



2025 - 2026

## Alpine School District

Dental Enrollment Guide | UniServ

<b>Your dental network .....</b>	<b>3-8</b>
Welcome to EMI Health .....	3
Choosing the right dental plan.....	4
How to search for a dental provider .....	4
How much your plan pays for care .....	5
What dental insurance covers .....	5
EMI Health online resources .....	6
How to find your dental provider network.....	7
Your Member Card ID .....	7
Online Tools.....	8
<b>Plan Summaries .....</b>	<b>9-15</b>
TDA Peak Care Plus.....	9
Premier 100 (D3).....	10
Advantage Copay (D2) .....	11
TDA Elite Choice.....	12
Choice PPO (D5) .....	13
TDA MAC.....	14
TDA Companion .....	15
<b>Benefit Hub.....</b>	<b>16</b>
<b>Contact Information .....</b>	<b>17</b>
<b>Terms and conditions.....</b>	<b>18</b>



---

## Your dental plan network.

### Welcome to EMI Health!

EMI Health has been serving individuals, families, and organizations for over 85 years. As a not-for-profit insurer, we're committed to making healthcare more accessible, more personal, and easier to understand.

### Why dental care matters:

Taking care of your teeth isn't just about a nice smile—it's part of staying healthy overall. Regular cleanings and checkups can prevent more serious (and more expensive) problems later on. That's why dental coverage is important, and why EMI Health offers a range of plan options to fit different needs.

Plus, with EMI Health, you have access to a nationwide network of trusted dentists, making it easier to get care wherever you are.



## YOUR DENTAL PLAN NETWORK

---

### Choosing the right dental plan

Picking the right dental plan depends on your needs. Answer these quick questions to help guide your choice.

Ask Yourself...	Why It Matters
Is my dentist in-network?	Staying in-network usually means lower out-of-pocket costs. Use our provider search tool before enrolling: <a href="https://emihealth.com/providersearch">emihealth.com/providersearch</a> .
Will anyone need orthodontic care?	Braces and other orthodontic treatments <b>are not covered by all plans</b> . Choose a plan that specifically includes orthodontic benefits if needed.
Expecting major work soon?	Procedures like crowns, dentures, or root canals can be expensive. Look for plans with strong coverage and lower out-of-pocket costs.
What is my monthly budget?	Consider how often you'll use dental services. A higher premium may be worth it if you expect regular or complex care; otherwise, a lower-cost plan may include what you need.

### How to search for a dental provider:

You can search for in-network doctors, clinics, and specialists at any time, even if you have not enrolled yet. Use the provider search tool as a guest to explore networks, or sign in as a member to see results based on your plan.

#### For Guests:

- Go to [emihealth.com](https://emihealth.com)
- Click on **Provider Search**.
- Choose **Search as a Guest**.
- **Click the Dental tab**.
- Enter your network, state, and zip code.
- Search for your provider.

#### For Members:

- Go to [emihealth.com/account](https://emihealth.com/account).
- Login with your credentials.
- Click **Provider Search** under your dental plan within your member dashboard.
- Your network, state, and zip code is automatically displayed.
- Search for a provider.

## YOUR DENTAL PLAN NETWORK

---

### How much your plan pays for dental care.

The amount your plan pays depends on the type of care and your specific dental plan.

- **Deductible**

What you pay out-of-pocket before your plan begins covering certain services. May apply per person or per family.

- **Waiting Periods**

Some services aren't covered right away. Basic cleanings may be covered immediately, but major work often requires a waiting period.

- **Annual Maximum**

The yearly limit your plan will pay for dental care. You pay any costs beyond this amount.



To find out exactly how your plan pays for care, refer to the plan summary.

### What dental insurance covers:

EMI Health dental insurance plans include four main types of care:



#### Preventive Care

**Includes cleanings, checkups, and routine X-rays.** These are usually covered at a higher level and may not require you to pay anything out-of-pocket when you use an in-network provider.



#### Basic Services

**Includes treatments like fillings and simple extractions.** These services are often shared between you and the plan, depending on your specific benefits.



#### Major Services

**Includes crowns, bridges, dentures, and other more involved procedures.** These are typically covered at a lower percentage and may come with higher out-of-pocket costs.



#### Orthodontics

**Covers braces and other alignment services.** Not all plans include this benefit, and when they do, there may be age limits or lifetime maximums.



**Know your plan,  
know your options.**

Visit [alpine.emihealth.com/dental](https://alpine.emihealth.com/dental) for helpful resources.



