



Contact Information
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Alpine School District 2020-2021 School Year

TDA Peak Care (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	\$13.22 (monthly rate)
2 Party	\$27.44 (monthly rate)
Family	\$43.03 (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	\$5,000.00	
Specialists	Same as General Dentist	
Endodontics	Based on Fee Schedule	
Periodontics	Based on Fee Schedule	
Deductible	None	
Waiting Periods	None	
Employee	\$27.88 (monthly rate)	
2 Party	\$58.08 (monthly rate)	
Family	\$95.89 (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	\$34.76 (monthly rate)	
2 Party	\$78.36 (monthly rate)	
Family	\$132.27 (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	\$39.14 (monthly rate)	
2 Party	\$84.12 (monthly rate)	
Family	\$138.72 (monthly rate)	

2020-21 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

2020-2021 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

2020-2021 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

2020-21 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