

**DELTA DENTAL OF COLORADO
4582 South Ulster Street
Denver, Colorado 80237**

DELTA DENTAL PATIENT DIRECT® DISCOUNT CONTRACT

The parties of this Contract are PLAN DE SALUD DEL VALLE, INC., herein called the "Group," "Applicant," or "Employer" and Colorado Dental Service Inc., d/b/a Delta Dental of Colorado, herein called "Delta Dental." This is a contract for a discount dental product. This is not an insured product. The attached appendices and riders constitute the entire Contract of the parties and will become binding upon the parties and their respective successors and assigns effective the 1st day of January, 2017 for a three-year period and for successive one-year periods thereafter unless terminated as herein provided. This contract is issued and delivered in the State of Colorado, is governed by the laws of Colorado and is subject to the terms and conditions recited on the subsequent pages of this contract, and may not be changed, altered or terminated except in accordance with Article VII, RENEWAL AND TERMINATION of this Contract.

This DECLARATIONS PAGE supersedes any contrary provision of the subsequent sections of this contract.

DECLARATION PAGE

Group:

PLAN DE SALUD DEL VALLE, INC.

Type of Contract:

Delta Dental Patient Direct® (*A Discount Program*), *Patient Direct Schedule 19*

Group Number:

12400

Contract Effective Date:

January 1, 2017

Contract Anniversary Date:

January 1st

Eligible Class:

All permanent active Employees.

Where two Employees who are spouses and are both eligible for coverage under this contract, they may be enrolled together or separately, but not both. Dependent children may only be enrolled under one parent.

Dependent children and spouses of above-mentioned subscribers are also eligible. The term spouse includes a Civil Union Partner or Domestic Partner.

This is not Insurance.

Child Dependent Age Limit is to the end of the month in which they attain age 26.

Enrollment Type

The enrollment type is Open Enrollment. Open Enrollment means a period of time each Contract Year occurring prior to the Anniversary Date during which eligible Employees may choose to enroll themselves and/or their eligible Dependents in the Plan, or change from one option to another if the Contract issued to the Group permits them to do so. The discount plan will become effective on the Group's Anniversary Date.

Eligibility Waiting Period:

Active Employees working the minimum number of hours as required by the employer will become eligible for enrollment on the first of the month following 30 days of employment.

Discounts Provided

Delta Dental Patient Direct® Plan provides discounts to Subscribers as described in the attached Fee Schedule. Dental discounts provided by this contract are limited to those licensed Providers who are contracted as a Delta Dental Patient Direct® Provider. Subscribers and their dependents will be assigned to a specific dental office as selected by the primary Subscriber. Delta Dental reserves the right to re-assign Subscribers and their dependents at any time to a different designated dental office if necessary.

Subscribers must elect a provider from the Patient Direct network when enrolling, and the Subscriber and all Dependents will be required to visit the same Provider in order to receive discounted services.

The Subscriber and dependents must receive care from the Patient Direct Provider chosen in order to receive discounted services. For specialists, the Subscribers will receive discounts if Subscribers receive care from a Patient Direct specialist.

In order to receive discounts under the discount plan, the enrollment data must be received prior to the 20th day of the month before the discount plan effective date.

Rates:

- Subscriber only - \$9.66 per month per Subscriber
- Subscriber Plus Spouse - \$15.82 per month per Subscriber
- Subscriber Plus Child(ren) - \$21.51 per month per Subscriber
- Subscriber Plus Family - \$25.24 per month per Subscriber

These rates are contingent upon the minimum percent enrollment as stated in the original quote, in accordance with the eligibility provisions in Article III.

This is not Insurance.

Delta Dental Patient Direct Schedule Attached

**Countersigned:
Delta Dental of Colorado**

Jean Lawhead

Signature

February 28, 2017

Date

**Accepted:
PLAN DE SALUD DEL VALLE, INC. #12400**

Signature

Date

This is not Insurance.

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ARTICLE I. DEFINITIONS

The terms below apply to this Contract:

- 1.01 APPLICANT** means the Group or Employer wishing to provide a dental discount plan.
- 1.02** The **CONTRACT ANNIVERSARY DATE or ANNIVERSARY DATE** is noted on the declaration page of this Contract. The anniversary date is the first day of each Contract Year following the initial Contract Year.
- 1.03 CONTRACT** means the agreement between Delta Dental and the Applicant. It includes attached appendices, exhibits and riders, if any. This Contract is the whole agreement between the parties.
- 1.04 CONTRACT TERM** means the time from the Effective Date of the Contract until it is terminated.
- 1.05 CONTRACT YEAR** is the 365 days beginning on the Effective Date of this Contract, and each year after unless the contract is terminated. The contract year is 366 days in a leap year.
- 1.06 DEPENDENT** means:
 - The Employee’s lawful spouse, including civil union partner, or domestic partner.
 - Civil Union partner must meet each of the requirements listed below:
 - ❖ They must be at least 18 years old.
 - ❖ They must not be a partner in another civil union.
 - ❖ They must not be married to another person.
 - ❖ They must not be related.
 - ❖ They must have entered into a civil union based on the guidelines of Article 15 of Title 14, C.R.S. recognized pursuant to Colorado Law.
 - Domestic partner must meet each of the requirements listed below:
 - ❖ They must be at least 18 years old and view themselves as a family.
 - ❖ They must not be married and may not have another partner.
 - ❖ They must have lived together for at least 6 consecutive months.
 - ❖ They must not be related.
 - ❖ They must be financially interdependent.

- A child under the Dependent Age Limit shown on the Declaration Page.
- A child who reaches the Dependent Age Limit stated on the Declaration Page and is incapable of self-support because of physical or mental disabilities that began before reaching the Dependent Age Limit, and is dependent on the Employee. Delta Dental may annually request proof of such disability and dependency. Failure to submit such proof will terminate coverage.

If the Group chooses whether to cover a Civil Union Partner or a Domestic Partner that option will be noted on the Declaration Page.

Eligible children are natural children, stepchildren, children under court-ordered guardianship, adopted children, foster children, and children of a civil union or domestic partner.

