

# TDA Elite Choice Dental Benefit Plan

2026 Benefit Plan Year Information

**The Annual Enrollment Period is October 20, 2025 through November 7, 2025**

2025 MONTHLY PREMIUM RATES		2026 MONTHLY PREMIUM RATES	
Employee Only	\$41.94	Employee Only	\$43.60
Employee + 1 Dep	\$80.46	Employee + 1 Dep	\$83.60
Employee + 2 or More Deps	\$134.10	Employee + 2 or More Deps	\$139.40

## TDA DENTAL PLAN HIGHLIGHTS

- \$2,000 annual maximum benefit per enrolled person
- \$0 copay for preventive dental services
- No deductibles
- No waiting periods
- In-network copays
- Out-of-network coverage (plan allowance)

## HOW THE PLAN WORKS

Each enrolled member has a \$2,000 Annual Dental Benefit Maximum and requires no deductible to be met. The "Patient Co-Pay" is the total amount you pay at the time of service for covered services from an in-network, participating dentist. The "Out-of-Network Claim Payment" amount is the maximum amount the Plan will pay to out-of-network, non-participating dentists for covered services. The non-participating dentist may balance bill you for amounts billed that exceed TDA's Out-of-Network Claim Payment. You will pay less out-of-pocket by receiving your dental care from an in-network, participating dentist.

## WHO CAN ENROLL

Any 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 who meets the eligibility requirements of your employer may enroll during the Annual Enrollment Period or anytime due to a "Qualifying Life Event".

## WHAT DO I NEED TO DO

There is nothing you need to do if you are currently enrolled with TDA Elite Choice Plan. If you are enrolling for the first time or need to make any other changes to your TDA dental coverage, you must complete an Elite Choice Dental Plan Enrollment Form and a 2026 Pre-Tax Premium Deduction form and return them to your payroll contact. TDA is approved for pre-tax, monthly premium deductions. Enrollment in the TDA Elite Choice Dental Plan is for a 12-month period beginning January 1, 2026, unless you terminate employment or otherwise lose eligibility. This policy applies regardless if the premium is pre-taxed. Changes are allowed any time during the year for a "Qualifying Life Event" or the ineligibility of a dependent. Contact your Human Resources representative for more information.

## FINDING CONTRACTED PROVIDERS

Visit: <https://emihealth.com/ProviderSearch>. Click on Dental. Select "TDA PPO" from the "Networks" drop-down box. Select your "State" from the drop-down box and click search. When the results appear, you can narrow your search by the options provided, including County, City, ZIP code, and Specialties.

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### **QUESTIONS**

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**\*\* HR/Payroll Officers:** Please send Enrollment Applications/Change Forms to [enrollment@emihealth.com](mailto:enrollment@emihealth.com)