

Beta Health Association, Inc.
Individual Alpha Dental Plan Fee Schedule

9/1/03

| ADA CODE | DENTAL PROCEDURE/ADA CODE DESCRIPTION | NORMAL FEE | ALPHA #A | APPROXIMATE SAVINGS |
|--|--|------------|----------|---------------------|
| <u>Diagnostic Services (Exams and X-rays)</u> | | | | |
| 999 | ROUTINE OFFICE VISIT | \$ 35 | \$ 5 | 86% |
| 120 | PERIODIC ORAL EVALUATION | \$ 42 | No Cost | 100% |
| 140 | LIMITED ORAL EVALUATION-PROBLEM FOCUSED | \$ 63 | \$ 12 | 81% |
| 150 | COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT | \$ 79 | \$ 10 | 87% |
| 210 | X-RAY INTRAORAL COMPLETE SERIES INC. BITEWINGS | \$ 107 | \$ 25 | 77% |
| 220 | X-RAY INTRAORAL-PERIAPICAL-FIRST FILM | \$ 24 | \$ 5 | 79% |
| 230 | X-RAY INTRAORAL PERIAPICAL EACH ADDITIONAL FILM | \$ 20 | \$ 4 | 80% |
| 240 | X-RAY INTRA ORAL-OCCLUSAL FILM | \$ 38 | \$ 4 | 89% |
| 250 | X-RAY EXTRAORAL-FIRST FILM | \$ 63 | \$ 4 | 94% |
| 260 | X-RAY EXTRAORAL-EACH ADDITIONAL | \$ 51 | \$ 4 | 92% |
| 270 | X-RAY BITEWING-SINGLE FILM | \$ 24 | No Cost | 100% |
| 272 | X-RAY BITEWING-2 FILMS | \$ 38 | No Cost | 100% |
| 274 | X-RAY BITEWING-4 FILMS | \$ 56 | No Cost | 100% |
| 330 | X-RAY PANORAMIC FILM | \$ 95 | \$ 42 | 56% |
| 340 | CEPHALOMETRIC FILM | \$ 109 | \$ 48 | 56% |
| 460 | PULP VITALITY TEST | \$ 52 | No Cost | 100% |
| 470 | DIAGNOSTIC CASTS | \$ 95 | \$ 40 | 58% |
| 999 | EMERGENCY VISIT (SAME DAY) | \$ 90 | \$ 25 | 72% |
| <u>Preventive Services (Cleanings)</u> | | | | |
| 1110 | PROPHYLAXIS-ADULT CLEANING (EVERY 6 MONTHS) | \$ 77 | \$ 18 | 77% |
| 1120 | PROPHYLAXIS-CHILD CLEANING (EVERY 6 MONTHS) | \$ 59 | \$ 18 | 69% |
| 1999 | ADDITIONAL PROPHY (FOR PERIO MAINTENANCE) | \$ 77 | \$ 33 | 57% |
| 1203 | TOPICAL APPLICATION OF FLUORIDE NOT INCL/PROPHY-CHILD | \$ 34 | \$ 10 | 71% |
| 1330 | ORAL HYGIENE INSTRUCTIONS | \$ 51 | No Cost | 100% |
| 1351 | SEALANT PER TOOTH | \$ 48 | \$ 10 | 79% |
| 1510 | SPACE MAINTAINER FIXED UNILATERAL | \$ 295 | \$ 160 | 46% |
| 1515 | SPACE MAINTAINER FIXED BILATERAL | \$ 407 | \$ 230 | 43% |
| 1520 | SPACE MAINTAINER-REMOVABLE-UNILATERAL | \$ 359 | \$ 183 | 49% |
| 1525 | SPACE MAINTAINER-REMOVABLE-BILATERAL | \$ 442 | \$ 208 | 53% |
| 1550 | RECEMENT OF SPACE MAINTAINER | \$ 74 | \$ 18 | 76% |
| <u>Restorative Services (Fillings, Crowns, Inlays and Onlays)</u> | | | | |
| 2140 | AMALGAM-1 SURFACE (PRIMARY OR PERMANENT) | \$ 112 | \$ 30 | 73% |
| 2150 | AMALGAM-2 SURFACES (PRIMARY OR PERMANENT) | \$ 142 | \$ 37 | 74% |
