



BETA Health

"Benefits Done Your Way"

Introducing the

Alpha

Dental Plan

"Our strength is in the size of our network"



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www.betaplans.com



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Important Open Enrollment Notice!
Please read carefully.

This is your annual Open Enrollment period. ALL employees must either enroll or waive dental coverage for the next year. If you waive coverage and then have a dental emergency, you will be responsible for all of the expenses at full fee.



BETA Health

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Alpha Dental Plan Highlights

Save an average of 70% on all dental expenses

Large network of dentists across Colorado to select from

Unlimited benefits each year (use as much as you like)

No waiting periods on any procedures after enrollment

Orthodontics (braces) for children and adults

Includes cosmetic dentistry

No forms to complete or age limits

No exclusions for any pre-existing dental conditions

Guaranteed acceptance!

The following fee schedule highlights the greatly reduced fees that have been pre-negotiated in advance with the plan providers that are participating in the Alpha Dental Plan network. Simply pay these amounts directly to your plan provider at the time services are rendered...it's that easy! There are no forms to complete.

Please visit betaplans.com/alpha18 to locate a provider near you. There are providers across Colorado to select from!

Alpha Dental - Plan 18 Fee Schedule

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Diagnostic and Preventive Services (x-rays and cleanings)</u>				
D0999	Routine office visit	\$71	\$10	86%
D0120	Periodic oral evaluation - established patient	\$72	\$10	86%
D0140	Limited oral evaluation - problem focused	\$107	\$20	81%
D0150	Comprehensive oral evaluation - new or established patient	\$126	\$16	88%
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$209	\$45	79%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$99	\$24	75%
D0180	Comprehensive periodontal evaluation - new or established patient	\$135	\$30	78%
D0210	Intraoral - complete series of radiographic images	\$221	\$47	79%
D0220	Intraoral - periapical first radiographic image	\$50	\$9	82%
D0230	Intraoral - periapical each additional radiographic image	\$43	\$9	80%
D0240	Intraoral - occlusal radiographic image	\$77	\$8	90%
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$117	\$8	93%
D0270	Bitewing - single radiographic image	\$40	\$5	88%
D0272	Bitewings - two radiographic images	\$63	\$10	84%
D0273	Bitewings - three radiographic images	\$77	\$15	81%
D0274	Bitewings - four radiographic images	\$89	\$20	78%
D0277	Vertical bitewings - 7 to 8 radiographic images	\$137	\$25	81%
D0330	Panoramic radiographic image	\$152	\$63	59%
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$164	\$70	57%
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$97	\$30	69%
D0460	Pulp vitality tests	\$79	\$0	100%
D0470	Diagnostic casts	\$169	\$66	61%
D1110	Prophylaxis - adult	\$108	\$15	86%
D1120	Prophylaxis - child	\$81	\$15	81%
D1208	Topical application of fluoride - excluding varnish	\$55	\$15	72%
D1330	Oral hygiene instructions	\$77	\$0	100%
D1351	Sealant - per tooth	\$76	\$16	79%
D1510	Space maintainer - fixed, unilateral	\$421	\$209	50%
D1515	Space maintainer - fixed - bilateral	\$554	\$293	47%
D1520	Space maintainer - removable - unilateral	\$504	\$251	50%
D1525	Space maintainer - removable - bilateral	\$618	\$284	54%
D1550	Re-cement or re-bond space maintainer	\$121	\$22	82%
D1999	Additional prophyl (for perio maintenance)	\$108	\$45	58%
<u>Restorative Services (fillings and crowns)</u>				
D2140	Amalgam - one surface, primary or permanent	\$198	\$43	78%
D2150	Amalgam - two surfaces, primary or permanent	\$252	\$55	78%
D2160	Amalgam - three surfaces, primary or permanent	\$306	\$70	77%
D2161	Amalgam - four or more surfaces, primary or permanent	\$369	\$83	77%
D2330	Resin-based composite - one surface, anterior	\$215	\$57	74%
D2331	Resin-based composite - two surfaces, anterior	\$264	\$69	74%
D2332	Resin-based composite - three surfaces, anterior	\$318	\$90	72%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$403	\$150	63%
D2390	Resin-based composite crown, anterior	\$648	\$349	46%
D2391	Resin-based composite - one surface, posterior	\$248	\$125	50%
D2392	Resin-based composite - two surfaces, posterior	\$322	\$176	45%
D2393	Resin-based composite - three surfaces, posterior	\$397	\$217	45%
D2394	Resin-based composite - four or more surfaces, posterior	\$460	\$234	49%
D2510	Inlay - metallic - one surface	\$1,260	\$407	68%
D2520	Inlay - metallic - two surfaces	\$1,284	\$415	68%
D2530	Inlay - metallic - three or more surfaces	\$1,367	\$441	68%
D2542	Onlay - metallic-two surfaces	\$1,384	\$447	68%
D2543	Onlay - metallic-three surfaces	\$1,410	\$457	68%
D2544	Onlay - metallic-four or more surfaces	\$1,472	\$474	68%
D2610	Inlay - porcelain/ceramic - one surface	\$1,312	\$423	68%

