



**Contact Information**  
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### Alpine School District 2018-2019 School Year

| TDA Peak Care<br>(DHMO Provider Network) |                        |
|--|------------------------|
| In-Network                               |                        |
| Class 1<br>Preventative                  | 100% after \$10 Copay  |
| Class 2<br>Basic                         | Based on Fee Schedule  |
| Class 3<br>Major                         | Based on Fee Schedule  |
| Class 4<br>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                                 | \$12.96 (monthly rate) |
| 2 Party                                  | \$26.90 (monthly rate) |
| Family                                   | \$42.19 (monthly rate) |

| TDA Elite Choice<br>(PPO Provider Network) |                         |                       |
|--|-------------------------|-----------------------|
|  | In-Network              | Out-of-Network        |
| Class 1<br>Preventative                    | 100% after \$15 Copay   | Based on Fee Schedule |
| Class 2<br>Basic                           | Based on Fee Schedule   |                       |
| Class 3<br>Major                           | Based on Fee Schedule   |                       |
| Class 4<br>Orthodontics                    | 15% - 25% Discount      |                       |
| Annual Maximum                             | \$5,000.00              |                       |
| 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<br>(PPO Provider Network) |                            |                |
|---------------------------------------|----------------------------|----------------|
|                                       | In-Network                 | Out-of-Network |
| Class 1<br>Preventative               | 100%                       | 90% MAC**      |
| Class 2<br>Basic                      | 80%                        | 70% MAC**      |
| Class 3<br>Major                      | 50%                        | 40% MAC**      |
| Class 4<br>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                              | \$34.50 (monthly rate)     |                |
| 2 Party                               | \$77.78 (monthly rate)     |                |
| Family                                | \$131.29 (monthly rate)    |                |

| TDA Companion<br>(PPO Provider Network) |                          |                |
|---|--------------------------|----------------|
|   | In-Network               | Out-of-Network |
| Class 1<br>Preventative                 | 100%                     | 100% MPR*      |
| Class 2<br>Basic                        | 80%                      | 80% MPR*       |
| Class 3<br>Major                        | 50%                      | 50% MPR*       |
| Class 4<br>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)  |                |

| 2018-2019 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             |

| 2018-2019 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  |

| 2018-2019 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 |

| 2018-2019 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 ON ALL PLANS**

\*MPR (Maximum Plan Reimbursement)

\*\*MAC (Maximum Allowable Charge)

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