| 2160 | AMALGAM-3 SURFACES (PRIMARY PERMANENT) | \$ 172 | \$ 45 | 74% |
| 2161 | AMALGAM-4 OR MORE SURFACES (PRIMARY OR PERMANENT) | \$ 207 | \$ 53 | 74% |
| 2330 | RESIN BASED COMPOSITE 1 SURFACE (ANTERIOR) | \$ 135 | \$ 42 | 69% |
| 2331 | RESIN BASED COMPOSITE 2 SURFACES (ANTERIOR) | \$ 171 | \$ 52 | 70% |
| 2332 | RESIN BASED COMPOSITE 3 SURFACES (ANTERIOR) | \$ 206 | \$ 65 | 68% |
| 2335 | RESIN 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) | \$ 264 | \$ 100 | 62% |
| 2390 | RESIN BASED COMPOSITE CROWN (ANTERIOR) | \$ 418 | \$ 230 | 45% |
| 2391 | RESIN BASED COMPOSITE ONE SURFACE (POSTERIOR) | \$ 151 | \$ 84 | 44% |
| 2392 | RESIN BASED COMPOSITE TWO SURFACE (POSTERIOR) | \$ 201 | \$ 120 | 40% |
| 2393 | RESIN BASED COMPOSITE THREE SURFACE (POSTERIOR) | \$ 254 | \$ 154 | 39% |
| 2394 | RESIN BASED COMPOSITE FOUR OR MORE SURFACES (POSTERIOR) | \$ 296 | \$ 163 | 45% |
| 2510 | INLAY-METALLIC-ONE SURFACE | \$ 713 | \$ 250 | 65% |
| 2520 | INLAY-METALLIC-TWO SURFACE | \$ 740 | \$ 259 | 65% |
| 2530 | INLAY-METALLIC-THREE OR MORE SURFACES | \$ 800 | \$ 280 | 65% |
| 2542 | ONLAY-METALLIC-TWO SURFACES | \$ 845 | \$ 296 | 65% |
| 2543 | ONLAY-METALLIC-THREE SURFACES | \$ 890 | \$ 312 | 65% |
| 2544 | ONLAY-METALLIC-FOUR OR MORE SURFACES | \$ 925 | \$ 324 | 65% |
| 2610 | INLAY-PORCELAIN/CERAMIC-ONE SURFACE | \$ 773 | \$ 271 | 65% |
| 2620 | INLAY-PORCELAIN/CERAMIC-TWO SURFACE | \$ 833 | \$ 292 | 65% |
| 2630 | INLAY-PORCELAIN/CERAMIC-THREE SURFACES | \$ 871 | \$ 305 | 65% |
| 2642 | ONLAY-PORCELAIN/CERAMIC-TWO SURFACES | \$ 898 | \$ 315 | 65% |
| 2643 | ONLAY-PORCELAIN/CERAMIC-THREE SURFACES | \$ 926 | \$ 324 | 65% |
| 2644 | ONLAY-PORCELAIN/CERAMIC-FOUR OR MORE SURFACES | \$ 951 | \$ 333 | 65% |
| 2650 | INLAY-RESIN BASED COMPOSITE-ONE SURFACE | \$ 740 | \$ 259 | 65% |
| 2651 | INLAY-RESIN BASED COMPOSITE-TWO SURFACES | \$ 757 | \$ 265 | 65% |
| 2652 | INLAY-RESIN BASED COMPOSITE-THREE OR MORE SURFACES | \$ 815 | \$ 285 | 65% |
| *2710 | CROWN-RESIN (INDIRECT) | \$ 798 | \$ 279 | 65% |
| *2720 | CROWN-RESIN WITH HIGH NOBLE METAL | \$ 898 | \$ 314 | 65% |
| *2721 | CROWN-RESIN WITH PREDOMINANTLY BASE METAL | \$ 870 | \$ 304 | 65% |
| *2722 | CROWN RESIN WITH NOBLE METAL | \$ 872 | \$ 314 | 64% |
| *2740 | CROWN PORCELAIN/CERAMIC SUBSTRATE | \$ 945 | \$ 331 | 65% |
| *2750 | CROWN PORCELAIN FUSED TO HIGH NOBLE METAL | \$ 925 | \$ 317 | 66% |
| *2751 | CROWN-PORCELAIN FUSED TO PRED. BASE METAL | \$ 872 | \$ 273 | 69% |
| *2752 | CROWN-PORCELAIN FUSED TO NOBLE METAL | \$ 899 | \$ 317 | 65% |