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<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Restorative Services (fillings and crowns) Continued</u>				
D2620	Inlay - porcelain/ceramic - two surfaces	\$1,335	\$444	67%
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$1,372	\$470	66%
D2642	Onlay - porcelain/ceramic - two surfaces	\$1,367	\$455	67%
D2643	Onlay - porcelain/ceramic - three surfaces	\$1,392	\$476	66%
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$1,476	\$505	66%
D2650	Inlay - resin-based composite - one surface	\$1,266	\$408	68%
D2651	Inlay - resin-based composite - two surfaces	\$1,257	\$405	68%
D2652	Inlay - resin-based composite - three or more surfaces	\$1,319	\$427	68%
D2662	Onlay - resin-based composite - two surfaces	\$1,319	\$503	62%
D2663	Onlay - resin-based composite - three surfaces	\$1,333	\$508	62%
D2664	Onlay - resin-based composite - four or more surfaces	\$1,416	\$527	63%
D2710	Crown - resin-based composite (indirect)	\$1,317	\$426	68%
D2720	Crown - resin with high noble metal	\$1,382	\$446	68%
D2721	Crown - resin with predominantly base metal	\$1,330	\$428	68%
D2722	Crown - resin with noble metal	\$1,351	\$436	68%
D2740	Crown - porcelain/ceramic	\$1,519	\$491	68%
D2750	Crown - porcelain fused to high noble metal	\$1,509	\$487	68%
D2751	Crown - porcelain fused to predominantly base metal	\$1,383	\$405	71%
D2752	Crown - porcelain fused to noble metal	\$1,419	\$471	67%
D2780	Crown - 3/4 cast high noble metal	\$1,505	\$589	61%
D2781	Crown - 3/4 cast predominantly base metal	\$1,372	\$537	61%
D2782	Crown - 3/4 cast noble metal	\$1,377	\$539	61%
D2783	Crown - 3/4 porcelain/ceramic	\$1,498	\$572	62%
D2790	Crown - full cast high noble metal	\$1,580	\$491	69%
D2791	Crown - full cast predominantly base metal	\$1,363	\$412	70%
D2792	Crown - full cast noble metal	\$1,425	\$454	68%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$166	\$22	87%
D2920	Re-cement or re-bond crown	\$159	\$41	74%
D2930	Prefabricated stainless steel crown - primary tooth	\$368	\$125	66%
D2931	Prefabricated stainless steel crown - permanent tooth	\$442	\$149	66%
D2932	Prefabricated resin crown	\$475	\$194	59%
D2933	Prefabricated stainless steel crown with resin window	\$489	\$216	56%
D2940	Protective restoration	\$178	\$49	73%
D2950	Core buildup, including any pins when required	\$369	\$101	73%
D2951	Pin retention - per tooth, in addition to restoration	\$112	\$31	73%
D2952	Post and core in addition to crown, indirectly fabricated	\$566	\$162	71%
D2953	Each additional indirectly fabricated post - same tooth	\$427	\$115	73%
D2954	Prefabricated post and core in addition to crown	\$458	\$131	71%
D2955	Post removal	\$290	\$124	57%
D2957	Each additional prefabricated post - same tooth	\$396	\$156	61%
D2960	Labial veneer (resin laminate) - chairside	\$941	\$241	74%
D2999	Complex rehabilitation crown and bridge procedures (6 or more) per unit in the same treatment		\$145	

