

Unum & Beta Health Dental

Introducing StaffScapes Dental Plans

StaffScapes offers employees a selection between three unique and useful plans which will benefit your entire family. The two PPO plans utilize the Unum DenteMax network, have no waiting periods, and offer different price points which can best suited for every budget. The Alpha Discount plan utilize the Beta Health Association network, have no waiting periods and lower discount plan option.

Unum PPO Dental Plans

The Unum PPO plans are what most people will think of as traditional dental insurance. The monthly premiums are more, but aside from low deductibles, you will pay less out of pocket at your regular dental appointments. The PPO Plan covers:

- 100% of Preventative Treatments;
- 100% of Basic Services;
- 60% of Major Services;
- Choice of \$1500 or \$2500 Annual Maximum;
- A Third visit for any expecting mothers;
- See any dentist or maximize your benefits by utilizing our national network of more than 323,000+ dental access points with discounted fees for in-network services; and
- Find an in-network provider at unumdentalcare.com
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

\$1500 Annual Maximum

Employee Only: \$32.60/month	Employee & 1 \$69.96/month	Employee & 2 or more \$104.62/month
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\$2500 Annual Maximum

Employee Only: \$34.73/month	Employee & 1 \$74.73/month	Employee & 2 or more \$112.27/month
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Alpha Dental Discount Plan

The Alpha Dental Plan is a discount plan which utilizes the Beta Health Association network but offers a substantial discount off fixed prices. The result is that the monthly premium is less, but there will be fees for each service you receive at each visit.

- Has no annual maximums;
- Covers many routine dental concerns (including orthodontia); and
- Specialty dental visits offered at a discount of 20% off

Employee Only: \$12.10/month	Employee & 1 \$22.40/month	Employee & 2 or more \$32.70/month
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Outline of Benefits

Unum PPO Plans	In-Network	Out-of-Network
Deductible: Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.	\$50 per benefit year	\$50 per benefit year
Benefit Annual Maximums: (Class A, B, and C benefits)	Choice of: \$1500 or \$2500	
Preventive Services (Class A): No waiting periods <ul style="list-style-type: none"> •Routine exams (2 per 12 months) •Prophylaxis (2 per 12 months) <i>(1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy)</i> •Bitewing x-rays (maximum of 4 films; 1 per 12 months) •Fluoride treatment for children up to age 16 (1 per 12 months) •Sealants for children up to age 16 (permanent molars 1 per 36 months) •Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for age 40+) •Full mouth / panoramic x-rays (1 per 24 months) 	100%	100%
Basic Services (Class B): No waiting periods <ul style="list-style-type: none"> •Emergency treatment (1 per 12 months) •Space maintainers for children up to age 16 (1 per 24 months) •Simple restorative services (fillings; benefit allowed for amalgam restorations on posterior teeth) •Simple extractions 	100%	100%
Major Services (Class C): No waiting periods <ul style="list-style-type: none"> •Inlays and onlays •Oral surgery (extractions and impacted teeth) & anesthesia (subject to review, covered with complex oral surgery) •Repair of crown, denture, or bridge •Non-surgical periodontics •Endodontics (root canals) •Surgical periodontics (gum treatments) •Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge) 	60%	50%
Plus: We offer a Carryover benefit \$350 with a threshold limit of \$700 and a Carryover Account Maximum of \$1250.		

For questions or more detailed information, please do not hesitate to contact the StaffScapes Benefits Department at 303-466-7864.

Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

The limits for this policy/certificate are: Carryover benefit \$350, threshold limit \$700, carryover account Limit \$1250.