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|----------|--|------------|----------|---------------------|
| *2790 | CROWN FULL CAST HIGH NOBLE METAL | \$ 925 | \$ 305 | 67% |
| *2791 | CROWN FULL CAST PRED. BASE METAL | \$ 846 | \$ 274 | 68% |
| *2792 | CROWN FULL CAST NOBLE METAL | \$ 898 | \$ 305 | 66% |
| 2910 | RECEMENT INLAY | \$ 96 | \$ 16 | 83% |
| 2920 | RECEMENT CROWN | \$ 98 | \$ 30 | 69% |
| 2930 | PREFAB. STAINLESS STEEL CROWN-PRIMARY | \$ 238 | \$ 90 | 62% |
| 2931 | PREFAB STAINLESS STEEL CROWN-PERMANENT | \$ 291 | \$ 115 | 60% |
| 2932 | PREFAB. RESIN CROWN | \$ 317 | \$ 132 | 58% |
| 2933 | PREFAB. STAINLESS STEEL CROWN WITH RESIN WINDOW | \$ 338 | \$ 152 | 55% |
| 2940 | SEDATIVE FILLING | \$ 100 | \$ 32 | 68% |
| 2950 | CORE BUILDUP INCLUDING ANY PINS | \$ 241 | \$ 75 | 69% |
| 2951 | PIN RETENTION PER TOOTH IN ADD. TO RESTORATION | \$ 69 | \$ 25 | 64% |
| 2952 | CAST POST & CORE IN ADDITION TO CROWN | \$ 396 | \$ 125 | 68% |
| 2954 | PREFAB POST & CORE IN ADDITION TO CROWN | \$ 301 | \$ 92 | 69% |
| 2955 | POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY) | \$ 264 | \$ 116 | 56% |
| 2960 | LABIAL VENEER RESIN LAMINATE (CHAIRSIDE) | \$ 574 | \$ 150 | 74% |
| 2999 | BLEACHING (PER ARCH) | \$ 250 | \$ 150 | 40% |
| 2999 | A \$125 ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS / COMPLEX REHABILITATION | | | |

*These copayments do not include an allowable \$125 lab fee (per unit). Doctors, please make sure that all members understand what their fees will be and what the savings are from your Usual and Customary fees. Temporary crowns are included with permanent crown preparation.

Endodontic Services (Root Canals)

| | | | | |
|------|---|--------|--------|-----|
| 3110 | PULP CAP DIRECT EXCLUDING FINAL RESTORATION | \$ 74 | \$ 25 | 66% |
| 3120 | PULP CAP INDIRECT EXCLUDING FINAL RESTORATION | \$ 79 | \$ 28 | 65% |
| 3220 | THERAPEUTIC PULPOTOMY EXCLUDING FINAL RESTORATION | \$ 175 | \$ 63 | 64% |
| 3230 | PUPAL THERAPY ANTERIOR, PRIMARY TOOTH EXCLUDING REST. | \$ 257 | \$ 80 | 69% |
| 3240 | PUPAL THERAPY POSTERIOR, PRIMARY TOOTH EXCLUDING REST | \$ 296 | \$ 90 | 70% |
| 3310 | ROOT CANAL THERAPY 1 CANAL (EXCLUDING FINAL RESTORATION) | \$ 613 | \$ 230 | 62% |
| 3320 | ROOT CANAL THERAPY 2 CANALS (EXCLUDING FINAL RESTORATION) | \$ 718 | \$ 276 | 62% |
| 3330 | ROOT CANAL THERAPY 3 CANALS OR MORE | \$ 872 | \$ 343 | 61% |
| 3410 | APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR | \$ 585 | \$ 259 | 56% |
| 3421 | APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT) | \$ 651 | \$ 296 | 55% |
| 3425 | APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT) | \$ 752 | \$ 336 | 55% |
| 3426 | APICOECTOMY/PERIRADICULAR SURGERY-EACH ADDITIONAL ROOT | \$ 347 | \$ 124 | 64% |
| 3430 | RETROGRADE FILLING-PER ROOT | \$ 264 | \$ 97 | 63% |
| 3910 | SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM | \$ 238 | \$ 55 | 77% |

