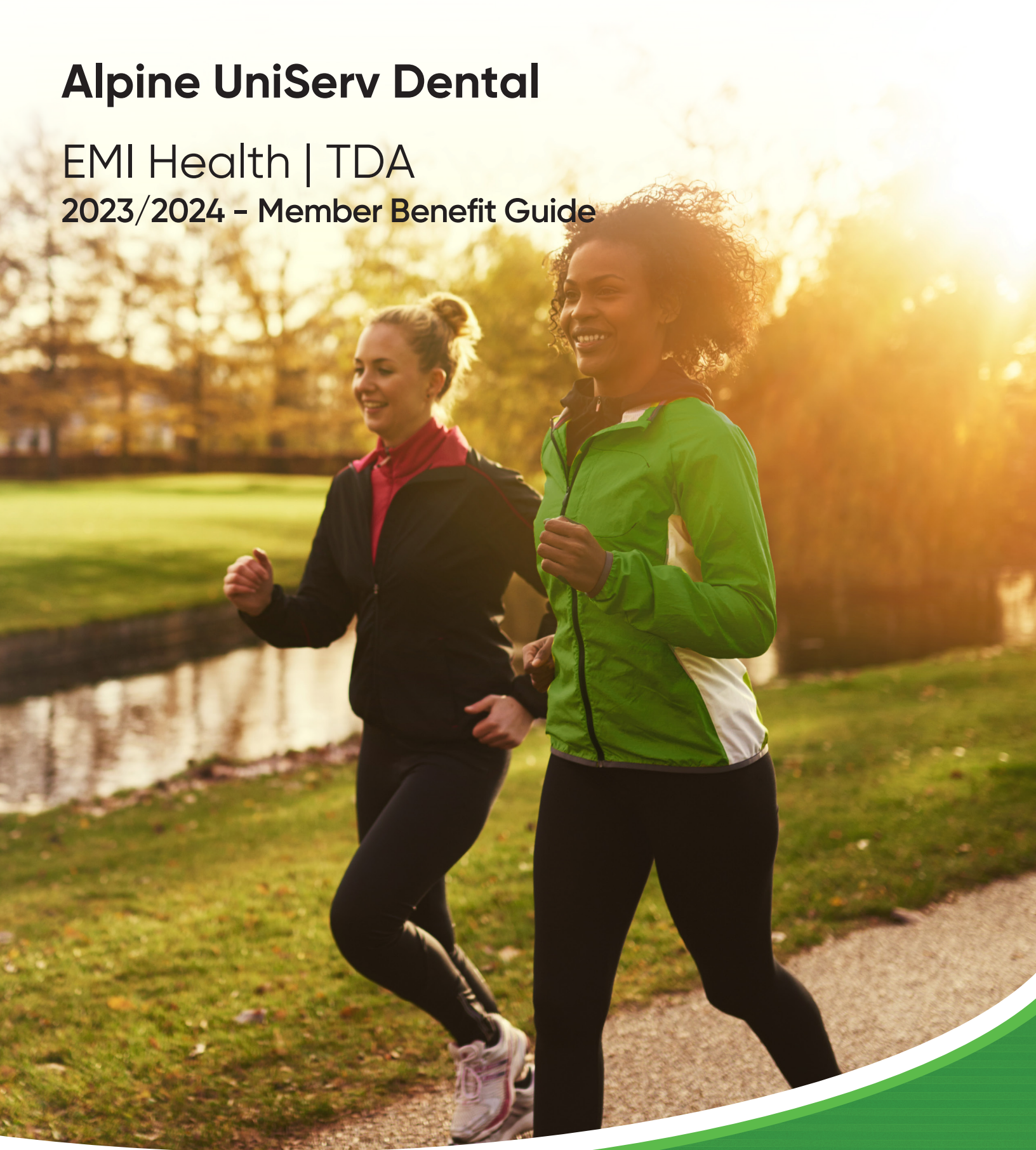


Alpine UniServ Dental

EMI Health | TDA

2023/2024 - Member Benefit Guide



Exciting Changes to Your Dental Benefits - Smooth Transition Ahead!

We are thrilled to inform you that as of September 1, 2023, all Dental Uniserv Plans will be administered by EMI Health. TDA has merged with EMI Health, uniting two industry-leading organizations dedicated to you and your employees' well-being. This merger brings forth a range of exciting possibilities, and we are committed to ensuring a seamless transition for you. Together, we will achieve remarkable milestones in delivering comprehensive health solutions tailored to your unique needs.