Other specifications:

- 12- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- 13- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- 14- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the insured must be enrolled by September 1st.
- 15- Only claims incurred on or after the start of the next policy year will count toward the threshold Limit.
- 16- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- 17- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- 18- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

Definitions:

- 19- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- 20- "Carryover account" means the amount of an insured's accrued carryover benefits.
- 21- "Carryover account limit" means the maximum amount of cumulative Carryover benefits that an insured can store in his or her carryover account.
- 22- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- 23- Qualifying claim means a claim under procedure classes A, B and C, and must include 1 exam & 1 cleaning.
- 24- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed: If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

- Alternate treatment: Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members

may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Exclusions/limitations:

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full- mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us. Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying. The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental – DN2002 and DN2007 or contact your Unum Dental representative.

1. Netminder data (September 2016)

Starmount Life Insurance Company
8485 Goodwood Boulevard • Baton Rouge, LA 70806 PH: (888)
400-9304
Policy Forms: Dental – DN2002 and DN2007

(06-18)

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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Alpha Dental Plan of Colorado Summary of Benefits

- Average savings of 70% on all dental services
- No waiting on ANY services, including major & ortho
- Unlimited services – use as much as you like
- Very low out-of-pocket cost – significant savings!
- Affordable monthly cost
- Cosmetic dentistry included
- Orthodontics for children and adults
- No deductibles or claim forms

How does the Alpha Dental Plan work?

- The Alpha Dental Plan is a network-only, co-pay dental plan. All of the Alpha discounted fees on our fee schedule have been pre-negotiated with every Alpha Dental General Dentist, so there are no hidden costs or expenses. This plan is not insurance.
- You must see an Alpha Dental Provider (ADP) to receive the discounted savings. There are no out-of-network benefits on this plan. Below is a list of the most common dental procedures and what you will pay. Please see the full fee schedule or link below to find all the covered procedures and your significant savings on the Alpha Dental Plan!

Alpha Dental Plan Savings (what you pay)

<u>ADA Code</u>	<u>Dental Procedure Description</u>	<u>Normal fee</u>	<u>Alpha Fee</u>	<u>Savings</u>
0999	Office Visit	\$71	\$10	86%
0150	Comprehensive Exam	\$126	\$16	87%
0274	Bitewings x-ray (four films)	\$89	\$20	78%
1110	Prophylaxis-adult	\$108	\$15	86%
0120	Periodic oral exam-established patient	\$72	\$10	86%
0210	Intraoral- complete series	\$221	\$48	78%
2330	Resin based composite (one surface)	\$215	\$58	73%
2790*	Crown-full cast high noble metal	\$1,580	\$502	68%
3330	Molar (excluding final restoration)	\$1,425	\$539	62%
4341	Periodontal Scaling/Root Planning	\$348	\$147	58%
5110*	Complete denture-maxillary	\$2,433	\$721	70%
7140	Extraction erupted tooth	\$261	\$65	75%
9230	Nitrous Oxide	\$113	\$32	72%

Alpha Plan Provider and Full Fee Schedule Search Link:

www.betaplans.com/Alpha19/

Please visit betaplans.com/alpha19 to locate a provider near you. There are providers across Colorado to select from!

