Beta Health

Introducing the

AlphaUS

Dental Plan

"Our strength is in the size of our network"

Employee Enrollment Packet

Carrara Place, 6200 South Syracuse Way, Suite 460
Greenwood Village, CO 80111
1-800-807-0706

www.betaplans.com

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.



AlphaUS Dental Plan

Customer Service
(800) 807-0706
support@betadental.com

AlphaUS Dental Plan Summary of Benefits

- **Savings of 20 - 50% 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!**
- **No deductibles or claim forms**
- **Cosmetic dentistry included**
- **Orthodontics for children and adults**

PLUS!

- **Vision discounts through VSP Savings Pass**
- **Hearing discounts through Amplifon**
- **Teledentistry availability through Teledentistry.com**
- **Interest-free financing up to 36 months on $1,000 of dental, vision, and hearing costs**

How does the AlphaUS Dental plan work?

The AlphaUS Dental Plan is a national network dental plan. All discounted fees on this plan are pre-negotiated with the General Dentist, so there are no hidden costs or expenses. Specialty care is also available at a greatly reduced cost on this plan as well.

You must see an AlphaUS dental provider in order to receive the discounted savings. There are no out-of-network services available on this plan. Below is a list of the most common dental procedures and what you will pay.

This plan uses the Careington CarePOS network. When calling to make an appointment with a network dental office, mention the CarePOS dental savings plan.

AlphaUS Dental Plan Savings (what you pay)

Fees vary by location across the US. Fees listed are illustrative of 1 fee schedule.

ADA Code	Dental Procedure Description	Normal fee	AlphaUS Fee	Savings
0150	Comprehensive Exam	$126	$46	63%
0274	Bitewings x-ray (four films)	$89	$36	60%
1110	Prophylaxis-adult	$108	$54	50%
0120	Periodic oral exam-established patient	$72	$27	58%
0210	Intraoral- complete series	$221	$81	63%
2330	Resin based composite (one surface)	$215	$83	61%
2790*	Crown-full cast high noble metal	$1,580	$657	58%
3330	Molar (excluding final restoration)	$1,425	$661	54%
4341	Periodontal Scaling/Root Planning	$348	$140	60%
5110*	Complete denture-maxillary	$2,433	$905	63%
7140	Extraction erupted tooth	$261	$92	65%
9230	Nitrous Oxide	$113	$32	72%

AlphaUS Dental Plan Provider Lookup and Full Fee Schedule
https://alphadentalplan.com/alpha-plus-dental-plan/

brought to you by Beta Health

Form 0119

Please call (800) 807-0706
for Customer Service
www.alphadentalplan.com

Please visit AlphaDentalPlan.com/dental-providers/ to locate a provider and the specific fees in your area. There are over 430,000 nationally to select from!