PLEASE NOTE - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

Endodontic Services (root canals)

D3110	Pulp cap - direct (excluding final restoration)	\$118	\$33	72%
D3120	Pulp cap - indirect (excluding final restoration)	\$121	\$34	72%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$301	\$97	68%
D3221	Pulpal debridement, primary and permanent teeth	\$327	\$109	67%
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$402	\$123	70%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$429	\$128	70%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$1,017	\$352	65%
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$1,161	\$416	64%
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$1,425	\$527	63%
D3331	Treatment of root canal obstruction; non-surgical access	\$852	\$358	58%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$612	\$245	60%
D3333	Internal root repair of perforation defects	\$483	\$194	60%
D3346	Retreatment of previous root canal therapy - anterior	\$1,186	\$464	61%
D3347	Retreatment of previous root canal therapy - premolar	\$1,335	\$509	62%
D3348	Retreatment of previous root canal therapy - molar	\$1,634	\$623	62%

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<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Endodontic Services (root canals) Continued</u>				
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$490	\$192	61%
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space)	\$359	\$144	60%
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$712	\$278	61%
D3410	Apicoectomy - anterior	\$1,002	\$434	57%
D3421	Apicoectomy - premolar (first root)	\$1,112	\$494	56%
D3425	Apicoectomy - molar (first root)	\$1,243	\$542	56%
D3426	Apicoectomy (each additional root)	\$597	\$209	65%
D3430	Retrograde filling - per root	\$389	\$140	64%
D3450	Root amputation - per root	\$717	\$267	63%
D3470	Intentional reimplantation (including necessary splinting)	\$1,030	\$382	63%
D3910	Surgical procedure for isolation of tooth with rubber dam	\$337	\$0	100%
D3920	Hemisection (including any root removal), not including root canal therapy	\$656	\$295	55%
D3950	Canal preparation and fitting of preformed dowel or post	\$360	\$159	56%
<u>Periodontic Services (gum disease)</u>				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$866	\$401	54%
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$472	\$254	46%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,024	\$430	58%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$903	\$371	59%
D4245	Apically positioned flap	\$1,102	\$463	58%
D4249	Clinical crown lengthening - hard tissue	\$1,057	\$444	58%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,536	\$688	55%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$1,222	\$538	56%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$924	\$407	56%
D4264	Bone replacement graft - retained natural tooth - each additional site in	\$778	\$334	57%
D4266	Guided tissue regeneration - resorbable barrier, per site	\$1,062	\$449	58%
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$1,237	\$544	56%
D4268	Surgical revision procedure, per tooth	\$1,101	\$474	57%
D4270	Pedicle soft tissue graft procedure	\$1,203	\$518	57%
D4320	Provisional splinting - intracoronal	\$724	\$331	54%
D4321	Provisional splinting - extracoronal	\$644	\$295	54%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$348	\$144	59%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$268	\$110	59%
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$251	\$122	51%
D4910	Periodontal maintenance	\$191	\$73	62%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$142	\$65	54%
D4999	Periodontal screening and scoring	\$46	\$15	68%
<u>Prosthetic Services - Removable (dentures)</u>				
D5110	Complete denture - maxillary	\$2,433	\$706	71%
D5120	Complete denture - mandibular	\$2,464	\$715	71%
D5130	Immediate denture - maxillary	\$2,606	\$1,014	61%
D5140	Immediate denture - mandibular	\$2,638	\$1,025	61%
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,968	\$605	69%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,924	\$575	70%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,495	\$708	72%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,494	\$704	72%
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$1,400	\$438	69%
D5410	Adjust complete denture - maxillary	\$127	\$47	63%
D5411	Adjust complete denture - mandibular	\$127	\$47	63%
D5421	Adjust partial denture - maxillary	\$127	\$47	63%
D5422	Adjust partial denture - mandibular	\$127	\$47	63%