No one may be covered as a Dependent and also as an Employee under this Contract. If both parents are covered as Employees, children may be covered as Dependents of one parent only.

Persons in active military service are not eligible Dependents.

- 1.07 EFFECTIVE DATE** is the date eligibility begins for the discount plan.
- 1.08 ELIGIBLE CLASS** is a group of Employees who are allowed to enroll under the Contract. A list of Eligible Classes is on the Declaration Page.
- 1.09 ELIGIBILITY WAITING PERIOD** means the time that a person must be employed before they may enroll. The Eligibility Waiting Period is chosen by the Applicant and may differ by Eligible Classes. The Eligibility Waiting Period, if any, is noted on the Declaration Page and in Article III.
- 1.10 EMPLOYEE** means someone who works at least the number of hours defined by the Employer.
- 1.11 FEE** means the amount of money paid for each Subscriber to purchase the discounts provided by the Contract.
- 1.12 GROUP** means the Applicant or Employer contracting for dental discounts.
- 1.13 NON-PARTICIPATING PROVIDER** means a Provider who is not currently contracted with Delta Dental as a participating Provider.
- 1.14 OPEN ENROLLMENT** means a period prior to the Anniversary Date when eligible Employees and their Dependents may enroll. They may also change from one plan to another if the Contract permits them to do so. Coverage is effective on the Applicant's Anniversary Date.

If the Applicant chooses an Open Enrollment period, the option will be noted on the Declaration Page.

- 1.15 PARTICIPATING PROVIDER** means a Provider who contracts with Delta Dental and who Delta Dental considers to be a Patient Direct Provider.
- 1.16 PATIENT DIRECT PLAN** means a discount, fee for service network dental plan. This is not insurance.
- 1.17 PROVIDER** means a person licensed in dentistry.
- 1.18 SUBSCRIBER** means an Employee or Dependent who is eligible to receive discounted dental services under this Contract, is enrolled for the Group Dental Discounts provided with this Contract, and for whom the appropriate monthly Fee is received.

ARTICLE II. MONTHLY FEE

- 2.01 FEE DUE DATE.** The Group agrees to send to Delta Dental during the Contract Term, a monthly Fee that will become due on the first day of the month for each Subscriber.
- 2.02 MONTHLY FEE.** The Monthly Fees for each Subscriber are as noted on the Declaration Page.
- 2.03 INITIAL FEE.** This Contract is not effective until Delta Dental receives the initial Fee. Future Fees are due on the first day of each month.
- 2.04 FEES AT TERMINATION.** If this Contract terminates for any reason, the Applicant must pay all Fees due but not paid.
- 2.05 CHANGE OF FEES.** Absent an amendment agreed to by Applicant and Delta Dental, Fees will not change during a Contract Year except as noted in Section 2.06.
- 2.06 CLERICAL ERRORS.** Clerical errors or delays in data related to coverage will not affect coverage that would otherwise be in force. Upon discovery of such errors or delays, charges will be adjusted.
- 2.07 GRACE PERIOD.** Except for the initial Fee, a Grace Period until the last day of the month for which Fee is due. Eligibility for the discount plan remains in force during the Grace Period unless cancelled by the Group. If the Fee is not paid by the end of the Grace Period, the Contract will terminate as of the last day of the Grace Period. Fees are due through the last day of the Grace Period.
- 2.08 REFUNDS.** Group must provide timely notice to Delta Dental when a Subscriber is no longer eligible. Group must pay the Fee through the date that notice is given. If the Fee is paid for a Person who is no longer eligible and timely notice was given, Delta Dental will refund the Fee for the period paid in error. The refund will be paid for up to three months or to the last Contract Anniversary, whichever is less.

ARTICLE III. ELIGIBILITY

3.01 ELIGIBILITY. An Employee in an Eligible Class may enroll 31 days after the Eligibility Waiting Period. They may also enroll during an Open Enrollment period if offered by the Employer.

- a) **BECOMING ELIGIBLE FOR THE DISCOUNTS.** Delta Dental must receive enrollment data for each Subscriber in a format acceptable to Delta Dental. The enrollment data must be received within 30 days of an Employee or Dependent's enrollment. In order to receive discounts under this plan, the enrollment data must be received prior to the 20th day of the month before the discount plan effective date. The enrollment data must include the Subscriber's address, gender, social security number, date of birth and effective date. If the Subscriber chooses to enroll Dependents, each Dependent's name (including surname if different from Employee's), relationship to the Subscriber, address, gender, social security number and date of birth must be submitted.
- Eligibility for the discount plan is effective after the eligibility waiting period shown on the Declaration Page.
 - An Employee not enrolled in the plan may not enroll Dependents.
- b) **FAILURE TO ENROLL WITHIN CONTRACTUAL TIME FRAME.** Open Enrollment. A Subscriber who fails to enroll within the period described in Article III, Section 3.01a may enroll at the next Open Enrollment.
- c) **MAINTAINING ELIGIBILITY FOR THE DISCOUNTS.** The Group will give Delta Dental a list of any plan additions, changes, or terminations on or before the first day of each month. Delta Dental is not required to provide discounts for an Employee or Dependent not on the list and for whom the monthly Fee is not paid.

3.02 EMPLOYEE ELIGIBILITY. Employees may enroll within 31 days of the date they first become eligible.

- a) Eligible Employees not enrolled as described above or who are enrolled and later drop from the plan cannot enroll at a later date, except during Open Enrollment.
- b) Eligible Employees who lose coverage through another source may enroll with proof of loss. (Loss of coverage is defined as loss due to death, divorce, job loss, or termination of benefits by the employer.) They must enroll within 31 days of the loss of coverage.

3.03 DEPENDENT ELIGIBILITY. Dependents of an eligible Employee may enroll within 31 days of the following:

- The date the Employee becomes eligible to enroll. The effective date is that of the Employee.
- New Dependents must be enrolled within 31 days and will be covered the first of the following month. Newborns and adopted children will be covered on the date of birth or date of placement for adoption.