## YOUR DENTAL PLAN NETWORK

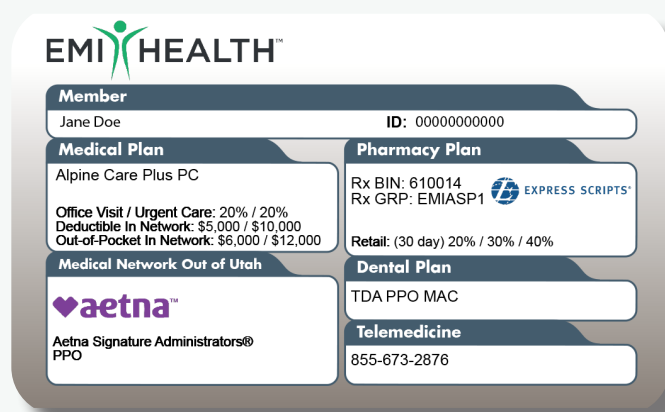
### How to find the Provider Network in your dental plan summary:

Your dental plan summaries can be found in the back of this booklet. The Provider Network is found under Network/Reimbursement Schedule of each plan summary. If you have any questions about your plan, please contact your HR representative.

Network / Reimbursement Schedule	Advantage	MAC
<b>Monthly Rates</b>		
Employee		\$26.90
Two-Party		\$62.40

### Provider Network

Your network name tells you which doctors, hospitals, and healthcare providers are considered in-network. Choosing in-network providers helps you get the most from your benefits and avoid higher out-of-pocket costs.



### Watch for your Member ID Card.

After you enroll, EMI Health will mail you a Member ID card. This card includes your member ID number, plan name, and network — all the details you'll need to access care and register your online account.

Once your card arrives, be sure to activate your EMI Health account. You'll use the information on your card to log in, view benefits, find providers, and manage your coverage. To activate your account and access your dashboard go to [emihealth.com/account](https://emihealth.com/account) and click register.

Everything at your fingertips!



Online Tools

Our secure member website is your one-stop shop for information about your healthcare benefits. Access all our online tools by going to [emihealth.com/account](https://emihealth.com/account).

- Member Dashboard
- View/Print ID Cards
- Plan Information and Provider Search
- Accumulators for each plan member and family
- Recent Claims
- Programs and Tools



On the go? Download our app!

Download the free EMI Health app to access your account for your healthcare information and online tools.



How to Register your account:

After you enroll and receive your Member Card ID:

- Go to **[emihealth.com/account](https://emihealth.com/account)**.
- Click **Register Account**.
- Choose **Member** and follow the step-by-step instructions.

When you register your account, you'll have access to your member dashboard, plan information, added benefits and more!



## YOUR DENTAL PLAN NETWORK

**Plan:** TDA Peak Care Plus

**Network:** DHMO-UT

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	See Co-Pay Schedule	No Coverage*
<b>Type 2 - Basic</b> Fillings	See Co-Pay Schedule	No Coverage*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	No Coverage*
<b>Type 4 - Orthodontics</b> Dependent children up to age 18 Adult Orthodontics	Discount Only	No Coverage
<b>Sealants</b>	See Co-Pay Schedule	No Coverage*
<b>Space Maintainers</b>	See Co-Pay Schedule	No Coverage*
<b>Endodontics</b>	See Co-Pay Schedule	No Coverage*
<b>Periodontics</b>	See Co-Pay Schedule	No Coverage*
<b>Simple Extractions</b>	See Co-Pay Schedule	No Coverage*
<b>Oral Surgery</b>	See Co-Pay Schedule	No Coverage*
<b>Specialists</b>	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.		
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	None	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$0.00	
Family Max	\$0.00	
<b>Deductible Applies To</b>	Type 2 & Type 3	
<b>Annual Maximum Per Person</b>	Unlimited	
<b>Orthodontic Lifetime Maximum</b>	N/A	
<b>Network / Reimbursement Schedule</b>	DHMO-UT	No Coverage*
<b>Monthly Rates</b>		
Employee	\$15.17	
Two Party	\$31.49	
Family	\$49.39	
<b>Provisions / Limitations / Exclusions</b>		
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 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!

## YOUR DENTAL PLAN NETWORK

**Plan:** Premier 100 (D3)

**Network:** Premier

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	See Member Schedule	No Coverage
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Member Schedule	No Coverage
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
<b>Endodontics</b>	Type 3 - Major	No Coverage
<b>Periodontics</b>	Type 3 - Major	No Coverage
<b>Sealants</b>	Type 2 - Basic	No Coverage
<b>Space Maintainers</b>	Type 2 - Basic	No Coverage
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	N / A	
<b>Deductible</b>		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
<b>Deductible Applies To</b>	N / A	N / A
<b>Annual Maximum Per Person</b>	None	
<b>Orthodontic Lifetime Maximum</b>	N / A	
<b>Network / Reimbursement Schedule</b>	Premier	MAC
<b>Monthly Rates</b>		
Employee	\$19.70	
Two-Party	\$39.70	
Family	\$65.50	
<b>Provisions / Limitations / Exclusions</b>		
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.		

