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

EMI HEALTH™

Alpine School District 2026-2027 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	**$15.70 (monthly rate)**
2 Party	**$32.60 (monthly rate)**
Family	**$51.10 (monthly rate)**

2026-2027 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	**$37.20 (monthly rate)**	
2 Party	**$77.50 (monthly rate)**	
Family	**$127.90 (monthly rate)**	

2026-2027 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	**$46.60 (monthly rate)**	
2 Party	**$105.10 (monthly rate)**	
Family	**$177.40 (monthly rate)**	

2026-2027 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	**$51.50 (monthly rate)**	
2 Party	**$110.60 (monthly rate)**	
Family	**$182.50 (monthly rate)**	

2026-2027 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 another EMI or Companion or switching between plans