What this change means for you

- You will soon receive a member ID card that now shows the EMI logo. That card will contain your new member ID number and other pertinent information. If you already have a medical plan with EMI Health, you will receive one card for all benefits. Please review the materials included with your card and present your new ID card at your next dental visit.
- Your annual maximums and benefit accumulators previously reset on a Calendar Year (January 1st). Beginning September 1, 2023, they will reset at the Plan Year, September- August each year.
- The current TDA Plans, benefits, networks and providers will remain the same, but with upgraded administration through EMI Health.
- You will have access to the *My EMI Health* member portal to view benefit descriptions, download ID cards, and much more.
- Access to the *EMI Mobile App* where you can conveniently search for providers, view digital ID cards, access EOBs, and enjoy other features at your fingertips.
- You can now search for providers by visiting www.emihealth.com and selecting the "Dental" tab.
- You now have access to EMI Health's customer service team. You can expect the same great service and support, with expanded product offerings and system enhancements. You can reach customer service by calling 1-800-662-5851 or via email at cs@emihealth.com

Exciting times lie ahead, and we are genuinely excited to embark on this journey with you. Together, we will redefine the standards of exceptional healthcare and continue delivering unparalleled service and benefits to you and your employees.

Warm regards,

EMI Health | TDA



Alpine Education Association/Alpine Uniserv
557 W. Center St. Pleasant Grove, UT 84062
Email: annie@alpineuniserv.org
Phone: 801-224-2055 Ext. 2



**D 5 - Choice Plan
 Premier 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	Discount Only	None
Annual Maximum	\$1,200.00	
Specialists	Same as General Dentist	
Endodontics Periodontics	Type III - Major	
Deductible	\$100 Lifetime Per Person \$300 Per Family Per Year	
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	\$35.70 monthly rate \$81.90 monthly rate \$141.80 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	Discount Only
Annual Maximum	Unlimited
Specialists	20% Discount
Endodontics Periodontics	Based Upon Fee schedule
Deductible	None
Waiting Periods	None
Employee 2 Party Family	\$24.90 monthly rate \$57.80 monthly rate \$90.20 monthly rate

**D 3 Premier PPO (100)
 Premier 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	Discount Only
Annual Maximum	Unlimited
Specialists	Same as General Dentist
Endodontics Periodontics	See Member Schedule (Discount Only)
Deductible	None
Waiting Periods	None
Employee 2 Party Family	\$18.20 monthly rate \$36.80 monthly rate \$60.70 monthly rate

2023-2024 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	

2023-2024 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	\$82	4 surface posterior
4210	Gingivectomy	\$245	(periodontics)
3330	Molar	\$362	Root Canal
2750	Porcelain Crown	\$355	
0120	Office Visit	\$0	

2023-2024 COPAY FEE EXAMPLES In-Network
 (subject to change January 1st of each year) =

2331	Porcelain filling	\$88	2 surface anterior
2394	Porcelain filling	\$146	4 surface posterior
4210	Gingivectomy	\$274	(periodontics)
3330	Molar	\$563	Root Canal
2750	Porcelain Crown	\$669	
0120	Office Visit	\$0	



DENTAL COVERAGE
 BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE
 NOT INTENDED TO COVER ALL DENTAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Group: [Alpine UniServ](#)
Plan: [Choice PPO - D5](#)
Underwritten & Administered by: [Educators Mutual Insurance Association, a Utah Company](#)
Effective Date: 9/1/2023
Benefit Year: Contract
Plan Type: Voluntary / Fully Insured

	In-Network (Advantage <u>Plus</u> Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	80% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80%	60% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	Discount Only	No Coverage
Adults	Discount Only	Discount Only	No Coverage
Endodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
Periodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods			
Type 2 - Basic	None		
Type 3 - Major	12 Month Late Entrant Waiting Period		
Type 4 - Orthodontics	N / A		
Deductible	In and Out of Network Deductibles are Combined		
Per Person	\$100 per lifetime		
Family Max	\$300 per year		
Deductible Applies To	Type 2 & Type 3		Type 1, Type 2 & Type 3
Annual Maximum Per Person	\$1,200.00		
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum	N / A		
Network / Reimbursement Schedule	Advantage Plus	Premier	Premier
Monthly Rates			
Employee	\$35.70		
Two-Party	\$81.90		
Family	\$141.80		
Provisions / Limitations / Exclusions			
Exams (including Periodontal), Cleanings and Fluoride	2 per year		
Fluoride	Up to age 16		
Sealants	Up to age 16		
Space Maintainers	Up to age 16		
Bitewing X-Rays	Up to 4, twice per year		
Periapical X-Rays	6 per year		
Panoramic X-Ray	1 every 3 years		
Impacted Teeth	Covered in Type 2 - Basic		
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major**		
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major**		
Implants / Implant Abutments	Covered in Type 3 - Major		
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth		
Fillings on the same surface	1 every 18 months		
* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).			
** Anesthesia is not subject to waiting periods.			



DENTAL COVERAGE
 BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT
 INTENDED TO COVER ALL DENTAL EXPENSES
OUTLINE OF COVERAGE

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Group: Alpine UniServ
Plan: Advantage Co-Pay - D2
Underwritten & Administered by: Educators Mutual Insurance Association, a Utah Company
Effective Date: 9/1/2023
Benefit Year: Contract
Plan Type: Voluntary / Fully Insured

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage

Endodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
Periodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
Sealants	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
Space Maintainers	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule

Specialists (** See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage
**All of the benefits outlined above are for services received from general and pediatric dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.		

