

Plan year Sept. 2020- Aug. 2021



CONTACT INFORMATION
 ANNIE COUNCIL
 224-2055
 801-224-6137 (fax)
 annie@alpineuniserv.org

**D 5 - Choice Plan
 Premiere and Advantage Dentists**

	In-Network	Out-Of-Network
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	\$33.40 monthly rate \$76.70 monthly rate \$132.70 monthly rate	

**D 2 - Advantage Co-Pay Plan
 Advantage Dentists**

	In-Network Only
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	\$23.30 monthly rate \$54.10 monthly rate \$84.40 monthly rate

**D 3 Premiere PPO (100)
 Premiere Dentists**

	In-Network Only
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	\$17.10 monthly rate \$34.40 monthly rate \$56.90 monthly rate

2020 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	
0120	Office Visit	Type I	

2020 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	
0120	Office Visit	\$25	

2020 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	Root Canal
2750	Porcelain Crown	\$655	
0120	Office Visit	\$ 0	