The AlphaUS Dental Plan - Schedule CI-6

Code	Description	Average Regular Cost	You Pay Only	Average Savings
Diagnostic and Preventive Services (x-rays and cleanings)				
D0120	Periodic oral evaluation - established patient	$72	$29	60%
D0140	Limited oral evaluation - problem focused	$107	$49	54%
D0150	Comprehensive oral evaluation - new or established patient	$126	$50	60%
D0160	Detailed and extensive oral evaluation - problem focused, by report	$209	$132	37%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$99	$36	64%
D0180	Comprehensive periodontal evaluation - new or established patient	$135	$40	70%
D0210	Intraoral - complete series of radiographic images	$221	$88	60%
D0220	Intraoral - periapical first radiographic image	$50	$16	68%
D0230	Intraoral - periapical each additional radiographic image	$43	$14	67%
D0240	Intraoral - occlusal radiographic image	$77	$25	68%
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	$117	$34	71%
D0270	Bitewing - single radiographic image	$40	$17	58%
D0272	Bitewings - two radiographic images	$63	$27	57%
D0273	Bitewings - three radiographic images	$77	$33	57%
D0274	Bitewings - four radiographic images	$89	$39	56%
D0277	Vertical bitewings - 7 to 8 radiographic images	$137	$49	64%
D0330	Panoramic radiographic image	$152	$72	53%
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	$164	$88	46%
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	$97	$41	58%
D0460	Pulp vitality tests	$79	$35	56%
D0470	Diagnostic casts	$169	$75	56%
D1110	Prophylaxis - adult	$108	$59	45%
D1120	Prophylaxis - child	$81	$43	47%
D1208	Topical application of fluoride - excluding varnish	$55	$26	53%
D1330	Oral hygiene instructions	$77	$44	43%
D1351	Sealant - per tooth	$76	$33	57%
D1510	Space maintainer - fixed, unilateral	$421	$210	50%
D1520	Space maintainer - removable - unilateral	$504	$262	48%
D1550	Re-cement or re-bond space maintainer	$121	$45	63%
Restorative Services (fillings and crowns)				
D2140	Amalgam - one surface, primary or permanent	$198	$77	61%
D2150	Amalgam - two surfaces, primary or permanent	$252	$101	60%
D2160	Amalgam - three surfaces, primary or permanent	$306	$121	60%
D2161	Amalgam - four or more surfaces, primary or permanent	$369	$148	60%
D2330	Resin-based composite - one surface, anterior	$215	$90	58%
D2331	Resin-based composite - two surfaces, anterior	$264	$117	56%
D2332	Resin-based composite - three surfaces, anterior	$318	$144	55%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$403	$167	59%
D2390	Resin-based composite crown, anterior	$648	$239	63%
D2391	Resin-based composite - one surface, posterior	$248	$102	59%
D2392	Resin-based composite - two surfaces, posterior	$322	$143	56%
D2393	Resin-based composite - three surfaces, posterior	$397	$177	55%
D2394	Resin-based composite - four or more surfaces, posterior	$460	$183	60%
D2510	Inlay - metallic - one surface	$1,260	$431	66%
D2520	Inlay - metallic - two surfaces	$1,284	$488	62%
D2530	Inlay - metallic - three or more surfaces	$1,367	$562	59%
D2542	Onlay - metallic-two surfaces	$1,384	$517	63%
D2543	Onlay - metallic-three surfaces	$1,410	$578	59%
D2544	Onlay - metallic-four or more surfaces	$1,472	$603	59%
D2610	Inlay - porcelain/ceramic - one surface	$1,312	$507	61%