- a) New Dependents must be added within 31 days. If not added during this time:
 - If the group's Enrollment Type is Open Enrollment, the Dependent can be added during the Open Enrollment period.
- b) Depending on the Enrollment Type of the group, Eligible Dependents who do not enroll as described above may enroll
 - For Open Enrollment Groups, only during Open Enrollment. Dependents who enroll and later drop the plan may enroll only during Open Enrollment.
- c) Eligible Dependents who lose coverage through another source may enroll with proof of loss. (Loss of coverage is defined as loss due to death, divorce, loss of job, or termination of benefits by the employer.) They must enroll within 31 days of the loss.

3.04 TERMINATION OF ELIGIBILITY FOR THE DISCOUNT PLAN. A Subscriber's plan will terminate at the earliest of:

- The date Delta Dental receives a written request to cancel;
- The date the Subscriber is not eligible for the discount plan;
- The date the Contract terminates;
- The end of the period for which the Fee is paid;
- The date the Subscriber enters full-time military service of any country; or
- As to any Dependent, the date the person no longer qualifies as a Dependent.

Delta Dental must be notified within 60 days if a Dependent or Subscriber is no longer eligible.

3.05 INVOLUNTARY LOSS OF "OTHER COVERAGE". A person who loses dental coverage from another source will be allowed to enroll with proof of the loss. (Loss of coverage is defined as loss due to death, divorce, loss of job, or termination of benefits by the employer.) The person must enroll within 31 days of the loss. Eligibility for the discount plan will begin the first day of the month following enrollment.

3.06 VOLUNTARY TERMINATION OF COVERAGE. In groups with Open Enrollment, a Subscriber who cancels his plan may only re-enroll at the next Open Enrollment.

3.07 REVIEW OF RECORDS. Applicant will permit Delta Dental, with advance written notice, to inspect records of Applicant in order to confirm the lists of Subscribers prepared by Applicant. Delta Dental may verify Applicant's compliance with Article II. Delta Dental may use auditors or other agents for this purpose.

ARTICLE IV. COORDINATION OF BENEFITS
Not Applicable

ARTICLE V. CONDITIONS UNDER WHICH DISCOUNTS WILL BE PROVIDED

5.01 AVAILABILITY OF PROVIDER. Neither Delta Dental nor the Group can guarantee the availability of any particular Provider.

ARTICLE VI. GENERAL TERMS AND CONDITIONS

6.01 NOTICES. Any notice under this Contract will be valid if given by either the Applicant or Delta Dental to the other. In the case of the Applicant, notice may be given to a designated agent. The notice will be effective upon the date of mailing.

6.02 NOTICES TO SUBSCRIBERS. Notice to a Subscriber will be in writing and sent by regular US mail to the current address in Delta Dental's records. If agreed to by Delta Dental and the Subscriber, notices may be sent via email.

6.03 LEGAL ACTION. No action at law or in equity may be filed in order to recover on this Contract prior to the expiration of 60 days after final notice of claim has been filed in accordance with the requirements of this Contract.

6.04 REPRESENTATIONS. All statements made by the Group or by an individual will be deemed representations and not warranties.

6.05 ENTIRE CONTRACT; AMENDMENTS. This Contract is the complete agreement between Delta Dental and the Group. This Contract may not be orally amended or changed. This Contract may at any time be amended and changed by written agreement between Delta Dental and the Group. Any such amendment will be binding on all Subscribers regardless of the date their coverage became effective or the date treatment was Started.

6.06 CONTRACT CHANGES. No agent or employee of Delta Dental may change the Contract or waive any of its provisions. No change in the Contract will be valid unless approved in writing by an authorized Delta Dental employee.

6.07 GROUP'S ACCESS TO RECORDS. Delta Dental agrees that Group or its designated representative may access all files and records pertinent to the Group in accordance with federal and state laws. The group must give written advance notice.

6.08 SETTLEMENT OF DISPUTES. Any dispute between Delta Dental, a Participating Provider, and Subscriber, or any combination of these, must be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association. Except for ERISA covered claims, disputes include adverse claim decisions not settled by the appeals process. Judgment on the award rendered by the Arbitrator(s) may be entered in any Court having jurisdiction. Arbitration may be initiated by any party to a dispute by giving notice to each party, by filing two copies of such notice with the American Arbitration Association and by complying with other applicable provisions of the Association's rule.

6.09 PARTICIPATING PROVIDER. Delta Dental will make reasonable efforts to provide Applicant a list of Participating Provider. The list may be provided in different formats. The Provider may change from time to time, and Delta Dental reserves the right to change the list without prior notice to the Applicant.

Neither Delta Dental nor Applicant is liable for any act or omission by Provider or their agents or employees who provide or contract to provide dental Services under this Contract. Provider who participate with Delta Dental are independent contractors. They are neither agents nor employees of Delta Dental. Nor is Delta Dental an agent or employee of any Participating Provider. Delta Dental will not be responsible for any claim or demand for damages arising out of any injuries suffered by a Subscriber while receiving care from any Participating provider or in any Participating provider's facilities.

6.10 GENDER. The use of the singular will include the plural and the plural the singular. Use of any gender will include all genders.

6.11 NON-DISCRIMINATION. Delta Dental does not use health factors to determine discounts or Fees. Health factors include health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability and disability.

6.12 HIPAA PRIVACY & SECURITY. Delta Dental complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security regulations.

ARTICLE VII. RENEWAL AND TERMINATION

7.01 RENEWAL. The Contract will renew for one-year periods unless either party elects not to renew by giving the other party written notice. Notice must be received at least 60 days before the end of the current Contract year. If there are changes to the rates or other terms of this Contract effective on an Anniversary Date, Delta Dental will provide notice of the proposed changes with the notice of renewal.

7.02 TERMINATION. This Contract may be terminated as follows:

- a) By either the Group or Delta Dental at the end of the initial Contract or at the end of any contract year if the required notice of non-renewal is given.
- b) If Fee is not paid within 30 days of the due date, Delta Dental will give notice that payment is past due. If payment is not received by the last day of the Grace Period, Delta Dental may terminate the Contract.
- c) The Group may terminate if Delta Dental fails to provide the discounts under the Contract and does not correct the failure within 60 days.

