

Contact Information
 Annie Council
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Alpine School District 2024-2025 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	\$14.45 (monthly rate)	
2 Party	\$29.99 (monthly rate)	
Family	\$47.04 (monthly rate)	
2024-2025 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

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	\$31.04 (monthly rate)	
2 Party	\$64.65 (monthly rate)	
Family	\$106.75 (monthly rate)	
2024-2025 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

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% up to 1000	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	\$38.90 (monthly rate)	
2 Party	\$87.69 (monthly rate)	
Family	\$148.03 (monthly rate)	
2024-2025 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

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% up to 1000	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	\$42.96 (monthly rate)	
2 Party	\$92.33 (monthly rate)	
Family	\$152.26 (monthly rate)	
2024-2025 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