Periodontic Services (Gum Disease)

| | | | | |
|------|--|--------|--------|-----|
| 4210 | GINGIVOPLASY OR GIGIVECTOMY PER QUAD | \$ 573 | \$ 280 | 51% |
| 4211 | GINGIVECTOMY OR GINGIVOPLASTY-ONE TO THREE TEETH PER QUAD | \$ 222 | \$ 130 | 41% |
| 4240 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANNING -PER QUAD | \$ 687 | \$ 295 | 57% |
| 4260 | OSSEOUS SURGERY INCL. FLAP ENTRY AND CLOSURE PER QUAD | \$ 951 | \$ 450 | 53% |
| 4320 | PROVISIONAL SPLINTING INTRACORNIAL | \$ 486 | \$ 235 | 52% |
| 4321 | PROVISIONAL SPLINTING EXTRACORNIAL | \$ 449 | \$ 225 | 50% |
| 4341 | PERIODONTAL SCALING & ROOT PLAN/QUAD | \$ 213 | \$ 105 | 51% |
| 4355 | FULL MOUTH DEBRIDEMENT TO ENABLE COMP.EVAL. & DIAGNOSIS | \$ 169 | \$ 82 | 51% |
| 4910 | PERIODONTAL MAINT. PROCEDURES | \$ 126 | \$ 52 | 59% |
| 4999 | PERIO SCREENING AND SCORING | \$ 30 | \$ 15 | 50% |

Prostodontics (Removable)/Complete Dentures, etc.)

| | | | | |
|------|--|----------|--------|-----|
| 5110 | COMPLETE DENTURE-MAXILLARY | \$ 1,479 | \$ 463 | 69% |
| 5120 | COMPLETE DENTURE-MANDIBULAR | \$ 1,479 | \$ 463 | 69% |
| 5130 | IMMEDIATE DENTURE-MAXILLARY | \$ 1,585 | \$ 630 | 60% |
| 5140 | IMMEDIATE DENTURE MANDIBULAR | \$ 1,585 | \$ 630 | 60% |
| 5211 | MAXILLARY PART. DENTURE RESIN BASE (INCL. CLASPS & TEETH) | \$ 1,109 | \$ 355 | 68% |
| 5212 | MANDIBULAR PARTIAL DENTURE RESIN BASE (INCL. CLASPS & TEETH) | \$ 1,140 | \$ 355 | 69% |
| 5213 | MAXILLARY PARTIAL DENTURE-CAST METAL, ACRYLIC SADDLES | \$ 1,565 | \$ 465 | 70% |
| 5214 | MANDIBULAR PARTIAL DENTURE-CAST METAL, ACRYLIC SADDLES | \$ 1,573 | \$ 465 | 70% |
| 5410 | ADJUST COMPLETE DENTURE-MAXILLARY | \$ 80 | \$ 30 | 63% |
| 5411 | ADJUST COMPLETE DENTURE-MANDIBULAR | \$ 80 | \$ 30 | 63% |
| 5421 | ADJUST PARTIAL DENTURE-MAXILLARY | \$ 80 | \$ 30 | 63% |
| 5422 | ADJUST PARTIAL DENTURE-MANDIBULAR | \$ 80 | \$ 30 | 63% |
| 5510 | REPAIR BROKEN COMPLETE DENTURE BASE | \$ 182 | \$ 69 | 62% |
| 5520 | REPLACE MISSING OF BROKEN TEETH-COMP.DENTURE-EACH TOOTH | \$ 158 | \$ 50 | 68% |
| 5610 | REPAIR RESIN DENTURE BASE | \$ 178 | \$ 65 | 63% |
| 5620 | REPAIR CAST FRAMEWORK | \$ 264 | \$ 117 | 56% |
| 5630 | REPAIR OR REPLACE BROKEN CLASP | \$ 238 | \$ 87 | 63% |
| 5640 | REPLACE BROKEN TEETH-PER TOOTH | \$ 161 | \$ 55 | 66% |
| 5650 | ADD TOOTH TO EXISTING PARTIAL | \$ 195 | \$ 75 | 62% |
| 5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | \$ 242 | \$ 100 | 59% |
| 5710 | REBASE COMPLETE MAXILLARY DENTURE | \$ 502 | \$ 220 | 56% |
| 5711 | REBASE COMPLETE MANDIBULAR DENTURE | \$ 502 | \$ 220 | 56% |