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<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Prosthodontic Services - Removable (dentures) Continued</u>				
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$264	\$81	69%
D5630	Repair or replace broken clasp - per tooth	\$368	\$132	64%
D5640	Replace broken teeth - per tooth	\$276	\$92	67%
D5650	Add tooth to existing partial denture	\$314	\$118	62%
D5660	Add clasp to existing partial denture - per tooth	\$369	\$150	59%
D5710	Rebase complete maxillary denture	\$827	\$354	57%
D5711	Rebase complete mandibular denture	\$803	\$345	57%
D5720	Rebase maxillary partial denture	\$773	\$286	63%
D5721	Rebase mandibular partial denture	\$773	\$287	63%
D5730	Reline complete maxillary denture (chairside)	\$528	\$224	58%
D5731	Reline complete mandibular denture (chairside)	\$522	\$222	58%
D5740	Reline maxillary partial denture (chairside)	\$501	\$206	59%
D5741	Reline mandibular partial denture (chairside)	\$515	\$209	59%
D5750	Reline complete maxillary denture (laboratory)	\$644	\$194	70%
D5751	Reline complete mandibular denture (laboratory)	\$644	\$194	70%
D5760	Reline maxillary partial denture (laboratory)	\$632	\$195	69%
D5761	Reline mandibular partial denture (laboratory)	\$632	\$194	69%
D5810	Interim complete denture (maxillary)	\$1,284	\$465	64%
D5811	Interim complete denture (mandibular)	\$1,285	\$466	64%
D5820	Interim partial denture (maxillary)	\$1,010	\$366	64%
D5821	Interim partial denture (mandibular)	\$989	\$349	65%
D5850	Tissue conditioning, maxillary	\$304	\$86	72%
D5851	Tissue conditioning, mandibular	\$292	\$80	73%

PLEASE NOTE - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

Implant / Abutment Supported Prosthetic Services (where available)

D6000 through D6199	30% Discount
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PLEASE NOTE - Doctors, please make sure that all members understand what their fees will be and what the savings are from your normal full fees before treatment begins.

Prosthodontic Services - Fixed (dentures)

D6210	Pontic - cast high noble metal	\$1,531	\$475	69%
D6211	Pontic - cast predominantly base metal	\$1,398	\$399	71%
D6212	Pontic - cast noble metal	\$1,418	\$413	71%
D6240	Pontic - porcelain fused to high noble metal	\$1,520	\$490	68%
D6241	Pontic - porcelain fused to predominantly base metal	\$1,400	\$404	71%
D6242	Pontic - porcelain fused to noble metal	\$1,437	\$429	70%
D6245	Pontic - porcelain/ceramic	\$1,536	\$481	69%
D6250	Pontic - resin with high noble metal	\$1,441	\$449	69%
D6251	Pontic - resin with predominantly base metal	\$1,397	\$424	70%
D6252	Pontic - resin with noble metal	\$1,398	\$425	70%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$1,253	\$454	64%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$1,344	\$473	65%
D6720	Retainer Crown - resin with high noble metal	\$1,440	\$464	68%
D6721	Retainer Crown - resin with predominantly base metal	\$1,372	\$443	68%
D6722	Retainer Crown - resin with noble metal	\$1,390	\$448	68%
D6740	Retainer Crown - porcelain/ceramic	\$1,522	\$522	66%
D6750	Retainer Crown - porcelain fused to high noble metal	\$1,533	\$494	68%
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$1,386	\$406	71%
D6752	Retainer Crown - porcelain fused to noble metal	\$1,424	\$432	70%
D6780	Retainer Crown - 3/4 cast high noble metal	\$1,493	\$481	68%
D6781	Retainer Crown - 3/4 cast predominantly base metal	\$1,378	\$445	68%
D6782	Retainer Crown - 3/4 cast noble metal	\$1,402	\$466	67%
D6783	Retainer Crown - 3/4 porcelain/ceramic	\$1,486	\$480	68%
D6790	Retainer Crown - full cast high noble metal	\$1,556	\$482	69%
D6791	Retainer Crown - full cast predominantly base metal	\$1,394	\$422	70%
D6792	Retainer Crown - full cast noble metal	\$1,466	\$436	70%
D6930	Re-cement or re-bond fixed partial denture	\$240	\$88	63%