Alpha Dental - Plan 19 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	\$21	81%
D0150	Comprehensive oral evaluation - new or established patient	\$126	\$16	87%
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$209	\$46	78%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$99	\$25	75%
D0180	Comprehensive periodontal evaluation - new or established patient	\$135	\$31	77%
D0210	Intraoral - complete series of radiographic images	\$221	\$48	78%
D0220	Intraoral - periapical first radiographic image	\$50	\$9	82%
D0230	Intraoral - periapical each additional radiographic image	\$43	\$9	79%
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	82%
D0330	Panoramic radiographic image	\$152	\$64	58%
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$164	\$71	56%
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$97	\$31	68%
D0460	Pulp vitality tests	\$79	\$0	100%
D0470	Diagnostic casts	\$169	\$68	60%
D1110	Prophylaxis - adult	\$108	\$15	86%
D1120	Prophylaxis - child	\$81	\$15	81%
D1208	Topical application of fluoride - excluding varnish	\$55	\$16	71%
D1330	Oral hygiene instructions	\$77	\$0	100%
D1351	Sealant - per tooth	\$76	\$16	79%
D1510	Space maintainer - fixed, unilateral	\$421	\$214	49%
D1515	Space maintainer - fixed - bilateral	\$554	\$299	46%
D1520	Space maintainer - removable - unilateral	\$504	\$257	49%
D1525	Space maintainer - removable - bilateral	\$618	\$290	53%
D1550	Re-cement or re-bond space maintainer	\$121	\$22	81%
D1999	Additional prophylaxis (for perio maintenance)	\$108	\$46	57%
<u>Restorative Services (fillings and crowns)</u>				
D2140	Amalgam - one surface, primary or permanent	\$198	\$44	78%
D2150	Amalgam - two surfaces, primary or permanent	\$252	\$57	78%
D2160	Amalgam - three surfaces, primary or permanent	\$306	\$72	77%
D2161	Amalgam - four or more surfaces, primary or permanent	\$369	\$85	77%
D2330	Resin-based composite - one surface, anterior	\$215	\$58	73%
D2331	Resin-based composite - two surfaces, anterior	\$264	\$71	73%
D2332	Resin-based composite - three surfaces, anterior	\$318	\$92	71%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$403	\$153	62%
D2390	Resin-based composite crown, anterior	\$648	\$357	45%
D2391	Resin-based composite - one surface, posterior	\$248	\$128	48%
D2392	Resin-based composite - two surfaces, posterior	\$322	\$180	44%
D2393	Resin-based composite - three surfaces, posterior	\$397	\$222	44%
D2394	Resin-based composite - four or more surfaces, posterior	\$460	\$239	48%
D2510	Inlay - metallic - one surface	\$1,260	\$416	67%
D2520	Inlay - metallic - two surfaces	\$1,284	\$424	67%
D2530	Inlay - metallic - three or more surfaces	\$1,367	\$451	67%
D2542	Onlay - metallic-two surfaces	\$1,384	\$457	67%
D2543	Onlay - metallic-three surfaces	\$1,410	\$467	67%
D2544	Onlay - metallic-four or more surfaces	\$1,472	\$484	67%
D2610	Inlay - porcelain/ceramic - one surface	\$1,312	\$432	67%