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	N / A

Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A

Annual Maximum Per Person	None
Orthodontic Lifetime Maximum	N / A

Network / Reimbursement Schedule	Advantage	Advantage
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Monthly Rates	
Employee	\$24.90
Two-Party	\$57.80
Family	\$90.20

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Up to age 16
Sealants	Up to age 16
Space Maintainers	Up to age 16
Bitewing X-Rays	Up to 4, twice per year
Periapical X-Rays	6 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major*
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major*
Implants / Implant Abutments	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

All Services are subject to EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.

* Anesthesia is not subject to waiting periods.

Co-Pays are subject to change January 1st of each year.



DENTAL COVERAGE
 BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT
 INTENDED TO COVER ALL DENTAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Group: Alpine UniServ
Plan: Premier (100) - D3
Underwritten & Administered by: Educators Mutual Insurance Association, a Utah Company
Effective Date: 9/1/2023
Benefit Year: Contract
Plan Type: Voluntary / Fully Insured

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	See Member Schedule	No Coverage
Type 3 - Major Crowns, Bridges, Prosthodontics	See Member Schedule	No Coverage
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Endodontics	Type 3 - Major	No Coverage
Periodontics	Type 3 - Major	No Coverage
Sealants	Type 2 - Basic	No Coverage
Space Maintainers	Type 2 - Basic	No Coverage
Waiting periods		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		N / A
Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A
Annual Maximum Per Person		None
Orthodontic Lifetime Maximum		N / A
Network / Reimbursement Schedule	Premier	Premier
Monthly Rates		
Employee		\$18.20
Two-Party		\$36.80
Family		\$60.70

Provisions / Limitations / Exclusions

Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Up to age 16
Sealants	Up to age 16
Space Maintainers	Up to age 16
Bitewing X-Rays	Up to 4, twice per year
Periapical X-Rays	6 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major**
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major**
Implants / Implant Abutments	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures	Covered in Type 3 - Major
Fillings on the same surface	1 every 18 months

* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).

** Anesthesia is not subject to waiting periods.

Member Fees are subject to change January 1st of each year.



Contact Information
 Annie Council
 801-224-2055
annie@alpineuniserv.org

Alpine School District 2023-2024 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 in network
Annual Maximum	Unlimited
Specialists	Specialty Care
Endodontics	Based on Fee Schedule
Periodontics	Based on Fee Schedule
Deductible	None
Waiting Periods	None
Employee	\$14.03 (monthly rate)
2 Party	\$29.12 (monthly rate)
Family	\$45.67 (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 in network	
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	\$29.01 (monthly rate)	
2 Party	\$60.42 (monthly rate)	
Family	\$99.77 (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	\$36.87 (monthly rate)	
2 Party	\$83.12 (monthly rate)	
Family	\$140.31 (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	\$40.72 (monthly rate)	
2 Party	\$87.52 (monthly rate)	
Family	\$144.32 (monthly rate)	

2023-2024 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

2023-2024 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

2023-2024 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

2023-2024 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



Group: Alpine Uniserv
Plan: TDA-Companion
Underwritten by: Companion Life Insurance Company
Administered by: Dental Management Administrators
Effective Date: 9/1/2023
Benefit Year: Contract
Plan Type: Voluntary / Fully Insured

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100%	100% up to R&C*
Type 2 - Basic Fillings	80%	80% up to R&C*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50% up to R&C*
Type 4 - Orthodontics Dependent children up to age 19	50%	50%
Adults	Discount Only	No Coverage
Sealants	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 3 - Major	Type 3 - Major
Endodontics	Type 3 - Major	Type 3 - Major
Periodontics	Type 3 - Major	Type 3 - Major
Simple Extractions	Type 3 - Major	Type 3 - Major
Oral Surgery	Type 3 - Major	Type 3 - Major
Specialists	Included **	No Coverage

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	12 Month Waiting Period
Type 4 - Orthodontics	12 Month Waiting Period

Deductible	In and Out of Network Deductibles are Combined	
Per Person	\$100.00	
	Lifetime	
Deductible Applies To	Type 1, Type 2 & Type 3	
Annual Maximum Per Person	\$1,000.00	
Orthodontic Lifetime Maximum	\$1,000.00	

Network / Reimbursement Schedule	TDA PPO	R&C (90th)*
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Monthly Rates	
Employee	\$40.72
Two Party	\$87.52
Family	\$144.32

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	1 per molar per 36 months, ages 6-16
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	No frequency
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 3 - Major
Anesthesia - (Limited to surgical procedures only)	Covered in Type 3 - Major
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

* When using a non-participating provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!