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| 5720 | REBASE MAXILLARY PARTIAL DENTURE | \$ 492 | \$ 195 | 60% |
| 5721 | REBASE MANDIBULAR PARTIAL DENTURE | \$ 491 | \$ 195 | 60% |
| 5731 | RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) | \$ 333 | \$ 145 | 56% |
| 5740 | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) | \$ 328 | \$ 138 | 58% |
| 5741 | RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) | \$ 332 | \$ 138 | 58% |
| 5750 | RELINE COMPLETE MAXILLARY DENTURE LAB | \$ 423 | \$ 145 | 66% |
| 5751 | RELINE COMPLETE MANDIBULAR DENTURE LAB | \$ 423 | \$ 145 | 66% |
| 5760 | RELINE MAXILLARY PARTIAL DENTURE LAB | \$ 410 | \$ 132 | 68% |
| 5761 | RELINE MANDIBULAR PARTIAL DENTURE LAB | \$ 412 | \$ 132 | 68% |
| 5850 | TISSUE CONDITIONING MAXILLARY | \$ 190 | \$ 60 | 68% |
| 5851 | TISSUE CONDITIONING MANDIBULAR | \$ 194 | \$ 60 | 69% |

NOTE: In addition to the fees listed above in section 5000 thru 6000, additional fees may be charged for upgraded teeth and enhanced cosmetics, personalization beyond norm or techniques involving precision dentures.

Prosthodontics (fixed)/Partial Dentures, Implants, etc.)

| | | | | |
|-------|--|--------|--------|-----|
| *6210 | PONTIC-CAST HIGH NOBLE METAL | \$ 925 | \$ 305 | 67% |
| *6211 | PONTIC-CAST PREDOMINANTLY BASE METAL | \$ 896 | \$ 280 | 69% |
| *6212 | PONTIC-CAST NOBLE METAL | \$ 916 | \$ 305 | 67% |
| *6240 | PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL | \$ 925 | \$ 317 | 66% |
| *6241 | PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$ 885 | \$ 304 | 66% |
| *6242 | PONTIC-PORCELAIN FUSED TO NOBLE METAL | \$ 914 | \$ 317 | 65% |
| *6250 | PONTIC-RESIN WITH HIGH NOBLE METAL | \$ 932 | \$ 314 | 66% |
| *6251 | PONTIC-RESIN WITH PREDOMINANTLY BASE METAL | \$ 925 | \$ 314 | 66% |
| *6252 | PONTIC-RESIN WITH NOBLE METAL | \$ 925 | \$ 314 | 66% |
| *6720 | CROWN RESIN WITH HIGH NOBLE METAL | \$ 898 | \$ 314 | 65% |
| *6721 | CROWN RESIN WITH PREDOMINANTLY BASE METAL | \$ 870 | \$ 304 | 65% |
| *6722 | RESIN WITH NOBLE METAL | \$ 872 | \$ 314 | 64% |
| *6750 | CROWN PORCELAIN FUSED TO HIGH NOBLE METAL | \$ 925 | \$ 317 | 66% |
| *6751 | CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$ 872 | \$ 304 | 65% |
| *6752 | CROWN PORCELAIN FUSED TO NOBLE METAL | \$ 899 | \$ 317 | 65% |
| *6790 | CROWN FULL CAST HIGH NOBLE METAL | \$ 925 | \$ 305 | 67% |
| *6791 | CROWN FULL CAST PREDOMINANTLY BASE METAL | \$ 846 | \$ 280 | 67% |
| *6792 | CROWN FULL CAST NOBLE METAL | \$ 898 | \$ 305 | 66% |
| 6930 | RECEMENT FIXED PARTIAL DENTURE | \$ 153 | \$ 57 | 63% |