Code	Description	Average Regular Cost	You Pay Only	Average Savings
Restorative Services (fillings and crowns) Continued				
D2620	Inlay - porcelain/ceramic - two surfaces	$1,335	$534	60%
D2630	Inlay - porcelain/ceramic - three or more surfaces	$1,372	$570	58%
D2642	Onlay - porcelain/ceramic - two surfaces	$1,367	$554	59%
D2643	Onlay - porcelain/ceramic - three surfaces	$1,392	$598	57%
D2644	Onlay - porcelain/ceramic - four or more surfaces	$1,476	$634	57%
D2650	Inlay - resin-based composite - one surface	$1,266	$335	74%
D2651	Inlay - resin-based composite - two surfaces	$1,257	$397	68%
D2652	Inlay - resin-based composite - three or more surfaces	$1,319	$417	68%
D2662	Onlay - resin-based composite - two surfaces	$1,319	$529	60%
D2663	Onlay - resin-based composite - three surfaces	$1,333	$538	60%
D2664	Onlay - resin-based composite - four or more surfaces	$1,416	$564	60%
D2710	Crown - resin-based composite (indirect)	$1,317	$267	80%
D2720	Crown - resin with high noble metal	$1,382	$736	47%
D2721	Crown - resin with predominantly base metal	$1,330	$688	48%
D2722	Crown - resin with noble metal	$1,351	$703	48%
D2740	Crown - porcelain/ceramic	$1,519	$752	50%
D2750	Crown - porcelain fused to high noble metal	$1,509	$742	51%
D2751	Crown - porcelain fused to predominantly base metal	$1,383	$693	50%
D2752	Crown - porcelain fused to noble metal	$1,419	$709	50%
D2780	Crown - 3/4 cast high noble metal	$1,505	$727	52%
D2781	Crown - 3/4 cast predominantly base metal	$1,372	$700	49%
D2782	Crown - 3/4 cast noble metal	$1,377	$725	47%
D2783	Crown - 3/4 porcelain/ceramic	$1,498	$771	49%
D2790	Crown - full cast high noble metal	$1,580	$716	55%
D2791	Crown - full cast predominantly base metal	$1,363	$682	50%
D2792	Crown - full cast noble metal	$1,425	$694	51%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$166	$61	63%
D2920	Re-cement or re-bond crown	$159	$63	60%
D2930	Prefabricated stainless steel crown - primary tooth	$368	$175	52%
D2931	Prefabricated stainless steel crown - permanent tooth	$442	$196	56%
D2932	Prefabricated resin crown	$475	$217	54%
D2933	Prefabricated stainless steel crown with resin window	$489	$241	51%
D2940	Protective restoration	$178	$68	62%
D2950	Core buildup, including any pins when required	$369	$166	55%
D2951	Pin retention - per tooth, in addition to restoration	$112	$34	70%
D2952	Post and core in addition to crown, indirectly fabricated	$566	$254	55%
D2953	Each additional indirectly fabricated post - same tooth	$427	$161	62%
D2954	Prefabricated post and core in addition to crown	$458	$210	54%
D2955	Post removal	$290	$159	45%
D2957	Each additional prefabricated post - same tooth	$396	$77	81%
D2960	Labial veneer (resin laminate) - chairside	$941	$518	45%
Endodontic Services (root canals)				
D3110	Pulp cap - direct (excluding final restoration)	$118	$45	62%
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	$108	64%
D3221	Pulpal debridement, primary and permanent teeth	$327	$106	68%
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$402	$114	72%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$429	$122	72%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$1,017	$457	55%
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	$1,161	$558	52%
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$1,425	$720	49%
D3331	Treatment of root canal obstruction; non-surgical access	$852	$253	70%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$612	$233	62%
D3333	Internal root repair of perforation defects	$483	$122	75%
D3346	Retreatment of previous root canal therapy - anterior	$1,186	$614	48%
D3347	Retreatment of previous root canal therapy - premolar	$1,335	$724	46%
D3348	Retreatment of previous root canal therapy - molar	$1,634	$870	47%
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$490	$258	47%
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space	$359	$114	68%
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$712	$382	46%

Code	Description	Average Regular Cost	You Pay Only	Average Savings
Endodontic Services (root canals) Continued				
D3410	Apicoectomy - anterior	$1,002	$521	48%
D3421	Apicoectomy - premolar (first root)	$1,112	$570	49%
D3425	Apicoectomy - molar (first root)	$1,243	$644	48%
D3426	Apicoectomy (each additional root)	$597	$215	64%
D3430	Retrograde filling - per root	$389	$158	59%
D3450	Root amputation - per root	$717	$320	55%
D3470	Intentional reimplantation (including necessary splinting)	$1,030	$639	38%
D3910	Surgical procedure for isolation of tooth with rubber dam	$337	$84	75%
D3920	Hemisection (including any root removal), not including root canal therapy	$656	$250	62%
D3950	Canal preparation and fitting of preformed dowel or post	$360	$114	68%
Periodontic Services (gum disease)				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$866	$446	48%
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$472	$148	69%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$1,024	$525	49%
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	$475	57%
D4249	Clinical crown lengthening - hard tissue	$1,057	$600	43%
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	$848	45%
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	$488	60%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	$924	$255	72%
D4264	Bone replacement graft - retained natural tooth - each additional site in	$778	$173	78%
D4266	Guided tissue regeneration - resorbable barrier, per site	$1,062	$310	71%
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	$1,237	$398	68%
D4268	Surgical revision procedure, per tooth	$1,101	$481	56%
D4270	Pedicle soft tissue graft procedure	$1,203	$627	48%
D4320	Provisional splinting - intracoronal	$724	$282	61%
D4321	Provisional splinting - extracoronal	$644	$249	61%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$348	$153	56%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$268	$74	72%
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	$251	$101	60%
D4910	Periodontal maintenance	$191	$92	52%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$142	$78	45%
Prosthodontic Services - Removable (dentures)				
D5110	Complete denture - maxillary	$2,433	$986	59%
D5120	Complete denture - mandibular	$2,464	$986	60%
D5130	Immediate denture - maxillary	$2,606	$1,077	59%
D5140	Immediate denture - mandibular	$2,638	$1,077	59%
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$1,968	$969	51%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$1,924	$969	50%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$2,495	$1,090	56%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$2,494	$1,090	56%
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth	$1,400	$635	55%
D5410	Adjust complete denture - maxillary	$127	$55	57%
D5411	Adjust complete denture - mandibular	$127	$55	57%
D5421	Adjust partial denture - maxillary	$127	$55	57%
D5422	Adjust partial denture - mandibular	$127	$55	57%
D5520	Replace missing or broken teeth - complete denture (each tooth)	$264	$90	66%
D5630	Repair or replace broken clasp - per tooth	$368	$153	58%
D5640	Replace broken teeth - per tooth	$276	$99	64%
D5650	Add tooth to existing partial denture	$314	$134	57%
D5660	Add clasp to existing partial denture - per tooth	$369	$162	56%