Group: **Alpine Uniserv**
Plan: **TDA PPO MAC**
Underwritten by: **Companion Life Insurance Company**
Administered by: **Dental Management Administrators**
Effective Date: **9/1/2023**
Benefit Year: **Contract**
Plan Type: **Voluntary / Fully Insured**

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100%	90% up to MAC*
Type 2 - Basic Fillings	80%	70% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	40% up to MAC*
Type 4 - Orthodontics Dependent children up to age 19	50%	50%
Adults	Discount Only	No Coverage
Sealants	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive
Endodontics	Type 3 - Major	Type 3 - Major
Periodontics	Type 3 - Major	Type 3 - Major
Simple Extractions	Type 2 - Basic	Type 2 - Basic
Oral Surgery	Type 2 - Basic	Type 2 - Basic
Specialists	Included **	No Coverage

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	12 Month Waiting Period
Type 4 - Orthodontics	12 Month Waiting Period

Deductible	In and Out of Network Deductibles are Combined
Per Person	\$50.00
Family Max	\$150.00
Deductible Applies To	Type 2 & Type 3

Annual Maximum Per Person	\$1,200.00
Orthodontic Lifetime Maximum	\$1,000.00

Network / Reimbursement Schedule	TDA PPO	TDA PPO
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Monthly Rates	
Employee	\$36.87
Two Party	\$83.12
Family	\$140.31

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	Up to age 17
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	2 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia - (Limited to surgical procedures only)	Covered in Type 2 - Basic
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

* All services are subject to EMI Health Maximum Allowable Charge (MAC). When using a non-participating provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!



Group: Alpine Uniserv
Plan: Elite Choice
Underwritten by: Companion Life Insurance Company
Administered by: Dental Management Administrators
Effective Date: 9/1/2023
Benefit Year: Contract

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100% after \$15 Co-Pay	See Claim Payment Schedule*
Type 2 - Basic Fillings	See Co-Pay Schedule	See Claim Payment Schedule*
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Type 4 - Orthodontics Dependent children up to age 19	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Sealants	See Co-Pay Schedule	See Claim Payment Schedule*
Space Maintainers	See Co-Pay Schedule	See Claim Payment Schedule*
Endodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Periodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Simple Extractions	See Co-Pay Schedule	See Claim Payment Schedule*
Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule*
Specialists	Included **	See Claim Payment Schedule*
** All in-network copayments included in the co-pay schedule apply to services performed at both general dentists and specialists.		

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None

Deductible	In and Out of Network Deductibles are Combined
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	Type 2 & Type 3

Annual Maximum Per Person	\$5,000.00
Orthodontic Lifetime Maximum	N/A

Network / Reimbursement Schedule	TDA PPO	See Claim Payment Schedule*
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Monthly Rates	
Employee	
Two Party	
Family	

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	Up to age 17
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	2 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	Covered in See Co-Pay Schedule
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

* When using a non-participating provider, the insured is responsible for all fees in excess of the plan payment listed in the claim payment schedule.

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Group: **Alpine Uniserv**
Plan: **Peak Care Plus**
Underwritten by: **Total Dental Administrators Utah**
Administered by: **Total Dental Administrators Utah**
Effective Date: **9/1/2023**
Benefit Year: **Contract**

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100% after \$10 Co-Pay	No Coverage*
Type 2 - Basic Fillings	See Co-Pay Schedule	No Coverage*
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	No Coverage*
Type 4 - Orthodontics Dependent children up to age 19	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Sealants	See Co-Pay Schedule	No Coverage*
Space Maintainers	See Co-Pay Schedule	No Coverage*
Endodontics	See Co-Pay Schedule	No Coverage*
Periodontics	See Co-Pay Schedule	No Coverage*
Simple Extractions	See Co-Pay Schedule	No Coverage*
Oral Surgery	See Co-Pay Schedule	No Coverage*
Specialists	Included **	No Coverage

** All in-network copayments included in the co-pay schedule apply to services performed at general dentist, endodontist, oral surgeon, and periodontist offices. Services performed at a pediatric dentist receive a discount only. There is no benefit at non-participating offices.

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None

Deductible	In and Out of Network Deductibles are Combined
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	Type 2 & Type 3

Annual Maximum Per Person	Unlimited
Orthodontic Lifetime Maximum	N/A

Network / Reimbursement Schedule	DHMO-UT	No Coverage*
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Monthly Rates	
Employee	
Two Party	
Family	

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 15
Sealants	Up to age 15
Space Maintainers	No Frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	No Frequency
Panoramic X-Ray	1 every 5 years
Impacted Teeth	See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	See Co-Pay Schedule
Implants / Implant Abutments	See Co-Pay Schedule
Crowns, Pontics, Abutments, Onlays and Dentures	No Frequency
Fillings on the same surface	No Frequency

* When using a non-participating provider, the insured is responsible for all fees.