These copayments do not include an allowable \$125 lab fee (per unit). Doctors, please make sure that all members understand what their fees will be and what the saving are from your Usual and Customary fees.

Oral Surgery (Extractions, etc.)

| | | | | |
|------|---|--------|---------|------|
| 7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION &/OR FORCEP) | \$ 133 | \$ 37 | 72% |
| 7210 | SURGICAL EXT. ERUPTED TOOTH WITH REMOVAL OF BONE | \$ 238 | \$ 70 | 71% |
| 7220 | REMOVAL OF TOOTH SOFT TISSUE IMPACTION | \$ 277 | \$ 79 | 71% |
| 7230 | REMOVAL OF IMPACTED TOOTH PARTIAL BONY IMPACTION | \$ 358 | \$ 144 | 60% |
| 7240 | REMOVAL OF IMPACTED TOOTH COMPLETE BONY IMPACTION | \$ 435 | \$ 176 | 60% |
| 7241 | REMOVAL IMPACTED TOOTH COMPLETE BONY WITH UNUSUAL COMP | \$ 528 | \$ 215 | 59% |
| 7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROC.) | \$ 270 | \$ 104 | 61% |
| 7270 | TOOTH REIMPL. AND/OR STAB. OF ACC.EVULSED OR DISPL. TOOTH | \$ 521 | \$ 208 | 60% |
| 7280 | SURGICAL ACCESS OF AN UNERUPTED TOOTH | \$ 450 | \$ 196 | 56% |
| 7281 | SURGICAL EXP. OF IMPACTED OR UNERUPTED TOOTH TO AID ERUP. | \$ 370 | \$ 140 | 62% |
| 7285 | BIOPSY OF ORAL TISSUE-HARD (BONE-TOOTH) | \$ 352 | \$ 154 | 56% |
| 7286 | BIOPSY OF ORAL TISSUE-SOFT (ALL OTHERS) | \$ 275 | \$ 120 | 56% |
| 7310 | ALVEOPLASTY IN CONJ. WITH EXT. PER QUAD | \$ 264 | \$ 106 | 60% |
| 7320 | ALVEOPLASTY NOT IN CONJ WITH EXT PER QUAD | \$ 401 | \$ 156 | 61% |
| 7510 | INCISION AND DRAINAGE ABSCESS INTRAORAL-SOFT TISSUE | \$ 206 | \$ 80 | 61% |
| 7910 | SUTURE OF RECENT SMALL WOUNDS UP TO 5CM | \$ 291 | No Cost | 100% |
| 7960 | FRENULECTOMY (FRENECTOMY OR FRENOTOMY) | \$ 396 | \$ 110 | 72% |
| 7970 | EXCISION OF HYPERPLASTIC TISSUE PER ARCH | \$ 492 | \$ 180 | 63% |

General Miscellaneous Services

| | | | | |
|------|---|--------|---------|------|
| 9110 | EMERGENCY PALATIVE TREATMENT OF DENTAL PAIN (MINOR PROCEDURE) | \$ 109 | \$ 40 | 63% |
| 9230 | ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE | \$ 71 | \$ 20 | 72% |
| 9310 | CONSULTATION | \$ 127 | No Cost | 100% |
| 9910 | APPLICATION OF DESENSITIZING MEDICAMENT | \$ 63 | \$ 5 | 92% |
| 9941 | FABRICATION OF ATHLETIC MOUTHGUARD | \$ 264 | \$ 90 | 66% |
| 9951 | OCCLUSAL ADJUSTMENT-LIMITED | \$ 185 | \$ 67 | 64% |
| 9952 | OCCLUSAL ADJUSTMENT-COMPLETE | \$ 639 | \$ 237 | 63% |
| 9999 | MISSED APPOINTMENT (WITHOUT 24 HOUR NOTICE) | \$ 45 | \$ 25 | 44% |