Code	Description	Average Regular Cost	You Pay Only	Average Savings
Prosthodontic Services - Removable (dentures) Continued				
D5710	Rebase complete maxillary denture	$827	$400	52%
D5711	Rebase complete mandibular denture	$803	$384	52%
D5720	Rebase maxillary partial denture	$773	$378	51%
D5721	Rebase mandibular partial denture	$773	$378	51%
D5730	Reline complete maxillary denture (chairside)	$528	$226	57%
D5731	Reline complete mandibular denture (chairside)	$522	$226	57%
D5740	Reline maxillary partial denture (chairside)	$501	$207	59%
D5741	Reline mandibular partial denture (chairside)	$515	$207	60%
D5750	Reline complete maxillary denture (laboratory)	$644	$301	53%
D5751	Reline complete mandibular denture (laboratory)	$644	$301	53%
D5760	Reline maxillary partial denture (laboratory)	$632	$298	53%
D5761	Reline mandibular partial denture (laboratory)	$632	$298	53%
D5810	Interim complete denture (maxillary)	$1,284	$488	62%
D5811	Interim complete denture (mandibular)	$1,285	$488	62%
D5820	Interim partial denture (maxillary)	$1,010	$392	61%
D5821	Interim partial denture (mandibular)	$989	$392	60%
D5850	Tissue conditioning, maxillary	$304	$94	69%
D5851	Tissue conditioning, mandibular	$292	$94	68%
Implant / Abutment Supported Prosthetic Services (where available)				
D6000 through D6199			20% Discount	

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	$651	57%
D6211	Pontic - cast predominantly base metal	$1,398	$608	57%
D6212	Pontic - cast noble metal	$1,418	$633	55%
D6240	Pontic - porcelain fused to high noble metal	$1,520	$642	58%
D6241	Pontic - porcelain fused to predominantly base metal	$1,400	$593	58%
D6242	Pontic - porcelain fused to noble metal	$1,437	$625	57%
D6245	Pontic - porcelain/ceramic	$1,536	$638	58%
D6250	Pontic - resin with high noble metal	$1,441	$633	56%
D6251	Pontic - resin with predominantly base metal	$1,397	$585	58%
D6252	Pontic - resin with noble metal	$1,398	$603	57%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$1,253	$269	79%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	$1,344	$473	65%
D6720	Retainer Crown - resin with high noble metal	$1,440	$715	50%
D6721	Retainer Crown - resin with predominantly base metal	$1,372	$679	51%
D6722	Retainer Crown - resin with noble metal	$1,390	$690	50%
D6740	Retainer Crown - porcelain/ceramic	$1,522	$646	58%
D6750	Retainer Crown - porcelain fused to high noble metal	$1,533	$732	52%
D6751	Retainer Crown - porcelain fused to predominantly base metal	$1,386	$683	51%
D6752	Retainer Crown - porcelain fused to noble metal	$1,424	$700	51%
D6780	Retainer Crown - 3/4 cast high noble metal	$1,493	$690	54%
D6781	Retainer Crown - 3/4 cast predominantly base metal	$1,378	$609	56%
D6782	Retainer Crown - 3/4 cast noble metal	$1,402	$616	56%
D6783	Retainer Crown - 3/4 porcelain/ceramic	$1,486	$627	58%
D6790	Retainer Crown - full cast high noble metal	$1,556	$709	54%
D6791	Retainer Crown - full cast predominantly base metal	$1,394	$670	52%
D6792	Retainer Crown - full cast noble metal	$1,466	$695	53%
D6930	Re-cement or re-bond fixed partial denture	$240	$85	65%
Oral Surgery Services (extractions)				
D7111	Extraction, coronal remnants - deciduous tooth	$190	$84	56%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$261	$100	62%
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$387	$177	54%
D7220	Removal of impacted tooth - soft tissue	$440	$199	55%
D7230	Removal of impacted tooth - partially bony	$549	$266	52%
D7240	Removal of impacted tooth - completely bony	$674	$312	54%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$768	$391	49%
D7250	Removal of residual tooth roots (cutting procedure)	$440	$168	62%
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$760	$341	55%