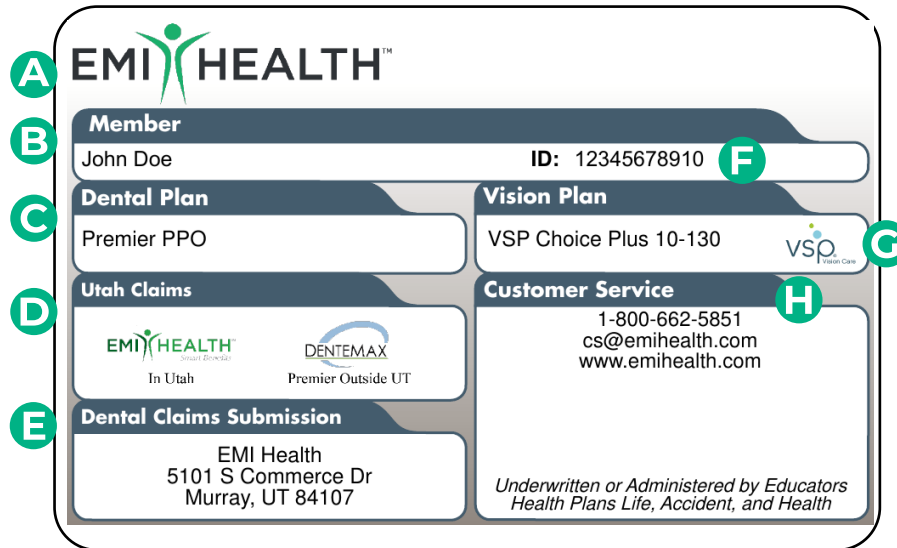
Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Your ID Card (front)

It is important that you present your ID card each time you receive services.

Your EMI Health ID card contains a lot of useful information for you and your provider.

Card Front



- A** EMI Health is your dental and vision insurance carrier.
- B** The employee's name is listed on the ID card. Covered dependents are not listed.
- C** If you have dental coverage with EMI Health, the name of your dental plan will appear here. This also indicates your dental participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.
- D** These are your participating provider dental networks outside of Utah. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have dental coverage through EMI Health.
- E** This is the claims submission address for all dental claims. In most cases, your provider will submit claims directly to EMI Health.
- F** Your unique member number is required in order to verify coverage, determine benefits, and pay claims for you and your dependents.
- G** If you have vision coverage with EMI Health, the name of your vision plan will appear here. This also indicates your vision participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have vision coverage through EMI Health.
- H** This is the telephone number to call for customer service inquiries.

Looking for dental and vision providers?

It's easy to find in-network dental and vision providers near you using the EMI Health Provider Search tool.

1 Go to emihealth.com
Click on **Find a Provider** along the upper part of the home page.

2 Select the type of provider
Select dental or vision.

3 Enter your plan name (found on your ID card)
These are the plan options you will see.

Dental	Vision
Premier (Choice)	Opticare
Advantage/Advantage Plus (Choice)	VSP Choice
Value	VSP Choice Plus
Summit*	
Summit Plus*	

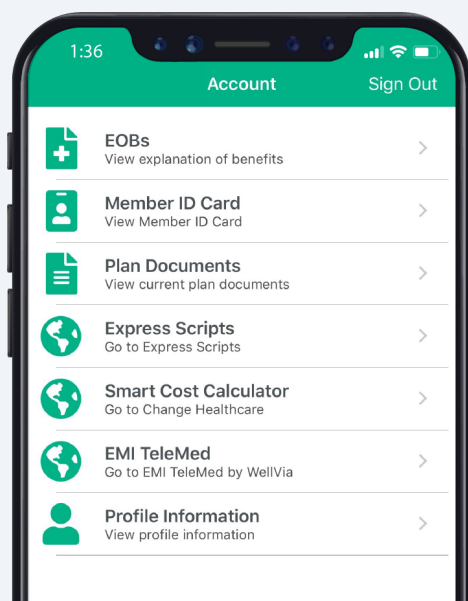
**If you have the Summit or Summit Plus dental plans, you will be redirected to Cigna's dental provider search.*

4 Enter your location information and click "Search"
You can also select **"Use My Location."** This feature will automatically populate the state and zip code where you are searching.

5 Filter and sort your results
Now you can filter your results for locations, specialties, facilities, languages, and more. Click **"Search"** each time you adjust a filter to refresh the results list.

That's all there is to it!

You will see a list of participating providers along with contact information, address, and the ability to map the location of their offices. You can also download the results as a PDF to keep or take with you.



Search on the go

In addition to being another convenient way to search for providers and facilities, the EMI Health mobile app allows you to do even more.

Access your ID Card

View and download your plan grids so you always know the benefits you have.

View your EOBs and search by person, service, date, and more.

Update your profile information like email address, password, or security questions.

The EMI Health Mobile App

Your benefits. Anytime. Anywhere.