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<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
Restorative Services (fillings and crowns) Continued				
D2620	Inlay - porcelain/ceramic - two surfaces	\$1,335	\$454	66%
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$1,372	\$480	65%
D2642	Onlay - porcelain/ceramic - two surfaces	\$1,367	\$465	66%
D2643	Onlay - porcelain/ceramic - three surfaces	\$1,392	\$487	65%
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$1,476	\$516	65%
D2650	Inlay - resin-based composite - one surface	\$1,266	\$417	67%
D2651	Inlay - resin-based composite - two surfaces	\$1,257	\$414	67%
D2652	Inlay - resin-based composite - three or more surfaces	\$1,319	\$436	67%
D2662	Onlay - resin-based composite - two surfaces	\$1,319	\$514	61%
D2663	Onlay - resin-based composite - three surfaces	\$1,333	\$519	61%
D2664	Onlay - resin-based composite - four or more surfaces	\$1,416	\$538	62%
D2710	Crown - resin-based composite (indirect)	\$1,317	\$435	67%
D2720	Crown - resin with high noble metal	\$1,382	\$456	67%
D2721	Crown - resin with predominantly base metal	\$1,330	\$438	67%
D2722	Crown - resin with noble metal	\$1,351	\$446	67%
D2740	Crown - porcelain/ceramic	\$1,519	\$501	67%
D2750	Crown - porcelain fused to high noble metal	\$1,509	\$498	67%
D2751	Crown - porcelain fused to predominantly base metal	\$1,383	\$414	70%
D2752	Crown - porcelain fused to noble metal	\$1,419	\$481	66%
D2780	Crown - 3/4 cast high noble metal	\$1,505	\$602	60%
D2781	Crown - 3/4 cast predominantly base metal	\$1,372	\$549	60%
D2782	Crown - 3/4 cast noble metal	\$1,377	\$551	60%
D2783	Crown - 3/4 porcelain/ceramic	\$1,498	\$584	61%
D2790	Crown - full cast high noble metal	\$1,580	\$502	68%
D2791	Crown - full cast predominantly base metal	\$1,363	\$422	69%
D2792	Crown - full cast noble metal	\$1,425	\$464	67%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$166	\$22	87%
D2920	Re-cement or re-bond crown	\$159	\$42	73%
D2930	Prefabricated stainless steel crown - primary tooth	\$368	\$128	65%
D2931	Prefabricated stainless steel crown - permanent tooth	\$442	\$153	65%
D2932	Prefabricated resin crown	\$475	\$199	58%
D2933	Prefabricated stainless steel crown with resin window	\$489	\$220	55%
D2940	Protective restoration	\$178	\$50	72%
D2950	Core buildup, including any pins when required	\$369	\$104	72%
D2951	Pin retention - per tooth, in addition to restoration	\$112	\$31	72%
D2952	Post and core in addition to crown, indirectly fabricated	\$566	\$166	71%
D2953	Each additional indirectly fabricated post - same tooth	\$427	\$117	73%
D2954	Prefabricated post and core in addition to crown	\$458	\$134	71%
D2955	Post removal	\$290	\$127	56%
D2957	Each additional prefabricated post - same tooth	\$396	\$159	60%
D2960	Labial veneer (resin laminate) - chairside	\$941	\$247	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	\$34	71%
D3120	Pulp cap - indirect (excluding final restoration)	\$121	\$35	71%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$301	\$99	67%
D3221	Pulpal debridement, primary and permanent teeth	\$327	\$111	66%
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$402	\$125	69%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$429	\$131	70%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$1,017	\$359	65%
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$1,161	\$425	63%
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$1,425	\$539	62%
D3331	Treatment of root canal obstruction; non-surgical access	\$852	\$366	57%
D3332	Incomplete endodontic therapy; inoperable, unrecoverable or fractured tooth	\$612	\$251	59%
D3333	Internal root repair of perforation defects	\$483	\$199	59%
D3346	Retreatment of previous root canal therapy - anterior	\$1,186	\$474	60%
D3347	Retreatment of previous root canal therapy - premolar	\$1,335	\$520	61%
D3348	Retreatment of previous root canal therapy - molar	\$1,634	\$637	61%