- d) Delta Dental may terminate if enrollment falls below the required percent shown on the quote. Delta Dental may propose to the Group adjustments in rates or plan design to correct adverse group experience that could result from a reduction in size. Within 30 days, the Group will select an alternative in writing. If an alternative is not selected, Delta Dental may terminate the Contract.
- e) Group may terminate by written notice of intent to terminate as of any date other than the end of the Contract Term. The termination date will be the last day of the month during which Delta Dental received the Group's written notice of intent to terminate.
- f) Delta Dental may terminate if the number of enrolled Employees drops below the required number in the quote. Delta Dental may propose to the Group alternative rates or plan design necessary to correct adverse group experience that could result from such reduction in size. Within 30 days, the Group will select an alternative by written notice to Delta Dental. If an alternative is not selected, Delta Dental may terminate the Contract.
- g) Delta Dental may terminate upon any fraud or misrepresentation by the Applicant. With respect to coverage of a Subscriber, fraud or misrepresentation by the Subscriber or such person's representative may result in termination.

7.03 In the event of termination by Delta Dental, all discounts will end and Delta Dental will have no further obligations as of the last day of the month in which written notice of termination is effective. Fees must be paid through that period.

7.04 If Group has not paid Fees to Delta Dental for a period up to and including the termination date, Group will remit such Fee within 30 days of termination.

7.05 REINSTATEMENT.

Delta Dental, at its sole discretion, may reinstate a Contract that was terminated for non-payment of Fee. If Delta Dental reinstates a Contract, the following rules will apply:

- a) All Fees then due and unpaid must be paid, including the Fee for the Grace Period.
- b) Interest on past due Fees must be paid at a rate of 1.5% per month or the highest rate allowed by state law if less.
- c) A Contract Reinstatement Fee of \$50.00 must be paid.

PATIENT DIRECT SCHEDULE



Delta Dental Patient Direct[®]
Schedule 19

| ADA CODE | DENTAL PROCEDURE / ADA CODE DESCRIPTION | NORMAL FEE* | MEMBER FEE | YOU SAVE |
|--|---|-------------|------------|----------|
| Diagnostic and Preventive Services (x-rays and cleanings) | | | | |
| D0999 | Routine office visit | \$35 | \$5 | 86% |
| D0120 | Periodic Oral Evaluation - Established Patient | \$58 | \$0 | 100% |
| D0140 | Limited Oral Evaluation - Problem Focused | \$88 | \$17 | 81% |
| D0150 | Comprehensive Oral Evaluation - New Or Established Patient | \$102 | \$13 | 88% |
| D0160 | Detailed And Extensive Oral Evaluation - Problem Focused, By Report | \$178 | \$39 | 78% |
| D0170 | Re-Evaluation - Limited, Problem Focused (Established Patient) | \$83 | \$21 | 75% |
| D0180 | Comprehensive Periodontal Evaluation - New Or Established Patient | \$110 | \$25 | 77% |
| D0210 | Intraoral - Complete Series Of Radiographic Images | \$152 | \$33 | 78% |
| D0220 | Intraoral - Periapical First Radiographic Image | \$33 | \$6 | 81% |
| D0230 | Intraoral - Periapical Each Additional Radiographic Image | \$29 | \$6 | 81% |
| D0240 | Intraoral - Occlusal Radiographic Image | \$48 | \$5 | 90% |
| D0250 | Extraoral - First Radiographic Image | \$73 | \$5 | 93% |
| D0260 | Extraoral - Each Additional Radiographic Image | \$61 | \$5 | 92% |
| D0270 | Bitewing - Single Radiographic Image | \$33 | \$0 | 100% |
| D0272 | Bitewings - Two Radiographic Images | \$52 | \$0 | 100% |
| D0273 | Bitewings - Three Radiographic Images | \$64 | \$0 | 100% |
| D0274 | Bitewings - Four Radiographic Images | \$74 | \$0 | 100% |
| D0277 | Vertical Bitewings - 7 To 8 Radiographic Images | \$113 | \$0 | 100% |
| D0330 | Panoramic Radiographic Image | \$128 | \$54 | 58% |
| D0340 | Cephalometric Radiographic Image | \$140 | \$61 | 56% |
| D0460 | Pulp Vitality Tests | \$66 | \$0 | 100% |
| D0470 | Diagnostic Casts | \$132 | \$53 | 60% |
| D0999 | Emergency Visit - Same Day | \$90 | \$25 | 72% |
| D1110 | Prophylaxis - Adult (once every 6 months) | \$104 | \$15 | 86% |
| D1120 | Prophylaxis - Child (once every 6 months) | \$78 | \$15 | 81% |
| D1206 | Topical Application Of Fluoride Varnish | \$42 | \$12 | 72% |
| D1330 | Oral Hygiene Instructions | \$62 | \$0 | 100% |
| D1351 | Sealant - Per Tooth | \$62 | \$13 | 79% |
| D1510 | Space Maintainer - Fixed - Unilateral | \$366 | \$187 | 49% |
| D1515 | Space Maintainer - Fixed - Bilateral | \$500 | \$271 | 46% |
| D1520 | Space Maintainer - Removable - Unilateral | \$444 | \$226 | 49% |
| D1525 | Space Maintainer - Removable - Bilateral | \$556 | \$262 | 53% |
| D1550 | Re-Cement Or Rebond Space Maintainer | \$97 | \$18 | 81% |
| D1999 | Additional Prophyl (for perio maintenance) | \$105 | \$45 | 57% |
| Restorative Services (fillings and crowns) | | | | |
| D2140 | Amalgam - One Surface, Primary Or Permanent | \$166 | \$37 | 78% |
| D2150 | Amalgam - Two Surfaces, Primary Or Permanent | \$209 | \$47 | 77% |
| D2160 | Amalgam - Three Surfaces, Primary Or Permanent | \$252 | \$59 | 77% |
| D2161 | Amalgam - Four Or More Surfaces, Primary Or Permanent | \$300 | \$69 | 77% |
| D2330 | Resin-Based Composite - One Surface, Anterior | \$188 | \$50 | 73% |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | \$233 | \$64 | 73% |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | \$289 | \$84 | 71% |
| D2335 | Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior) | \$367 | \$139 | 62% |
| D2390 | Resin-Based Composite Crown, Anterior | \$527 | \$290 | 45% |
| D2391 | Resin-Based Composite - One Surface, Posterior | \$207 | \$108 | 48% |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | \$270 | \$150 | 44% |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | \$332 | \$187 | 44% |
| D2394 | Resin-Based Composite - Four Or More Surfaces, Posterior | \$400 | \$207 | 48% |
| D2510 | Inlay - Metallic - One Surface | \$1,000 | \$330 | 67% |
| D2520 | Inlay - Metallic - Two Surfaces | \$1,053 | \$348 | 67% |
| D2530 | Inlay - Metallic - Three Or More Surfaces | \$1,125 | \$371 | 67% |
| D2542 | Onlay - Metallic-Two Surfaces | \$1,160 | \$383 | 67% |
| D2543 | Onlay - Metallic-Three Surfaces | \$1,181 | \$391 | 67% |
| D2544 | Onlay - Metallic-Four Or More Surfaces | \$1,228 | \$404 | 67% |
| D2620 | Inlay - Porcelain/Ceramic - Two Surfaces | \$1,067 | \$363 | 66% |
| D2630 | Inlay - Porcelain/Ceramic - Three Or More Surfaces | \$1,120 | \$392 | 65% |
| D2642 | Onlay - Porcelain/Ceramic - Two Surfaces | \$1,155 | \$393 | 66% |
| D2643 | Onlay - Porcelain/Ceramic - Three Surfaces | \$1,235 | \$432 | 65% |
| D2644 | Onlay - Porcelain/Ceramic - Four Or More Surfaces | \$1,278 | \$447 | 65% |
| D2650 | Inlay - Resin-Based Composite - One Surface | \$1,016 | \$335 | 67% |
| D2651 | Inlay - Resin-Based Composite - Two Surfaces | \$1,050 | \$346 | 67% |
| D2652 | Inlay - Resin-Based Composite - Three Or More Surfaces | \$1,095 | \$362 | 67% |
| D2662 | Onlay - Resin-Based Composite - Two Surfaces | \$1,116 | \$435 | 61% |
| D2663 | Onlay - Resin-Based Composite - Three Surfaces | \$1,147 | \$447 | 61% |
| D2664 | Onlay - Resin-Based Composite - Four Or More Surfaces | \$1,197 | \$455 | 62% |
| D2710 | Crown - Resin-Based Composite (Indirect) | \$1,085 | \$359 | 67% |
| D2720 | Crown - Resin With High Noble Metal | \$1,232 | \$406 | 67% |
| D2721 | Crown - Resin With Predominantly Base Metal | \$1,167 | \$384 | 67% |