PLEASE NOTE - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

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<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Oral Surgery Services (extractions)</u>				
D7111	Extraction, coronal remnants - deciduous tooth	\$190	\$61	68%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$261	\$63	76%
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$387	\$103	73%
D7220	Removal of impacted tooth - soft tissue	\$440	\$115	74%
D7230	Removal of impacted tooth - partially bony	\$549	\$209	62%
D7240	Removal of impacted tooth - completely bony	\$674	\$264	61%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$768	\$294	62%
D7250	Removal of residual tooth roots (cutting procedure)	\$440	\$157	64%
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$760	\$297	61%
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$996	\$513	48%
D7280	Exposure of an unerupted tooth	\$668	\$285	57%
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$760	\$324	57%
D7286	Incisional biopsy of oral tissue-soft	\$475	\$202	57%
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$422	\$158	63%
D7320	Alveoplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$633	\$228	64%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$797	\$281	65%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$1,325	\$480	64%
D7510	Incision and drainage of abscess - intraoral soft tissue	\$343	\$130	62%
D7911	Complicated suture - up to 5 cm	\$837	\$410	51%
D7912	Complicated suture - greater than 5 cm	\$1,378	\$674	51%
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$624	\$157	75%
D7970	Excision of hyperplastic tissue - per arch	\$698	\$243	65%
D7971	Excision of pericoronal gingiva	\$403	\$211	48%

Orthodontic Services (braces for children and adults)

D0330	Panoramic radiographic image	\$152	\$63	59%
D8660	Pre-orthodontic treatment examination to monitor growth and development		20% Discount	
D8670	Periodic orthodontic treatment visit (child)		20% Discount	
D8670	Periodic orthodontic treatment visit (adult)		20% Discount	
D8680	Orthodontic retention		20% Discount	
D8693	Recement or rebond fixed retainer		20% Discount	
D8999	Orthodontic treatment plan and records		20% Discount	

Other Orthodontic Procedure Guidelines

- Invisalign procedures and treatment are to be discounted 20% off of the participating providers normal full fee.
- All procedures not listed are to be discounted 20% off of the participating providers normal full fee.

Miscellaneous Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$185	\$63	66%
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$106	\$52	50%
D9211	Regional block anesthesia	\$120	\$22	81%
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$87	\$15	82%
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$113	\$31	73%
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$119	\$51	57%
D9440	Office visit - after regularly scheduled hours	\$264	\$111	58%
D9910	Application of desensitizing medicament	\$91	\$7	92%
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$109	\$44	59%
D9941	Fabrication of athletic mouthguard	\$396	\$131	67%
D9950	Occlusion analysis - mounted case	\$490	\$215	56%
D9951	Occlusal adjustment - limited	\$290	\$104	64%
D9952	Occlusal adjustment - complete	\$922	\$335	64%
D9970	Enamel microabrasion	\$290	\$110	62%
D9972	External bleaching - per arch - performed in office	\$504	\$247	51%
D9973	External bleaching - per tooth	\$339	\$166	51%
D9974	Internal bleaching - per tooth	\$384	\$188	51%
D9975	External bleaching for home applications, per arch. Includes materials and fabrication	\$448	\$219	51%
D9986	Missed appointment (without 24 hour notice)	\$81	\$44	46%
D9987	Cancelled appointment (without 24 hour notice)	\$79	\$43	46%

