months****	
Employee	\$38.75 (monthly rate)	
2 Party	\$83.29 (monthly rate)	
Family	\$137.35 (monthly rate)	

2017-2018 Copay Examples		
ADA Code	Description	Copay
D2331	Resin Filling - Two Surface Anterior	\$52
D2394	Resin Filling - 4 surface Posterior	\$108
D7240	Complete Bony Impaction	\$135
D4210	Gingivectomy	\$200
D3330	Molar Root Canal	\$395
D2750	Porcelain Crown	\$325 + Lab Fee
D9430	Office Visit	\$0
Vision and Hearing Discount Plan Included		

2017-2018 Copay Examples		
ADA Code	Description	Copay
D2331	Resin Filling - Two Surface Anterior	\$40
D2394	Resin Filling - 4 surface Posterior	\$95
D7240	Complete Bony Impaction	\$125
D4210	Gingivectomy	\$175
D3330	Molar Root Canal	\$323
D2750	Porcelain Crown	\$365
D9430	Office Visit	\$15
Vision and Hearing Discount Plan Included		

2017-2018 Coinsurance Examples		
ADA Code	Description	Class
D2331	Resin Filling - Two Surface Anterior	Class 2
D2394	Resin Filling - 4 surface Posterior***	Class 2
D7240	Complete Bony Impaction	Class 2
D4210	Gingivectomy	Class 3
D3330	Molar Root Canal	Class 3
D2750	Porcelain Crown	Class 3
D9430	Office Visit	Class 1
Vision and Hearing Discount Plan Included		

2017-2018 Coinsurance Examples		
ADA Code	Description	Copay
D2331	Resin Filling - Two Surface Anterior	Class 2
D2394	Resin Filling - 4 surface Posterior***	Class 2
D7240	Complete Bony Impaction	Class 3
D4210	Gingivectomy	Class 3
D3330	Molar Root Canal	Class 3
D2750	Porcelain Crown	Class 3
D9430	Office Visit	Class 1
Vision and Hearing Discount Plan Included		

*MPR (Maximum Plan Reimbursement)

**MAC (Maximum Plan Reimbursement)

***Posterior Resin Fillings are covered as an Amalgam Filling, member is responsible for difference

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