| ADA CODE | DENTAL PROCEDURE /ADA CODE DESCRIPTION | NORMAL FEE* | MEMBER FEE | YOU SAVE |
|----------|---|-------------|------------|----------|
| D2722 | Crown - Resin With Noble Metal | \$1,193 | \$394 | 67% |
| D2740 | Crown - Porcelain/Ceramic Substrate | \$1,333 | \$440 | 67% |
| D2750 | Crown - Porcelain Fused To High Noble Metal | \$1,318 | \$435 | 67% |
| D2751 | Crown - Porcelain Fused To Predominantly Base Metal | \$1,210 | \$362 | 70% |
| D2752 | Crown - Porcelain Fused To Noble Metal | \$1,239 | \$420 | 66% |
| D2780 | Crown - 3/4 Cast High Noble Metal | \$1,257 | \$503 | 60% |
| D2781 | Crown - 3/4 Cast Predominantly Base Metal | \$1,167 | \$467 | 60% |
| D2782 | Crown - 3/4 Cast Noble Metal | \$1,208 | \$483 | 60% |
| D2783 | Crown - 3/4 Porcelain/Ceramic | \$1,287 | \$502 | 61% |
| D2790 | Crown - Full Cast High Noble Metal | \$1,329 | \$422 | 68% |
| D2791 | Crown - Full Cast Predominantly Base Metal | \$1,167 | \$361 | 69% |
| D2792 | Crown - Full Cast Noble Metal | \$1,222 | \$398 | 67% |
| D2910 | Recement Or Rebond Inlay, Onlay, Or Partial Coverage Restoration | \$128 | \$17 | 87% |
| D2920 | Recement Or Rebond Crown | \$128 | \$34 | 73% |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | \$314 | \$109 | 65% |
| D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | \$379 | \$131 | 65% |
| D2932 | Prefabricated Resin Crown | \$411 | \$172 | 58% |
| D2933 | Prefabricated Stainless Steel Crown With Resin Window | \$417 | \$188 | 55% |
| D2940 | Protective Restoration | \$143 | \$40 | 72% |
| D2950 | Core Buildup, Including Any Pins | \$317 | \$89 | 72% |
| D2951 | Pin Retention - Per Tooth, In Addition To Restoration | \$86 | \$24 | 72% |
| D2952 | Post And Core In Addition To Crown, Indirectly Fabricated | \$495 | \$145 | 71% |
| D2953 | Each Additional Indirectly Fabricated Post - Same Tooth | \$400 | \$110 | 73% |
| D2954 | Prefabricated Post And Core In Addition To Crown | \$389 | \$114 | 71% |
| D2955 | Post Removal | \$343 | \$150 | 56% |
| D2957 | Each Additional Prefabricated Post - Same Tooth | \$239 | \$96 | 60% |
| D2960 | Labial Veneer (Resin Laminate) - Chairside | \$778 | \$204 | 74% |
| D2999 | Complex Rehabilitation On Crown And Bridge Procedures (6 or more) Per Unit In The Same Treatment Plan | | \$135 | |

PLEASE NOTE - Any procedures listed under restorative services that require lab work do not include an allowable \$155 lab fee (per unit). If gold is used, then there is also an additional cost based on the billed cost the provider is paying the lab for the gold. 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. Temporary crowns are included with the permanent crown preparation.