Provider Search

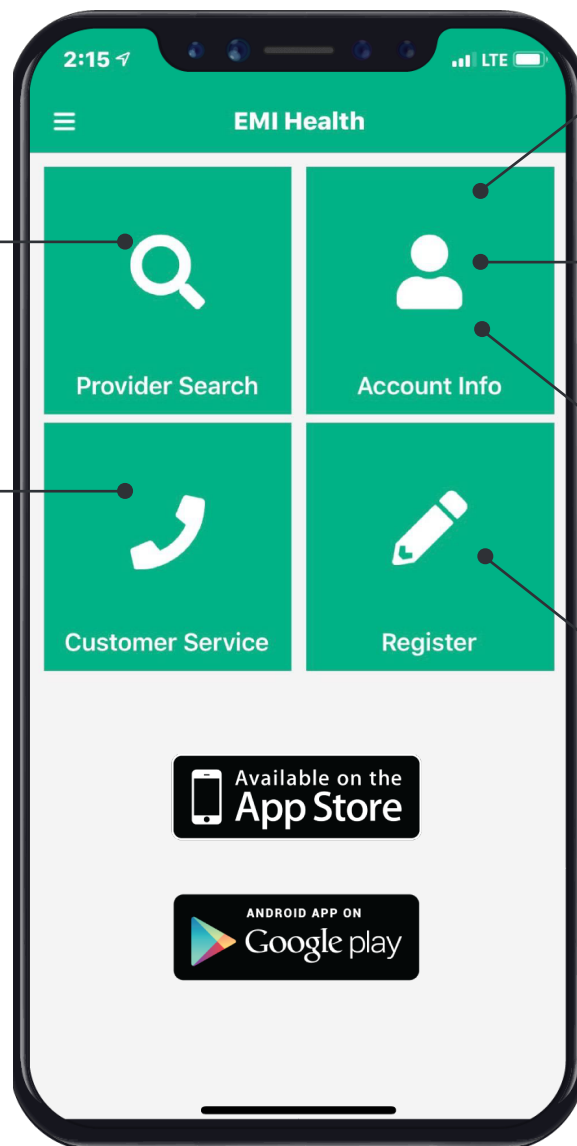
Find in-network providers and facilities.

Customer Service

Need to talk to a person? No problem. Call us from the app.

Other Features

- Access current and past issues of the Hope Health newsletter.
- Update your profile information like email address, password, or security questions.



ID Card

Access your ID Card from anywhere at any time.

EOBs

View your EOBs and search by person, service, date, and more.

Plan Information

View and download your plan grids so you always know the benefits you have.

Log in/Register

Download the app and log in using your My EMI Health username and password.

If you haven't registered your account, you can do so in the app or online at emihealth.com.

Scan this QR code with your phone to download.

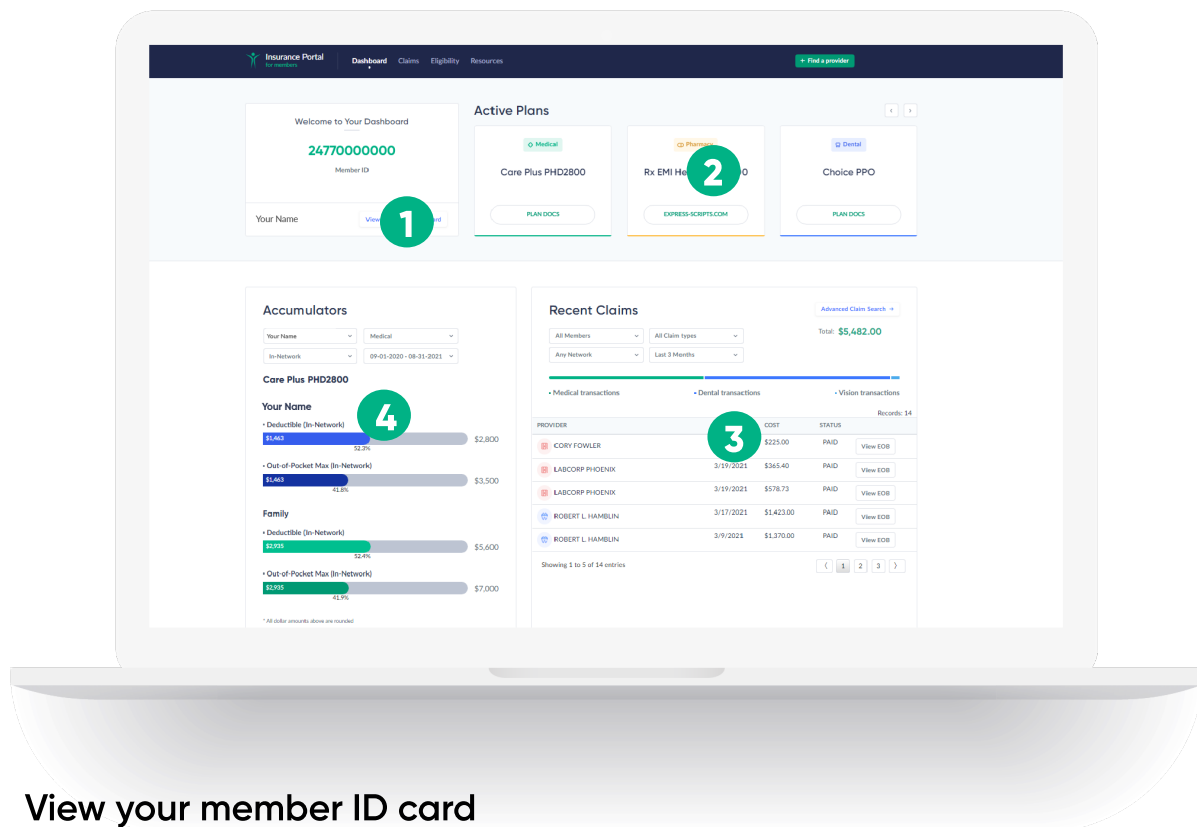


My EMI Health Account

Welcome to your member dashboard! In less than 30 seconds, you can see everything you need to know.