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General Plan Limitations and Exclusions

1. All procedures listed above do not include any specific lab fees or precious metal costs that are required. Members must agree in writing to all upgraded materials used before treatment begins and what the savings are off of your participating providers normal full fee. See each section for specific details.
2. Members are responsible for paying all amounts due to plan providers at the time services are rendered unless mutually agreed upon by all parties.
3. The above fees are for General Dentist use only. Plan specialist lists are available by calling 1(800) 807-0706 or emailing support@betaplans.com. All contracted plan specialists offer members up to a 25% discount off of their normal full fees depending on the provider and location.
4. Any procedure not listed (except Orthodontic treatment) will be discounted 30% off of the participating providers normal full fee.
5. Medical costs associated with any dental procedure are not covered on this plan.
6. Dentures or appliances will be replaced only after 5 years have elapsed since such dentures or appliances were provided under this program, unless the denture or appliance becomes unserviceable due to illness.
7. Any dental treatment started prior to members eligibility to receive services under this plan or started after a members termination are not covered.
8. Failure to follow the prescribed treatment or accidents occurring during the course of treatment may result in additional charges by your plan provider.
9. Failure to pay scheduled fees at the time services are rendered may prevent future dental services from being received until all past fees have been paid in full.
10. Services provided by non-participating providers are not covered on this plan.
11. Services which, in the opinion your plan provider, are not necessary for the members dental health, or are contrary to established dental ethics are not covered.
12. Cosmetic dental procedures are covered only if the attending dentist and member agree on the procedure and cost.
13. Services that are compensable under workmen's compensation or employer liability laws are not covered.
14. Myofunctional therapy procedures for training, treating, or developing muscles in and around the jaw or mouth including TMJ are not covered except by plan participating specialists (where available).
15. Any dental procedures or services that cannot be performed in the dental office due to the physical limitations of the member are not covered.
16. Any services that a participating General Dentist recommends be performed by a specialist are covered only if members sees a participating specialist.
17. The liability of Beta Health Association, Inc. is limited to the return of the members membership fees paid for one year by the member.
18. Members enrolled in this Beta Health Association, Inc. dental plan agree that neither it or it's employees are liable for dentistry or services provided by any contracted or non-contracted plan providers.
19. Members understand that plan providers are independent contractors and are not employed by Beta Health Association, Inc.
20. Extractions for asymptomatic third molars (wisdom teeth) are not covered unless they are causing movement of the teeth.
21. This dental program is in no way to be considered insurance. It is a discount fee-for-service dental plan.
22. Fees are subject to change on an as needed basis. Please contact Beta Health at 1-(800) 807-0706 for current fees.



BETA Health

"Benefits Done Your Way"

Alpha Plan Providers By City In Colorado

"Our strength is in the size of our networks"

Click on the desired city below to see the specific participating providers in your area. You can also visit www.betaplans.com/find-a-dentist for a radius search by your specific zip code.

Form 040319

City in Colorado	Total # Of Provider Access Points
ALAMOSA	1
ARVADA	23
AURORA	69
AVON	2
BENNETT	2
BOULDER	7
BRIGHTON	5
BROOMFIELD	2
CANON CITY	4
CASTLE ROCK	24
CENTENNIAL	19
COLORADO SPRINGS	87
COMMERCE CITY	7
CONIFER	2
DENVER	80
ENGLEWOOD	6
ERIE	2
EVERGREEN	3
FEDERAL HEIGHTS	4

City in Colorado	Total # Of Provider Access Points
FIRESTONE	2
FORT COLLINS	17
FOXFIELD	1
GEORGETOWN	1
GLENWOOD SPRINGS	1
GOLDEN	6
GRAND JUNCTION	7
GREELEY	15
GREENWOOD VILLAGE	1
HIGHLANDS RANCH	15
HUDSON	3
LA JUNTA	2
LAFAYETTE	3
LAKEWOOD	27
LAMAR	1
LASALLE	2
LITTLETON	36
LONE TREE	2
LONGMONT	17