Code	Description	Average Regular Cost	You Pay Only	Average Savings
Oral Surgery Services (extractions) Continued				
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$996	$388	61%
D7280	Exposure of an unerupted tooth	$668	$374	44%
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$760	$608	20%
D7286	Incisional biopsy of oral tissue-soft	$475	$270	43%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$422	$185	56%
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	$633	$439	31%
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$859	$542	37%
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$1,266	$851	33%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	$797	$542	32%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$1,325	$851	36%
D7510	Incision and drainage of abscess - intraoral soft tissue	$343	$177	48%
D7910	Suture of recent small wounds up to 5 cm	$409	$247	40%
D7911	Complicated suture - up to 5 cm	$837	$618	26%
D7912	Complicated suture - greater than 5 cm	$1,378	$883	36%
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$624	$296	53%
D7970	Excision of hyperplastic tissue - per arch	$698	$401	43%
D7971	Excision of pericoronal gingiva	$403	$128	68%
Orthodontic Services (braces for children and adults)				
D8000 through D8999			20% Discount	
Miscellaneous Services				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$185	$63	66%
D9211	Regional block anesthesia	$120	$28	77%
D9215	Local anesthesia in conjunction with operative or surgical procedures	$87	$20	77%
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	$113	$35	69%
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$195	$134	31%
D9410	House/extended care facility call	$333	$178	47%
D9420	Hospital or ambulatory surgical center call	$439	$244	44%
D9430	Office visit for observation (during regularly scheduled hours)	$119	$45	62%
D9440	Office visit - after regularly scheduled hours	$264	$82	69%
D9910	Application of desensitizing medicament	$91	$28	69%
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	$109	$41	62%
D9941	Fabrication of athletic mouthguard	$396	$101	74%
D9950	Occlusion analysis - mounted case	$490	$178	64%
D9951	Occlusal adjustment - limited	$290	$82	72%
D9952	Occlusal adjustment - complete	$922	$455	51%
D9970	Enamel microabrasion	$290	$56	81%

General Plan Limitations and Exclusions

1. This schedule applies to services provided by a participating General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. Members are responsible for payment to plan providers at the time of service. Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees. Fee schedules are subject to change without prior notification to members.

2. It is the member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist will be at the on-participating dentist's normal fees.

3. The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your provider for a detailed treatment plan prior to beginning any work.

4. Procedures not listed on this schedule will be available to plan members at a 20% off the General Dentist's normal fee at the time of service.

5. If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that procedure.

6. Work in progress prior to joining this dental plan must be completed by the dentist who started the work and is not available on this plan.

7. We can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating provider. Not all types of dentists may be available in your area.

8. Any procedure involving lab or OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member.

9. Fee schedules are subject to change on an as needed basis. The Average Regular Cost amounts are based on the 90th percentile of the fees in your area. Please go to https://AlphaDentalPlan/com/dental-providers/ for more information.