Let's take a tour of your dashboard

Note: not all of these blocks may appear on your dashboard. This guide covers all that may possibly show up, but they may not apply to the EMI Health plans you are enrolled in.



1

View your member ID card

View, download, or print your EMI Health ID card by clicking on "View Your Member ID Card" button.

2

See your plan documents

Here are the plans you are currently enrolled in through EMI Health. From here, you can view your plan documents (your coverage grids and/or fee schedules if applicable) and access your pharmacy tools.

3

View and sort your recent claims

Use the toggles to filter and sort your claims by type, covered member, network, and date range. View your **Explanation of Benefits (EOBs)** documents by clicking on "View EOB" to the right of each claim. *Note: These documents are not mailed, so it's important to check your dashboard regularly for any new EOBs that come into your account.*

4

At-a-glance accumulators

In this block, you are able to see your progress towards applicable plan accumulators for medical and dental plans. Use the drop down options at the top to switch between covered members on your plan, time period, and accumulator type.

My EMI Health Account

All your benefit answers in one place.

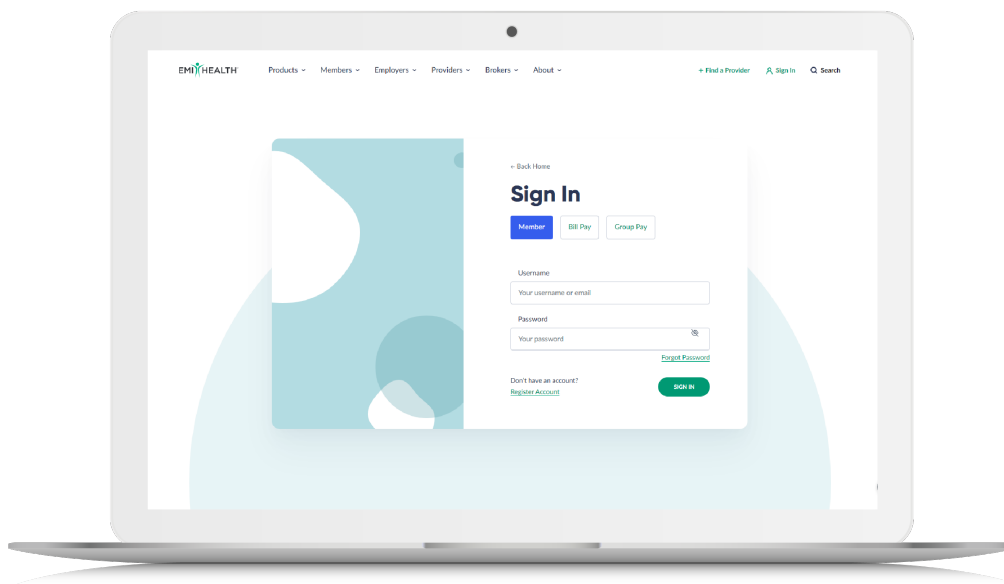
Getting Started:

Find everything related to your benefits from general plan documents to detailed claims information.

- Go to **emihealth.com**.
- Click **Sign In** and select My EMI Health.
- Select **Register** and choose **Member** as the type of account.
- Enter the data to identify yourself and click **Continue**.

** You will need your Member ID found on your EMI Health ID card. Also, for your security, your password must be at least six characters and include a special character, e.g., !, @, #, \$, etc.*

***Please note that you will only make an EMI Health account for your family through the plan subscriber. Dependents and spouses will not have their own account.*



What you can do:

- View your plan documents
- View and sort your claims
- Download, and print your ID cards
- View all your EOBs
- See at-a-glance progress towards your accumulators
- Review eligibility/enrollment status

Reading Your EOB



EMI Health
5101 South Commerce Drive
Murray UT 84107



How To Read Explanation of Benefits

Forwarding Service Requested

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

*****SINGLP
1 1 SP 0.490
JOE SAMPLE
123 MAIN ST
ANYTOWN, USA 12345

1 Customer Service

8:00 am to 6:00 pm MST Monday through Friday
Customer Service and Benefit Inquires call
(Local)(801)262-7475(Toll Free)(800)662-5851
(Fax)(801)269-9734

Employer Group: GROUP ABC
Date Processed: 05/09/2018

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

Patient: JOE SAMPLE	Provider: ABC Hospital
Claim #: 215-000111111-00	Subscriber: JOE SAMPLE
	Subscriber #: 123456789