| Endodontic Services (root canals) | | | | |
|--|---|---------|-------|-----|
| D3110 | Pulp Cap - Direct (Excluding Final Restoration) | \$97 | \$28 | 71% |
| D3120 | Pulp Cap - Indirect (Excluding Final Restoration) | \$98 | \$28 | 71% |
| D3220 | Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament | \$233 | \$77 | 67% |
| D3221 | Pulpal Debridement, Primary And Permanent Teeth | \$273 | \$93 | 66% |
| D3230 | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration) | \$324 | \$101 | 69% |
| D3240 | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final) | \$361 | \$110 | 69% |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | \$860 | \$304 | 65% |
| D3320 | Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration) | \$992 | \$363 | 63% |
| D3330 | Endodontic Therapy, Molar (Excluding Final Restoration) | \$1,200 | \$454 | 62% |
| D3331 | Treatment Of Root Canal Obstruction; Non-Surgical Access | \$717 | \$308 | 57% |
| D3332 | Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth | \$527 | \$216 | 59% |
| D3333 | Internal Root Repair Of Perforation Defects | \$416 | \$171 | 59% |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior | \$998 | \$399 | 60% |
| D3347 | Retreatment Of Previous Root Canal Therapy - Bicuspid | \$1,139 | \$444 | 61% |
| D3348 | Retreatment Of Previous Root Canal Therapy - Molar | \$1,355 | \$528 | 61% |
| D3351 | Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) | \$417 | \$167 | 60% |
| D3352 | Apexification/Recalcification/Pulpal Regeneration - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulp Space Disinfection, Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) | \$304 | \$125 | 59% |
| D3353 | Apicoectomy/Periradicular Surgery - Anterior | \$816 | \$361 | 56% |
| D3410 | Apicoectomy/Periradicular Surgery - Bicuspid (First Root) | \$911 | \$414 | 55% |
| D3425 | Apicoectomy/Periradicular Surgery - Molar (First Root) | \$1,036 | \$462 | 55% |
| D3426 | Apicoectomy/Periradicular Surgery (Each Additional Root) | \$478 | \$171 | 64% |
| D3430 | Retrograde Filling - Per Root | \$327 | \$120 | 63% |
| D3450 | Root Amputation - Per Root | \$560 | \$213 | 62% |
| D3470 | Intentional Reimplantation (Including Necessary Splinting) | \$938 | \$356 | 62% |
| D3910 | Surgical Procedure For Isolation Of Tooth With Rubber Dam | \$279 | \$64 | 77% |
| D3920 | Hemisection (Including Any Root Removal), Not Including Root Canal Therapy | \$550 | \$253 | 54% |
| D3950 | Canal Preparation And Fitting Of Preformed Dowel Or Post | \$299 | \$135 | 55% |

| Periodontic Services (gum disease) | | | | |
|---|--|-------|-------|-----|
| D4210 | Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded | \$719 | \$340 | 53% |
| D4211 | Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded | \$352 | \$194 | 45% |
| D4240 | Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | \$858 | \$368 | 57% |
| D4241 | Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | \$728 | \$306 | 58% |
| D4245 | Apically Positioned Flap | \$945 | \$406 | 57% |
| D4249 | Clinical Crown Lengthening - Hard Tissue | \$882 | \$379 | 57% |

| ADA CODE | DENTAL PROCEDURE /ADA CODE DESCRIPTION | NORMAL FEE* | MEMBER FEE | YOU SAVE |
|----------|---|-------------|------------|----------|
| D4260 | Osseous Surgery (Including Elevation Of Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | \$1,249 | \$572 | 54% |
| D4261 | Osseous Surgery (Including Elevation Of Full Thickness Flap And Closure) - One to Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | \$1,033 | \$465 | 55% |
| D4263 | Bone Replacement Graft - First Site In Quadrant | \$819 | \$369 | 55% |
| D4264 | Bone Replacement Graft - Each Additional Site In Quadrant | \$617 | \$271 | 56% |
| D4266 | Guided Tissue Regeneration - Resorbable Barrier, Per Site | \$940 | \$404 | 57% |
| D4267 | Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane | \$1,103 | \$496 | 55% |
| D4268 | Surgical Revision Procedure, Per Tooth | \$947 | \$417 | 56% |
| D4270 | Pedicle Soft Tissue Graft Procedure | \$945 | \$416 | 56% |
| D4320 | Provisional Splinting - Intracoronal | \$599 | \$280 | 53% |
| D4321 | Provisional Splinting - Extracoronal | \$556 | \$260 | 53% |
| D4341 | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant | \$294 | \$124 | 58% |
| D4342 | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant | \$212 | \$89 | 58% |
| D4355 | Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis | \$213 | \$106 | 50% |
| D4910 | Periodontal Maintenance | \$161 | \$63 | 61% |
| D4920 | Unscheduled Dressing Change (By Someone Other Than Treating Dentist) | \$117 | \$55 | 53% |
| D4999 | Periodontal Screening And Scoring | \$34 | \$11 | 67% |

