

Great News

NO PREMIUM RATE INCREASE!

EE ONLY	\$39.20
EE+ 1 DEP	\$74.16
EE + 2 OR MORE DEPS	\$123.60

Plan Advantages

\$2,000 ANNUAL MAXIMUM BENEFIT

IN-NETWORK CO-PAYS

NO IN-NETWORK BALANCE BILLING

IN- & OUT-OF-NETWORK COVERAGE

What's New

\$0 CO-PAY FOR
PREVENTIVE & DIAGNOSTIC CARE

\$0 DEDUCTIBLE

NO WAITING PERIODS

CO-PAYS HAVE INCREASED

Questions

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For over 25 years, it has been our mission to provide the best possible benefits at the lowest cost. From routine check-ups to unexpected emergencies, you can enjoy peace of mind knowing we have you covered every step of the way.

Since 2016, we have kept our In-Network "Patient Co-Pays" the same and only raised monthly premiums rates once since 2020.

Has Anything Changed for 2024?

Starting January 1, 2024, the In-Network "Patient Co-Pays" will increase, but we have set all In-Network "Patient Co-Pays" for Preventive and Diagnostic services to \$0. That means all cleanings, exams, x-rays, and children's fluoride and sealants are covered In-Network at a \$0 "Patient Co-Pay". The deductible changed to \$0 and all waiting periods were eliminated. Premium rates remain unchanged for 2024!

How Does the Plan Work?

The Elite Choice Group Dental Plan is available exclusively from Total Dental Administrators, an EMI Health Company. Each enrolled member has a \$2,000 Annual Dental Benefit Maximum and the Plan offers you the option of receiving your dental care from any dentist you choose. The "Patient Co-Pay" only applies to services performed by participating In-Network General dentists or Specialists. The member is responsible for the amount listed under the "Patient Co-Pay" column.

The fees listed in the column titled "Out-Of-Network Claim Payment" are what the Plan pays for those services to the Out-of-Network dentist. The member is responsible for the difference between the amount paid by the Plan to the dentist and the amount that dentist charges. The member is therefore responsible for any balanced-billed amount. If you elect to receive your dental care from an In-Network dentist, your out-of-pocket costs will be less.

Finding a Participating Dentist

Finding an In-Network dentist is easy! Visit emihealth.com, click on 'Members', select 'Find a Provider' from the drop-down box, click on 'Dental', select 'TDA PPO' from the 'Networks' drop-down box. Then select your state under the 'State' drop-down box and then enter your ZIP code (or click the 'Use My Location' button) and finally click the 'Search' button. Customer Service (800) 662-5851 is also ready to assist.

Who Can Enroll in TDA Elite Choice?

TDA always accepts new enrollees and their dependents during the Annual Enrollment Period or any time you experience a 'Qualifying Life Event' that triggers a special enrollment period. You may enroll with the TDA Elite Choice dental plan if you are an employee or retiree of the State of North Dakota, North Dakota University System, North Dakota Local Public Health Units, or Garrison Diversion Conservancy District and meet the eligibility requirements.

What Do I Need To Do?

If you are currently enrolled, there is nothing you need to do. Your Elite Choice dental coverage will automatically renew on January 1, 2024. If you are enrolling for the first time, or if you need to add or delete dependents, or make any other changes to your TDA coverage, you must complete an Elite Choice Dental Plan Enrollment Form and a 2024 Pre-Tax Premium Deduction form and return them to your Agency Payroll contact. TDA is approved for pre-tax, monthly premium deductions. Contact your Human Resources representative for more information. Enrollment in the TDA Elite Choice dental Plan is for a 12-month period (January 1, 2024 through December 31, 2024) unless you terminate employment or otherwise lose eligibility. This policy applies regardless if the premium is pre-taxed. Changes consistent with a 'Qualifying Life Event' or the ineligibility of a dependent are allowed any time during the Benefit Plan Year.