EMIAD.PREM CO-PAY.OUT.B

Underwritten & Administered by: Educators Mutual Insurance Association, a Utah Company

## YOUR DENTAL PLAN NETWORK

**Plan:** Advantage Copay (D2)

**Network:** Advantage Dentemax

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
<b>Type 2 - Basic</b> Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
<b>Endodontics</b>	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Periodontics</b>	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Sealants</b>	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Space Maintainers</b>	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Specialists</b> (** 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.		
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	N / A	
<b>Deductible</b>		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
<b>Deductible Applies To</b>	N / A	N / A
<b>Annual Maximum Per Person</b>	None	
<b>Orthodontic Lifetime Maximum</b>	N / A	
<b>Network / Reimbursement Schedule</b>	Advantage	MAC
<b>Monthly Rates</b>		
Employee	\$26.90	
Two-Party	\$62.40	
Family	\$97.30	
<b>Provisions / Limitations / Exclusions</b>		
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.		

EMIAD.ADV.COPAY.OUT.C

Underwritten & Administered by: Educators Mutual Insurance Association, a Utah Company

## YOUR DENTAL PLAN NETWORK

**Plan:** TDA Elite Choice

**Network:** TDA PPO

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	<b>See Co-Pay Schedule</b>	<b>See Claim Payment Schedule*</b>
<b>Type 2 - Basic</b> Fillings	<b>See Co-Pay Schedule</b>	<b>See Claim Payment Schedule*</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>See Co-Pay Schedule</b>	<b>See Claim Payment Schedule*</b>
<b>Type 4 - Orthodontics</b> Dependent children up to age	<b>Discount Only</b>	<b>No Coverage</b>
Adult Orthodontics	Discount Only	No Coverage
<b>Sealants</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Space Maintainers</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Endodontics</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Periodontics</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Simple Extractions</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Oral Surgery</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Specialists</b>	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.		
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	None	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$0.00	
Family Max	\$0.00	
<b>Deductible Applies To</b>	Type 2 & Type 3	
<b>Annual Maximum Per Person</b>	\$5,000.00	
<b>Orthodontic Lifetime Maximum</b>	N/A	
<b>Network / Reimbursement Schedule</b>	TDA PPO	See Claim Payment Schedule*
<b>Monthly Rates</b>		
Employee	\$33.21	
Two Party	\$69.18	
Family	\$114.22	
<b>Provisions / Limitations / Exclusions</b>		
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.		

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 DENTAL PLAN NETWORK

**Plan:** Choice PPO (D5)

**Network:** Advantage Plus and Premier

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	80% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	60% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	Discount Only	Discount Only	No Coverage
Adults	Discount Only	Discount Only	No Coverage
<b>Endodontics</b>	Type 3 - Major	Type 3 - Major	Type 3 - Major
<b>Periodontics</b>	Type 3 - Major	Type 3 - Major	Type 3 - Major
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>			
Type 2 - Basic	None		
Type 3 - Major	12 Month Late Entrant Waiting Period		
Type 4 - Orthodontics	N / A		
<b>Deductible</b>	In and Out of Network Deductibles are Combined		
Per Person	\$100 per lifetime		
Family Max	\$300 per year		
<b>Deductible Applies To</b>	Type 2 & Type 3		Type 1, Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$1,200.00		
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>	N / A		
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	MAC
<b>Monthly Rates</b>			
Employee	\$38.50		
Two-Party	\$88.30		
Family	\$153.00		
<b>Provisions / Limitations / Exclusions</b>			
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.			

EMIA.D.CHOICE.OUT.B

Underwritten & Administered by: Educators Mutual Insurance Association, a Utah Company