2 Service Dates	3 Description of Service	4 Billed	5 Allowed	6 Provider Discount	7 Not Covered	8 Reason Code	9 Deductible	10 Coinsurance	11 Co-pay	12 Payment
04/03-04/03/2018	Minor diagnostic testing (outpatient)	\$677.79	\$474.45	\$203.34	\$0.00	05	\$474.45	\$0.00	\$0.00	\$0.00
Column Totals		\$677.79	\$474.45	\$203.34	\$0.00		\$474.45	\$0.00	\$0.00	\$0.00
13 Other Insurance Credits or Adjustments										\$142.56
14 Total Payment Amount										\$0.00
15 Member Responsibility										\$474.45

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

Patient: JOE SAMPLE	Provider: ABC Hospital
Claim #: 215-000222222-00	Subscriber: JOE SAMPLE
	Subscriber #: 123456789

2 Service Dates	3 Description of Service	4 Billed	5 Allowed	6 Provider Discount	7 Not Covered	8 Reason Code	9 Deductible	10 Coinsurance	11 Co-pay	12 Payment
04/07-04/07/2018	Major diagnostic testing (outpatient)	\$907.50	\$385.84	\$521.66	\$0.00	05 49	\$25.55	\$0.00	\$100.00	\$0.00
Column Totals		\$907.50	\$385.84	\$521.66	\$0.00		\$25.55	\$0.00	\$100.00	\$0.00
13 Other Insurance Credits or Adjustments										\$69.18
14 Total Payment Amount										\$0.00
15 Member Responsibility										\$125.55

16 Plan Year Accruals

Description	Claim Year	Amount Met
JOE SAMPLE Medical Individual Network Deductible - Participating	2018	\$500.00
JOE SAMPLE Medical Individual Network Out-of-Pocket - Participating	2018	\$100.00
Medical Family Network Deductible - Participating	2018	\$500.00

The Amounts listed above are subject to change due to claim adjustments and/or the order in which claims are received.

17 Explanation of Codes

05	Negotiated discount has been applied.
49	Service copayment applied.

Reading Your EOB

Benefits Determination

18

Read this carefully - this is your notice of payment or nonpayment of claims.

In accordance with the provisions of your plan, you may appeal for reconsideration of any denied portion of this claim by writing to the Administration Office (address above). You should state the reason you believe your claim should be paid, attaching any documentation to support your appeal. The Administrator will consider and respond to your appeal within the time required by your plan. You should review your Plan Summary for specific directions on how and when an appeal must be filed.

Any request for a review of this claim must be received by EMI Health within 180 days of the date of this Explanation of Benefits. You are entitled to receive, upon request and free of charge, reasonable access to all documents, records, and other information relevant to this claim. If agreement is not reached after exhaustion of the claims review process outlined in your member handbook, you may have the right to submit the matter to voluntary binding arbitration or independent review or to pursue civil action. If you are covered by more than one health plan, you should file all your claims with each plan.

EMI Health now offers a full selection of Medigap & Medicare Prescription Drug Plans. Call us or visit www.emihealth.com and click on the Medicare Products tab for more information.

Claim Summary

19

Claim #	Patient	Billed	Allowed	Provider Discount	Not Covered	Deductible	Coinsurance	Copay	Payment
215-000111111-00	JOE SAMPLE	\$677.79	\$677.79	\$203.34	\$0.00	\$474.45	\$0.00	\$0.00	\$0.00
215-000222222-00	JOE SAMPLE	\$907.50	\$907.50	\$521.66	\$0.00	\$25.55	\$0.00	\$100.00	\$0.00
Totals:		\$1,585.29	\$1,585.29	\$725.00	\$0.00	\$500.00	\$0.00	\$100.00	\$0.00

How To Read EOB

1. Customer Service: If you have questions, please call us at the toll free number listed at the top of your Explanation of Benefits. Our friendly and knowledgeable representatives are here to assist you.

2. Service Dates: Represents the date(s) the patient received services.

3. Description of Service: Lists the procedure performed.

4. Billed: This is the billed amount before any negotiated adjustments, co-pays, deductibles or any ineligible amount.

5. Allowed: The amount allowed by the provider contract.

6. Provider Discount: The amount discounted.

7. Not Covered: Any specific amount that was determined to be ineligible for payment by the plan.

8. Reason Code: This code is used to explain the reason for an adjustment or benefit limitation.

9. Deductible: This amount reflects the deductible requirement at the time charges were processed.

10. Coinsurance: Percentage of allowed amount for which the patient is responsible.

11. Co-Pay: Represents amounts responsible to the patient.

12. Payment: Total amount less any adjustments.

13. Other Insurance Credit or Adjustments: The amount paid by another health plan or insurance company toward services the member received.

14. Total Payment Amount: Total amount less any adjustments.

15. Member Responsibility: This is the total amount that you owe the provider. This includes any co-payments, deductibles, co-insurance and/or excluded charges.

16. Plan Year Accruals: The amount of money you have paid to date for health care services

17. Explanation of Codes: This code is used to explain the reason something is not covered or is discounted from the billed amount.

18. Benefits Determination: This will be the procedure and information needed to file a formal review for any denied claim.

19. Claim Summary: Provides a summary of claims processed during an extended timeframe.



The EMI Health Mobile App

Your benefits.
Anytime.
Anywhere.