| Prosthodontic Services - Removable (dentures) | | | | |
|--|---|---------|-------|-----|
| D5110 | Complete Denture - Maxillary | \$2,000 | \$593 | 70% |
| D5120 | Complete Denture - Mandibular | \$2,000 | \$593 | 70% |
| D5130 | Immediate Denture - Maxillary | \$2,154 | \$857 | 60% |
| D5140 | Immediate Denture - Mandibular | \$2,160 | \$858 | 60% |
| D5211 | Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And | \$1,570 | \$493 | 69% |
| D5212 | Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And | \$1,569 | \$479 | 69% |
| D5213 | Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth) | \$2,068 | \$600 | 71% |
| D5214 | Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth) | \$2,084 | \$601 | 71% |
| D5281 | Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth | \$1,139 | \$364 | 68% |
| D5410 | Adjust Complete Denture - Maxillary | \$104 | \$39 | 63% |
| D5411 | Adjust Complete Denture - Mandibular | \$104 | \$39 | 62% |
| D5421 | Adjust Partial Denture - Maxillary | \$104 | \$39 | 62% |
| D5422 | Adjust Partial Denture - Mandibular | \$104 | \$39 | 62% |
| D5520 | Replace Missing Or Broken Teeth - Complete Denture (Each Tooth) | \$217 | \$68 | 69% |
| D5610 | Repair Resin Denture Base | \$238 | \$87 | 64% |
| D5620 | Repair Cast Framework | \$333 | \$148 | 56% |
| D5630 | Repair Or Replace Broken Clasp | \$309 | \$113 | 63% |
| D5640 | Replace Broken Teeth - Per Tooth | \$214 | \$73 | 66% |
| D5650 | Add Tooth To Existing Partial Denture | \$262 | \$101 | 61% |
| D5660 | Add Clasp To Existing Partial Denture | \$316 | \$131 | 59% |
| D5710 | Rebase Complete Maxillary Denture | \$678 | \$297 | 56% |
| D5711 | Rebase Complete Mandibular Denture | \$672 | \$295 | 56% |
| D5720 | Rebase Maxillary Partial Denture | \$656 | \$248 | 62% |
| D5721 | Rebase Mandibular Partial Denture | \$656 | \$249 | 62% |
| D5730 | Reline Complete Maxillary Denture (Chairside) | \$433 | \$188 | 56% |
| D5731 | Reline Complete Mandibular Denture (Chairside) | \$433 | \$188 | 56% |
| D5740 | Reline Maxillary Partial Denture (Chairside) | \$424 | \$178 | 58% |
| D5741 | Reline Mandibular Partial Denture (Chairside) | \$432 | \$179 | 58% |
| D5750 | Reline Complete Maxillary Denture (Laboratory) | \$553 | \$170 | 69% |
| D5751 | Reline Complete Mandibular Denture (Laboratory) | \$555 | \$171 | 69% |
| D5760 | Reline Maxillary Partial Denture (Laboratory) | \$540 | \$170 | 69% |
| D5761 | Reline Mandibular Partial Denture (Laboratory) | \$540 | \$169 | 69% |
| D5810 | Interim Complete Denture (Maxillary) | \$1,010 | \$374 | 63% |
| D5811 | Interim Complete Denture (Mandibular) | \$1,018 | \$377 | 63% |
| D5820 | Interim Partial Denture (Maxillary) | \$807 | \$299 | 63% |
| D5821 | Interim Partial Denture (Mandibular) | \$807 | \$291 | 64% |
| D5850 | Tissue Conditioning, Maxillary | \$240 | \$69 | 71% |
| D5851 | Tissue Conditioning, Mandibular | \$240 | \$67 | 72% |

PLEASE NOTE - In addition to the fees listed above in prosthodontist Services - Removable (dentures), additional fees may be charged for upgraded teeth and enhanced cosmetics, personalization beyond the norm or techniques involving precision dentures. 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.

Implant / Abutment Supported Prosthetic Services (where available)
D6000 through D6199 30% Discount From Plan Providers Normal Full Fee

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 | \$1,278 | \$405 | 68% |
| D6211 | Pontic - Cast Predominantly Base Metal | \$1,196 | \$349 | 71% |
| D6212 | Pontic - Cast Noble Metal | \$1,218 | \$363 | 70% |
| D6240 | Pontic - Porcelain Fused To High Noble Metal | \$1,316 | \$434 | 67% |
| D6241 | Pontic - Porcelain Fused To Predominantly Base Metal | \$1,210 | \$357 | 71% |
| D6242 | Pontic - Porcelain Fused To Noble Metal | \$1,245 | \$380 | 69% |

| ADA CODE | DENTAL PROCEDURE /ADA CODE DESCRIPTION | NORMAL FEE* | MEMBER FEE | YOU SAVE |
|----------|--|-------------|------------|----------|
| D6245 | Pontic - Porcelain/Ceramic | \$1,327 | \$425 | 68% |
| D6250 | Pontic - Resin With High Noble Metal | \$1,263 | \$402 | 68% |
| D6251 | Pontic - Resin With Predominantly Base Metal | \$1,222 | \$379 | 69% |
| D6252 | Pontic - Resin With Noble Metal | \$1,222 | \$380 | 69% |
| D6545 | Retainer - Cast Metal For Resin Bonded Fixed Prosthesis | \$1,000 | \$370 | 63% |
| D6548 | Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis | \$1,101 | \$396 | 64% |
| D6720 | Crown - Resin With High Noble Metal | \$1,253 | \$413 | 67% |
| D6721 | Crown - Resin With Predominantly Base Metal | \$1,220 | \$403 | 67% |
| D6722 | Crown - Resin With Noble Metal | \$1,225 | \$404 | 67% |
| D6740 | Crown - Porcelain/Ceramic | \$1,339 | \$469 | 65% |
| D6750 | Crown - Porcelain Fused To High Noble Metal | \$1,326 | \$437 | 67% |
| D6751 | Crown - Porcelain Fused To Predominantly Base Metal | \$1,202 | \$360 | 70% |
| D6752 | Crown - Porcelain Fused To Noble Metal | \$1,222 | \$379 | 69% |
| D6780 | Crown - 3/4 Cast High Noble Metal | \$1,256 | \$414 | 67% |
| D6781 | Crown - 3/4 Cast Predominantly Base Metal | \$1,199 | \$396 | 67% |
| D6782 | Crown - 3/4 Cast Noble Metal | \$1,222 | \$415 | 66% |
| D6783 | Crown - 3/4 Porcelain/Ceramic | \$1,288 | \$425 | 67% |
| D6790 | Crown - Full Cast High Noble Metal | \$1,278 | \$405 | 68% |
| D6791 | Crown - Full Cast Predominantly Base Metal | \$1,195 | \$370 | 69% |
| D6792 | Crown - Full Cast Noble Metal | \$1,217 | \$370 | 70% |
| D6930 | Recement Or Rebond Fixed Partial Denture | \$200 | \$75 | 63% |

PLEASE NOTE - Any procedures listed under restorative services that require lab work do not include an allowable \$155 lab fee (per unit). If gold is used, then there is also an additional cost based on the billed cost the provider is paying the lab for the gold. 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.