## YOUR DENTAL PLAN NETWORK

**Plan:** TDA MAC

**Network:** TDA PPO

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	<b>100%</b>	<b>90% up to MAC*</b>
<b>Type 2 - Basic</b> Fillings	<b>80%</b>	<b>70% up to MAC*</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>50%</b>	<b>40% up to MAC*</b>
<b>Type 4 - Orthodontics</b> Dependent children up to age 19	<b>50%</b>	<b>50%</b>
Adult Orthodontics	Discount Only	No Coverage
<b>Sealants</b>	Type 1 - Preventive	Type 1 - Preventive
<b>Space Maintainers</b>	Type 1 - Preventive	Type 1 - Preventive
<b>Endodontics</b>	Type 3 - Major	Type 3 - Major
<b>Periodontics</b>	Type 3 - Major	Type 3 - Major
<b>Simple Extractions</b>	Type 2 - Basic	Type 2 - Basic
<b>Oral Surgery</b>	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	12 Month Waiting Period	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$50.00	
Family Max	\$150.00	
<b>Deductible Applies To</b>	Type 2 & Type 3	
<b>Annual Maximum Per Person</b>	\$1,200.00	
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00	
<b>Network / Reimbursement Schedule</b>	TDA PPO	MAC*
<b>Monthly Rates</b> Employee Two Party Family	\$41.62 \$93.83 \$158.39	
<b>Provisions / Limitations / Exclusions</b>		
Exams (including Periodontal), Cleanings	2 per plan year	
Fluoride	1 per plan year, dependent children	
Sealants	1 per molar, ages 6-16	
Space Maintainers	Up to age 16	
Bitewing X-Rays	2 per plan year	
Periapical X-Rays	No frequency	
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!

Underwritten by: Companion Life Insurance Company  
Administered by: Dental Management Administrators

## YOUR DENTAL PLAN NETWORK

**Plan:** TDA Companion

**Network:** TDA PPO

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	<b>100%</b>	<b>100% up to R&amp;C*</b>
<b>Type 2 - Basic</b> Fillings	<b>80%</b>	<b>80% up to R&amp;C*</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>50%</b>	<b>50% up to R&amp;C*</b>
<b>Type 4 - Orthodontics</b> Dependent children up to age 19	<b>50%</b>	<b>50%</b>
Adult Orthodontics	Discount Only	No Coverage
<b>Sealants</b>	Type 1 - Preventive	Type 1 - Preventive
<b>Space Maintainers</b>	Type 3 - Major	Type 3 - Major
<b>Endodontics</b>	Type 3 - Major	Type 3 - Major
<b>Periodontics</b>	Type 3 - Major	Type 3 - Major
<b>Simple Extractions</b>	Type 3 - Major	Type 3 - Major
<b>Oral Surgery</b>	Type 3 - Major	Type 3 - Major
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	12 Month Waiting Period	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$100.00	
	Lifetime	
<b>Deductible Applies To</b>	Type 1, Type 2 & Type 3	
<b>Annual Maximum Per Person</b>	\$1,000.00	
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00	
<b>Network / Reimbursement Schedule</b>	TDA PPO	R&C (90th)*
<b>Monthly Rates</b> Employee Two Party Family	\$45.97 \$98.79 \$162.92	
<b>Provisions / Limitations / Exclusions</b>		
Exams (including Periodontal), Cleanings	2 per plan year	
Fluoride	1 per plan year, dependent children	
Sealants	1 per molar, ages 6-16	
Space Maintainers	Up to age 16	
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!

Underwritten by: Companion Life Insurance Company  
Administered by: Dental Management Administrators



---

# BenefitHub

As a member of EMI Health, you can get deals on things you purchase every day.

Tickets, concerts, theaters, restaurants, and thousands of other local offers are yours simply because you are awesome (and covered by EMI Health). Learn more by visiting to [emihealth.com](http://emihealth.com).





## EMI Health Contact Information

MAIN WEBSITE  
**[emihealth.com](https://emihealth.com)**

PHONE NUMBER  
**(800) 662 - 5850**

HOURS  
**MON-FRI**  
**6:00am - 6:00pm MST**

## We're here to help.

Health insurance doesn't have to be complicated. We can help you with everything from understanding your benefits to finding the right doctor. Our customer services teams are dedicated to providing exceptional service.

# TERMS AND CONDITIONS

---

## **Informational Use Only**

This guide is intended to summarize key features of your EMI Health benefits. It is not a contract and does not create any legal rights or entitlements.

## **Plan Documents Govern**

In case of any discrepancies between this booklet and official plan documents—including the Summary Plan Description (SPD), Certificate of Coverage, or member handbook—the plan documents will govern. Copies of those documents are available through your employer or EMI Health.

## **Subject to Change**

Plan details, networks, costs, and availability are subject to change based on employer selections, legislative updates, or administrative decisions. EMI Health reserves the right to amend or terminate coverage in accordance with applicable law.

## **Eligibility and Enrollment**

You must meet eligibility requirements to enroll in a plan. Outside of open enrollment, coverage changes require a qualifying life event and must be submitted within your employer's required timeframe—typically within 30 or 31 days.

## **Privacy and Security**

EMI Health complies with federal privacy regulations to safeguard your personal health information. For our full privacy practices, visit [emihealth.com/privacy](https://emihealth.com/privacy) to learn more.