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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	\$196	60%
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space)	\$359	\$148	59%
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$712	\$285	60%
D3410	Apicoectomy - anterior	\$1,002	\$443	56%
D3421	Apicoectomy - premolar (first root)	\$1,112	\$505	55%
D3425	Apicoectomy - molar (first root)	\$1,243	\$554	55%
D3426	Apicoectomy (each additional root)	\$597	\$214	64%
D3430	Retrograde filling - per root	\$389	\$143	63%
D3450	Root amputation - per root	\$717	\$273	62%
D3470	Intentional reimplantation (including necessary splinting)	\$1,030	\$391	62%
D3910	Surgical procedure for isolation of tooth with rubber dam	\$337	\$77	77%
D3920	Hemisection (including any root removal), not including root canal therapy	\$656	\$302	54%
D3950	Canal preparation and fitting of preformed dowel or post	\$360	\$163	55%
<u>Periodontic Services (gum disease)</u>				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$866	\$410	53%
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$472	\$260	45%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,024	\$439	57%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$903	\$380	58%
D4245	Apically positioned flap	\$1,102	\$473	57%
D4249	Clinical crown lengthening - hard tissue	\$1,057	\$454	57%
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	\$703	54%
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	\$550	55%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$924	\$416	55%
D4264	Bone replacement graft - retained natural tooth - each additional site in	\$778	\$342	56%
D4266	Guided tissue regeneration - resorbable barrier, per site	\$1,062	\$459	57%
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$1,237	\$556	55%
D4268	Surgical revision procedure, per tooth	\$1,101	\$485	56%
D4270	Pedicle soft tissue graft procedure	\$1,203	\$530	56%
D4320	Provisional splinting - intracoronal	\$724	\$338	53%
D4321	Provisional splinting - extracoronal	\$644	\$301	53%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$348	\$147	58%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$268	\$113	58%
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$251	\$125	50%
D4910	Periodontal maintenance	\$191	\$75	61%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$142	\$67	53%
D4999	Periodontal screening and scoring	\$46	\$15	68%
<u>Prosthetic Services - Removable (dentures)</u>				
D5110	Complete denture - maxillary	\$2,433	\$721	70%
D5120	Complete denture - mandibular	\$2,464	\$731	70%
D5130	Immediate denture - maxillary	\$2,606	\$1,037	60%
D5140	Immediate denture - mandibular	\$2,638	\$1,048	60%
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,968	\$618	69%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,924	\$587	69%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,495	\$724	71%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,494	\$719	71%
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$1,400	\$447	68%
D5410	Adjust complete denture - maxillary	\$127	\$48	63%
D5411	Adjust complete denture - mandibular	\$127	\$48	63%
D5421	Adjust partial denture - maxillary	\$127	\$48	63%
D5422	Adjust partial denture - mandibular	\$127	\$48	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>
Prosthodontic Services - Removable (dentures) Continued				
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$264	\$83	69%
D5630	Repair or replace broken clasp - per tooth	\$368	\$135	63%
D5640	Replace broken teeth - per tooth	\$276	\$94	66%
D5650	Add tooth to existing partial denture	\$314	\$121	61%
D5660	Add clasp to existing partial denture - per tooth	\$369	\$153	59%
D5710	Rebase complete maxillary denture	\$827	\$362	56%
D5711	Rebase complete mandibular denture	\$803	\$353	56%
D5720	Rebase maxillary partial denture	\$773	\$292	62%
D5721	Rebase mandibular partial denture	\$773	\$293	62%
D5730	Reline complete maxillary denture (chairside)	\$528	\$229	57%
D5731	Reline complete mandibular denture (chairside)	\$522	\$227	57%
D5740	Reline maxillary partial denture (chairside)	\$501	\$210	58%
D5741	Reline mandibular partial denture (chairside)	\$515	\$213	59%
D5750	Reline complete maxillary denture (laboratory)	\$644	\$198	69%
D5751	Reline complete mandibular denture (laboratory)	\$644	\$198	69%
D5760	Reline maxillary partial denture (laboratory)	\$632	\$199	69%
D5761	Reline mandibular partial denture (laboratory)	\$632	\$198	69%
D5810	Interim complete denture (maxillary)	\$1,284	\$475	63%
D5811	Interim complete denture (mandibular)	\$1,285	\$476	63%
D5820	Interim partial denture (maxillary)	\$1,010	\$374	63%
D5821	Interim partial denture (mandibular)	\$989	\$357	64%
D5850	Tissue conditioning, maxillary	\$304	\$87	71%
D5851	Tissue conditioning, mandibular	\$292	\$82	72%