Oral Surgery Services (extractions)

| | | | | |
|-------|---|---------|-------|------|
| D7111 | Extraction, Coronal Remnants - Deciduous Tooth | \$156 | \$51 | 67% |
| D7140 | Extraction, Erupted Tooth Or Exposed Root (Elevation And/or Forceps Removal) | \$206 | \$51 | 75% |
| D7210 | Surgical Removal Of Erupted Tooth Requiring Removal Of Bone And/or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated | \$322 | \$88 | 73% |
| D7220 | Removal Of Impacted Tooth - Soft Tissue | \$362 | \$97 | 73% |
| D7230 | Removal Of Impacted Tooth - Partially Bony | \$457 | \$178 | 61% |
| D7240 | Removal Of Impacted Tooth - Completely Bony | \$557 | \$223 | 60% |
| D7241 | Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications | \$662 | \$259 | 61% |
| D7250 | Surgical Removal Of Residual Tooth Roots (Cutting Procedure) | \$350 | \$128 | 63% |
| D7270 | Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth | \$639 | \$255 | 60% |
| D7272 | Tooth Transplantation (Includes Reimplantation From One Site To Another And Splinting | \$889 | \$468 | 47% |
| D7280 | Surgical Access Of An unerupted Tooth | \$555 | \$242 | 56% |
| D7285 | Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth) | \$516 | \$225 | 56% |
| D7286 | Incisional Biopsy Of Oral Tissue - Soft | \$379 | \$165 | 56% |
| D7310 | Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per | \$343 | \$131 | 62% |
| D7320 | Alveoloplasty Not In Conjunction With Extractions -Four Or More Teeth Or Tooth Spaces, | \$515 | \$190 | 63% |
| D7450 | Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm | \$710 | \$256 | 64% |
| D7451 | Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm | \$972 | \$360 | 63% |
| D7460 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm | \$666 | \$240 | 64% |
| D7461 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 | \$1,050 | \$389 | 63% |
| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | \$276 | \$107 | 61% |
| D7910 | Suture Of Recent Small Wounds Up To 5 Cm | \$346 | \$0 | 100% |
| D7911 | Complicated Suture - Up To 5 Cm | \$583 | \$292 | 50% |
| D7912 | Complicated Suture - Greater Than 5 Cm | \$918 | \$459 | 50% |
| D7960 | Frenulectomy - Also Known As Frenectomy Or Frenulectomy - Separate Procedure Not Incidental To Another Procedure | \$517 | \$133 | 74% |
| D7970 | Excision Of Hyperplastic Tissue - Per Arch | \$593 | \$211 | 64% |
| D7971 | Excision Of Pericoronal Gingiva | \$308 | \$165 | 46% |

Orthodontic Services (braces for children and adults)

| | | | | |
|-------|---|-------|-------|------|
| D8660 | Pre-Orthodontic Treatment Examination To Monitor Growth And Development | \$595 | \$0 | 100% |
| D8670 | Periodic Orthodontic Treatment Visit (child) | \$371 | \$155 | 58% |
| D8670 | Periodic Orthodontic Treatment Visit (adult) | \$371 | \$155 | 58% |
| D8680 | Orthodontic Retention | \$728 | \$382 | 48% |
| D8693 | Recement Or Rebond Fixed Retainer | \$398 | \$204 | 49% |
| D8999 | Orthodontic Treatment Plan And Records | \$360 | \$211 | 41% |
| D0330 | Panoramic Radiographic Image | \$128 | \$54 | 58% |

Other Orthodontic Procedure Guidelines

- Services not listed will be discounted 30% off of the participating providers normal full fee.
- Invisalign procedures and treatment are to be discounted 20% off of the participating providers normal full fee.

Miscellaneous Services

| | | | | |
|-------|---|-------|-------|------|
| D9110 | Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure | \$147 | \$51 | 65% |
| D9210 | Local Anesthesia Not In Conjunction with Operative Or Surgical Procedures | \$83 | \$42 | 50% |
| D9230 | Inhalation Of Nitrous Oxide / Anxiolysis, Analgesia | \$89 | \$25 | 72% |
| D9241 | Intravenous Moderate (conscious) Sedation/Analgesia - First 30 Minutes | \$467 | \$250 | 46% |
| D9242 | Intravenous Moderate (conscious) Sedation/Analgesia - Each Additional 15 Minutes | \$189 | \$100 | 47% |
| D9310 | Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician | \$156 | \$0 | 100% |
| D9430 | Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed | \$89 | \$39 | 56% |
| D9440 | Office Visit - After Regularly Scheduled Hours | \$210 | \$90 | 57% |

| ADA CODE | DENTAL PROCEDURE /ADA CODE DESCRIPTION | NORMAL FEE* | MEMBER FEE | YOU SAVE |
|----------|---|-------------|------------|----------|
| D9910 | Application Of Desensitizing Medicament | \$75 | \$6 | 92% |
| D9911 | Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth | \$89 | \$37 | 58% |
| D9941 | Fabrication Of Athletic Mouth guard | \$320 | \$108 | 66% |
| D9950 | Occlusion Analysis - Mounted Case | \$416 | \$187 | 55% |
| D9951 | Occlusal Adjustment - Limited | \$211 | \$77 | 64% |
| D9952 | Occlusal Adjustment - Complete | \$797 | \$296 | 63% |
| D9970 | Enamel Microabrasion | \$237 | \$92 | 61% |
| D9972 | External Bleaching-Per Arch - Performed In Office | \$359 | \$180 | 50% |
| D9973 | External Bleaching-Per Tooth | \$250 | \$125 | 50% |
| D9974 | Internal Bleaching-Per Tooth | \$311 | \$156 | 50% |
| D9975 | External Bleaching For Home Application, Per Arch; Includes Materials And Fabrication Of Custom Trays | \$350 | \$175 | 50% |
| D9986 | Missed Appointment (without 24 hour notice) | \$74 | \$41 | 44% |
| D9987 | Cancelled Appointment (without 24 hour notice) | \$63 | \$35 | 44% |

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@betadental.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 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 3 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.