

Plan year Sept. 2018- Aug. 2019



**CONTACT INFORMATION**

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<b>D 5 - Choice Plan Premiere and Advantage Dentists</b>		
	<b>In-Network</b>	<b>Out-Of-Network</b>
Type I Preventative	100%	80% (Premier)
Type II Basic	80%	60% (Premier)
Type III Major	50%	50% (Premier)
Type IV Orthodontics	25% Discount	None
Annual Maximum	\$1,200.00	
Specialists	Same as General Dentist	
Endodontics Periodontics	Type III - Major	
Deductible	\$100 Lifetime Per Person \$300 Per Family	
Waiting Periods on Type III	12 Month; However waived if first chance to sign up or if transferring from D2,D3 or TDA	
Employee 2 Party Family	<b>\$33.40 monthly rate</b> <b>\$76.70 monthly rate</b> <b>\$132.70 monthly rate</b>	

<b>D 2 - Advantage Co-Pay Plan Advantage Dentists</b>	
	<b>In-Network Only</b>
Type I Preventative	100%
Type II Basic	Based Upon Fee schedule
Type III Major	Based Upon Fee schedule
Type IV Orthodontics	25% Discount
Annual Maximum	Unlimited
Specialists	20% Discount
Endodontics Periodontics	Based Upon Fee schedule
Deductible	None
Waiting Periods	None
Employee 2 Party Family	<b>\$23.30 monthly rate</b> <b>\$54.10 monthly rate</b> <b>\$84.40 monthly rate</b>

<b>D 3 Premiere PPO (100) Premiere Dentists</b>	
	<b>In-Network Only</b>
Type I Preventative	100%
Type II Basic	See Member Schedule (Discount Only)
Type III Major	See Member Schedule (Discount Only)
Type IV Orthodontics	25% Discount
Annual Maximum	Unlimited
Specialists	Same as General Dentist
Endodontics Periodontics	See Member Schedule (Discount Only)
Deductible	None
Waiting Periods	None
Employee 2 Party Family	<b>\$17.10 monthly rate</b> <b>\$34.40 monthly rate</b> <b>\$56.90 monthly rate</b>

2017 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	
9430	Office Visit	Type I	

2017 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	\$80	4 surface posterior
4210	Gingivectomy	\$238	(periodontics)
3330	Molar	\$345	Root Canal
2750	Porcelain Crown	\$355	
9430	Office Visit	\$25	

2017 COPAY FEE EXAMPLES In-Network (subject to change January 1st of each year)			
2331	Porcelain filling	\$85	2 surface anterior
2394	Porcelain filling	\$138	4 surface posterior
4210	Gingivectomy	\$260	periodontics)
3330	Molar	\$525	oot Canal
2750	Porcelain Crown	\$655	
9430	Office Visit	\$ 0	