City in Colorado	Total # Of Provider Access Points
LOUISVILLE	3
LOVELAND	7
MONTROSE	2
MONUMENT	12
PARKER	28
PEYTON	4
PUEBLO	11
PUEBLO WEST	1
SHERIDAN	6
SILVERTHORNE	2
SUPERIOR	1
THORNTON	24
TRINIDAD	1
WALSENBERG	1
WESTMINSTER	25
WHEAT RIDGE	12
WINDSOR	5
WOODLAND PARK	7
Total Providers	660

Would you like your Dentist in our network?

We have found the best method of contracting with new dentists in the Alpha and Choice+ dental plans is through employee referral. Employers should encourage employees to discuss with their own dentist their interest in having them enroll in our network.

The majority of employees enjoy the broader benefits with lower, predictable dental costs with the Alpha and Choice+ Dental Plans. Experience has shown that some dentists in the community will not want their patients to leave their offices, so they will appreciate hearing about our Dental Plans.

Please call your dentist and tell them that your employer is offering these plans to you and that they are not in the network. Please ask if they would consider reviewing our provider material.



If your dentist is not in our network, then let's work together to get them contracted!

Your dentist should be one of our contracted providers. If not, please call our office. You can also [click here](#) or go to betaplans.com/providers/nominate to nominate your dentist online.

Questions? Call us at

(303) 744-3007

Or

Toll free at

1-800-807-0706



Check out these Free National Discount Programs!

All members and their families enrolling in one of our products can use any of the attached FREE programs at no additional cost. It is our thanks to you for working with us!

To get started, please go to the website at the end of this paragraph to request your I.D. cards....it's that easy. Please feel free to photocopy and give one to each family member, your dependents, or anyone who can benefit from using these FREE plans. If you have questions, please call us at 303-744-3007 or 1-800-807-0706. For more information or to download your free cards please visit us online at www.BetaPlans.com/discount-services.

EyeMed Vision Discount Plan

We have teamed up with EyeMed Vision Care to offer easy access to over 43,000 national, conveniently located vision care providers including optometrists, ophthalmologists, opticians and many leading optical retailers, such as LensCrafters®, Target Optical®, and most Sears Optical® and Pearl Vision® locations. This benefit is free of charge for Dental Plan members.



How It Works

- Print your card
- Find an EyeMed provider near you by calling 1-866-723-0596
- Show your card to save

Epic Hearing Discount Plan

Our free Epic Hearing discount card allows you to receive savings of up to 50% off MSRP on hearing aids, tests, and other hearing care related products and services! Get easy access to a national network of hearing professionals and audiologists who can help maximize your hearing potential and support your hearing care needs.



How It Works

- Print your card
- Call 1-866-956-5400 for ID card information
- Follow the instructions to get hearing discounts

Prescription Drug Discount Plan

Our Prescription Drug discount card offers savings of up to 75% on prescription drugs, depending on the pharmacy and medication, allowing you to save each time you fill your prescription. You get easy access to 54,000 pharmacies nationwide that provide discount pricing on FDA approved brand name or generic drugs.



How It Works

- Print your card
- Call the customer service/pharmacist helpline at 888-593-4445
- Visit an accepting pharmacy near you to save

Pet Prescription Discount Plan

Our free Pet Prescription discount card provides savings of up to 75% on pet medications each time you use your Pet Prescription card, depending on the pharmacy and medication. Our four-legged friends sometimes need medications and prescription drugs just like humans. You can now get pet meds for less!



How It Works

- Print your card
- Call the customer service/pharmacist helpline at 888-593-4445
- Visit an accepting pharmacy near you to save

Note: These plans are not insurance. They are discount plans to save you and your family members money as needed!