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|----------|---------------------------------------|------------|----------|---------------------|
|----------|---------------------------------------|------------|----------|---------------------|

Orthodontics (Braces) for children & adults

Monthly Payment

| | | | | |
|-------------------------|---------------|----------|----------|----------------|
| 13 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 2,742 | \$ 2,122 | \$620 |
| 16 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 3,192 | \$ 2,479 | \$713 |
| 19 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 3,642 | \$ 2,836 | \$806 |
| 22 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 4,056 | \$ 3,193 | \$863 |
| 25 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 4,542 | \$ 3,550 | \$992 |
| 28 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 4,992 | \$ 3,907 | \$1,085 |
| 31 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 5,442 | \$ 4,264 | \$1,178 |
| 34 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 5,892 | \$ 4,621 | \$1,271 |
| 36 MONTH TREATMENT PLAN | (\$119/MONTH) | \$ 6,192 | \$ 4,859 | \$1,333 |

Other Orthodontic Guidelines

1. A \$350 charge will apply at the end of treatment (included in the above amounts) to cover all retention office visits (unlimited).
2. Services not listed above will be discounted 30% off of the participating Orthodontist's Usual and Customary fees.
3. Services must only be provided by a contracted Orthodontic Specialist.
4. The amounts listed above also include an initial one-time \$225 charge for all records, mold, x-rays, etc. to determine the Orthodontic Treatment for the patient.

All Plans General Limitations and Exclusions

1. All fees listed above do not include all appropriate lab fees. Member must agree (in writing) to all upgraded materials before treatment is started. See each section for specific details (if applicable).
2. All patients are responsible for paying all fees (as listed above) at the time services are rendered.
3. These fees are for General Dentists only. A participating specialist list is available by calling our office at 303-744-3007 or 1-800-807-0706.
4. Any procedures not listed will be discounted 20% off the participating General Dentists normal fees.
5. Medical costs associated with any dental procedures are not covered.
6. Dentures or appliances will be replaced only after 3 years have elapsed since such dentures or appliances were provided under any plan program, unless the denture or appliance becomes unserviceable due to illness or other causes not controlled by other means. Replacement of dentures, appliances, or bridgework due to loss or theft are not covered.
7. Any dental treatment started prior to the Member's eligibility to receive services under this plan or started after a Member's 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 service is rendered may prevent future dental services from being received until all fees have been paid in full.
10. Services provided by non-participating dentists are not covered.
11. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health, or are contrary to established dental ethics are not covered.
12. Cosmetic dental procedures are covered only if the attending dentist and patient agree on the specific procedure.
13. Services which are compensable under Worker's Compensation or employer liability laws are not covered.
14. General anesthesia and IV sedation are not covered.
15. Myofunctional therapy procedure for training, treating or developing muscles in and around the jaw or mouth including TMJ are not covered except by participating plan specialists.
16. Any dental procedure or service that cannot be performed in the dental office due to general and/or physical limitations of a member are not covered.
17. Expenses incurred for dental procedures initiated prior to member's eligibility or after termination are not covered.
18. Any services that the Participating General Dentist recommends be performed by a specialist are covered only by a plan participating specialist.
19. The liability of Beta Health Association, Inc. is limited to the return of the membership fee's paid for one year by the member.
20. Extractions for asymptomatic third molars (wisdom teeth) are not covered unless causing movement of the teeth. An example of symptomatic include severe decay, and ontogenic cysts, chronic pericoronitis, and infection.
21. The Alpha and Choice Dental programs do not constitute dental insurance and are considered discount, fee-for-service dental plans.
22. Fee's are subject to change on an as needed basis. Please contact Beta Health Association, Inc. for current fee's.