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	\$485	68%
D6211	Pontic - cast predominantly base metal	\$1,398	\$408	71%
D6212	Pontic - cast noble metal	\$1,418	\$423	70%
D6240	Pontic - porcelain fused to high noble metal	\$1,520	\$501	67%
D6241	Pontic - porcelain fused to predominantly base metal	\$1,400	\$413	70%
D6242	Pontic - porcelain fused to noble metal	\$1,437	\$439	69%
D6245	Pontic - porcelain/ceramic	\$1,536	\$492	68%
D6250	Pontic - resin with high noble metal	\$1,441	\$459	68%
D6251	Pontic - resin with predominantly base metal	\$1,397	\$433	69%
D6252	Pontic - resin with noble metal	\$1,398	\$435	69%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$1,253	\$464	63%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$1,344	\$483	64%
D6720	Retainer Crown - resin with high noble metal	\$1,440	\$475	67%
D6721	Retainer Crown - resin with predominantly base metal	\$1,372	\$453	67%
D6722	Retainer Crown - resin with noble metal	\$1,390	\$458	67%
D6740	Retainer Crown - porcelain/ceramic	\$1,522	\$533	65%
D6750	Retainer Crown - porcelain fused to high noble metal	\$1,533	\$505	67%
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$1,386	\$415	70%
D6752	Retainer Crown - porcelain fused to noble metal	\$1,424	\$442	69%
D6780	Retainer Crown - 3/4 cast high noble metal	\$1,493	\$492	67%
D6781	Retainer Crown - 3/4 cast predominantly base metal	\$1,378	\$455	67%
D6782	Retainer Crown - 3/4 cast noble metal	\$1,402	\$476	66%
D6783	Retainer Crown - 3/4 porcelain/ceramic	\$1,486	\$490	67%
D6790	Retainer Crown - full cast high noble metal	\$1,556	\$493	68%
D6791	Retainer Crown - full cast predominantly base metal	\$1,394	\$432	69%
D6792	Retainer Crown - full cast noble metal	\$1,466	\$446	70%
D6930	Re-cement or re-bond fixed partial denture	\$240	\$90	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	\$62	67%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$261	\$65	75%
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$387	\$106	73%
D7220	Removal of impacted tooth - soft tissue	\$440	\$118	73%
D7230	Removal of impacted tooth - partially bony	\$549	\$214	61%
D7240	Removal of impacted tooth - completely bony	\$674	\$270	60%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$768	\$300	61%
D7250	Removal of residual tooth roots (cutting procedure)	\$440	\$161	63%
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$760	\$303	60%
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$996	\$524	47%
D7280	Exposure of an unerupted tooth	\$668	\$291	56%
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$760	\$331	56%
D7286	Incisional biopsy of oral tissue-soft	\$475	\$207	56%
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$422	\$161	62%
D7320	Alveoplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$633	\$234	63%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$797	\$287	64%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$1,325	\$491	63%
D7510	Incision and drainage of abscess - intraoral soft tissue	\$343	\$133	61%
D7911	Complicated suture - up to 5 cm	\$837	\$419	50%
D7912	Complicated suture - greater than 5 cm	\$1,378	\$689	50%
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$624	\$161	74%
D7970	Excision of hyperplastic tissue - per arch	\$698	\$248	64%
D7971	Excision of pericoronal gingiva	\$403	\$216	46%

Orthodontic Services (braces for children and adults)

D0330	Panoramic radiographic image	\$152	\$64	58%
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	\$64	65%
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$106	\$54	49%
D9211	Regional block anesthesia	\$120	\$23	81%
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$87	\$16	82%
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$113	\$32	72%
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$119	\$52	56%
D9440	Office visit - after regularly scheduled hours	\$264	\$113	57%
D9910	Application of desensitizing medicament	\$91	\$7	92%
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$109	\$45	58%
D9941	Fabrication of athletic mouthguard	\$396	\$134	66%
D9950	Occlusion analysis - mounted case	\$490	\$220	55%
D9951	Occlusal adjustment - limited	\$290	\$106	64%
D9952	Occlusal adjustment - complete	\$922	\$342	63%
D9970	Enamel microabrasion	\$290	\$113	61%
D9972	External bleaching - per arch - performed in office	\$504	\$253	50%
D9973	External bleaching - per tooth	\$339	\$170	50%
D9974	Internal bleaching - per tooth	\$384	\$193	50%
D9975	External bleaching for home applications, per arch. Includes materials and fabrication	\$448	\$224	50%
D9986	Missed appointment (without 24 hour notice)	\$81	\$45	45%
D9987	Cancelled appointment (without 24 hour notice)	\$79	\$44	44%

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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.