10. While all participating providers are professionally licensed in the state in which they practice, we do not guarantee the quality of service of the providers. Any quality of care concerns involving any participating provider should be directed in writing to: Careington International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.

11. This plan is not insurance and is not intended to replace insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c111M and 956CNR 5.00. This plan is not a Qualified Health Plan under the affordable Care Act. The plan provides reduced fees at certain health care providers for medical services. The range of the reduced fees will vary depending on the type of provider and services. The plan does not make payments directly to providers of medical services. Plan members are obligated to pay for all health care services but will receive reduced fees from those health care providers who have contracted with the plan. You may access a list of participating health care providers at https://AlphaDentalPlan.com/dental-providers/. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 20 days after receipt of membership materials and receive a full refund, less a normal processing fee (normal fee for MD residents is $5, AR and TN residents will be refunded processing fee). Plan organization and administrator is Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; Phone 800-441-0380.

12. This plan is not available in Vermont and Washington.

Beta Health

6200 S. Syracuse Way
Suite 460
Greenwood Village, CO 80111
1-800-807-0706 (Phone)
303-369-1051 (Fax)

Alpha Dental Plan

DENTAL PLAN GROUP ENROLLMENT, WAIVER, AND CHANGE REQUEST FORM

AlphaUS Dental Plan

FOUR TIER

☐ New Employee ☐ Change Address
☐ COBRA ☐ Change Dependent Status
☐ Terminate*

* Can only terminate at open enrollment or if employment is terminated.

TO BE COMPLETED BY EMPLOYER

Name of Employer (Use Name from Group Billing Notice or Master Application)

Beta Health Group #

TO BE COMPLETED BY EMPLOYEES ELECTING TO ENROLL

Social Security Number	Effective Date	Date of Hire	Date of Birth	Phone #
	Month / Day / Year: 01	Month / Day / Year	Month / Day / Year	Work: _____ Home: _____

Your Name: Last First M.I.

Gender: ◯ Female ◯ Male

Marital Status: ◯ Single ◯ Married

Your Home Address City State Zip Code

E-mail Address:

Dental Option (please check your selection)

Option #1 - Alpha Dental Plan ◯ Provider Selection # _____

Please note: The Alpha Dental Plan is not insurance.

COMPLETE FOR DENTAL

Is your spouse to be enrolled? ◯ **Yes** ◯ **No**

Enrollment Selection (Check the Correct Box Below):

◯ Employee Only ◯ Employee Plus Spouse ◯ Employee Plus Child(ren) ◯ Employee Plus Spouse and Child(ren)

Are you enrolled in any other dental plans? ◯ Yes ◯ No

Complete for **Dependent(s)** — **Spouse Name** (Last) (First) (Middle Initial)		**Full-time Student Y/N**	**Date of Birth**	**Gender M or F**	**Do any of your dependents have any other dental plan?**	**If Yes, Name of Carrier**
			/ /		◯ Yes ◯ No	
DEPENDENT(S)	1		/ /		◯ Yes ◯ No	
	2		/ /		◯ Yes ◯ No	
	3		/ /		◯ Yes ◯ No	
	4		/ /		◯ Yes ◯ No	
	5		/ /		◯ Yes ◯ No	
	6		/ /		◯ Yes ◯ No	

DENTAL PLAN WAIVER

I have been offered the above dental plan and I am declining participation at this time. I also understand that the next time that I may enroll in one of these plans is at the next open enrollment period only (one year from now). The only exception to this is if a qualifying event occurs.

Date _____ Signature of Employee _____

It is unlawful to knowingly provide false, incomplete, or misleading facts on this form or to defraud or attempt to defraud Beta Health or one of their partners. Penalties may include imprisonment, fines, denial of services and civil damages. Please report any organization or agent who you feel knowingly provides false, incomplete or misleading facts for the purpose of defrauding the participants to the Colorado Division of Insurance. I also agree to remain on the plan for a minimum of one year or until the next open enrollment period (which ever comes first). The only exception to this is if I lose employment (either voluntarily or involuntarily).

Date	Your Signature
	X