



Provider Agreement

Beta
Health

Version 2022.1



Provider Participation Agreement Form

IN WITNESS WHEREOF, the Parties hereto have executed this Participating Provider Agreement (Version 2022.1) on the date executed by the Authorized Signer below. The Effective Date is the first day of the month following execution.

COMPLETE, SIGN, AND RETURN THIS CONTRACT TO:

Beta Health Association, Inc., 6200 S Syracuse Way, Suite 460, Greenwood Village, CO 80111
Email: support@betadental.com

Participating Practice

Please note: Access fees are paid by office, not provider. All participating office providers should be listed on this form. Providers practicing at more than one office must submit an Agreement Form for each office.

Participating Practice Name (as appears on W9 form and IRS return)

Mailing Address

Mailing City, State, Zip Code

Telephone Number

Email (for patient access, update newsletter, etc.)

Tax Identification Number (as appear on W9 and IRS return)

Participating Provider Name	NPI Number	General Dentist (Y/N)	Specialty (if not General Dentist)

_____ Authorized Signer Name	
_____ Authorized Signer Signature	_____ Date



DirectPay Authorization

New – add to **DirectPay** System Information Change

Agent/Provider/Practice Name: _____

I/We authorize **Beta Health Association** hereinafter called BETA, to initiate Electronic Funds Transfer (EFT) to my **Checking Account** indicated below and the bank named below to deposit the same to such account.

Bank Name _____

Address _____

City _____ State _____ Zip Code _____

Transit / ABA Number _____ Account Number _____

This authority is to remain in full force and effect until BETA has received written notification from me/us of its termination, in such time and manner as to afford BETA a reasonable opportunity to act on it.

Printed Name on Account _____ Date _____

Authorized Signature _____

Please attach a copy of a **VOIDED CHECK** from the account to which **DirectPay** is to be deposited. Scan and email this document and your voided check to support@betadental.com.

THIS AGREEMENT, made and entered into as of the effective date entered below, by and between Beta Health Association, Inc., (“BHA”) and, the undersigned Participating Provider hereinafter referred to as “Provider,” states the terms and conditions of Provider’s participation in BHA’s discounted dental programs, including Delta Dental Patient Direct® and the AlphaCO Dental Plan.

WHEREAS, BHA offers discounted dental programs for individuals, associations and employer groups;

WHEREAS, Provider is willing to participate in BHA’s discounted dental programs by providing diagnosis and Dental Services as permitted by Provider’s license;

NOW, THEREFORE, it is hereby agreed between the parties as follows:

1. Dental Services to be Provided.

- a. Provider agrees to provide diagnosis and Dental Services to all Covered Persons who are eligible for benefits under all discounted dental programs issued or administered by BHA, including Delta Dental Patient Direct® and the AlphaCO Plan.
- b. Provider hereby appoints BHA as agent to offer Provider’s services under BHA’s discounted dental programs to those Covered Persons who are enrolled in such programs.
- c. Provider shall provide the same levels of service and appointment availability for Covered Persons as for other patients and shall be solely responsible for all diagnosis and Dental Services delivered to Covered Persons.
- d. BHA does not guarantee in any way that Provider will be utilized by Covered Persons or that Provider will receive any minimum number of Covered Persons as patients.
- e. Provider shall not differentiate or discriminate in the Dental Services provided to a Covered Person or the quality of Dental Services because of race, sex, gender, color, creed, national origin, age, religion, sexual orientation, or the Covered Person’s eligibility under any plan administered by BHA. In addition, Provider may not discriminate with respect to the provision of medically necessary dental services, against Covered Persons that are participants in a publicly financed program.

2. Provider’s Representations.

- a. Provider represents and warrants that:
 - i. Provider agrees to provide the Dental Services in accordance with high standards of competence, care and concern for the welfare and needs of all Covered Persons and in accordance with “Principles of Ethics of the American Dental Association” and state law.
 - ii. Provider is and will continue to be licensed to practice dentistry under applicable state law and that Provider’s license has not been subject to any suspension, revocation, restriction, or limitation within the past five (5) years that has not been previously disclosed to BHA as of the date of this Agreement;
 - iii. Staff and facilities associated with Provider are and will continue to be licensed as required by law;
 - iv. Provider has and will continue to have an active Drug Enforcement Administration (DEA) registration;
 - v. Facilities at which Provider delivers Dental Services to Covered Persons are and will continue to be compliant with the Center for Disease Control and Prevention (CDC) Guidelines on Infection Control Practices for Dentistry;
 - vi. Provider maintains and will continue to maintain minimum professional liability insurance as required by Provider’s state regulatory board or agency at Provider’s sole cost and expense. Provider agrees to notify BHA immediately of any termination or restriction or such coverage. Provider shall produce certificates of

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insurance upon request by BHA.

- vii. Provider shall not provide Dental Services to any Covered Person unless Provider is properly and actively licensed, credentialed and has in effect at the time of such Dental Service professional liability insurance, unless Provider is exempt from such requirement pursuant to Rules or Regulations adopted by the applicable State Board governing the practice of dentistry.
 - viii. Whenever Provider is absent for any extended period, Provider shall provide a substitute who shall be responsible for providing care and Dental Services to Covered Persons eligible with Provider under all the terms and conditions of the Agreement, including the Fee Schedule. Provider agrees that BHA is not responsible or liable for the payments to any substitute dentist.
 - ix. Provider shall keep accurate and current dental files and records for each Covered Person who is a patient.
- b. All of Provider's rights and BHA's obligations under this Agreement are conditioned upon Provider's representations and warranties.
 - c. Provider agrees that Provider will promptly notify BHA in writing should either Provider's license or registration be changed, revoked, restricted, suspended or otherwise subject to disciplinary action by any government agency.
 - d. Provider understands and agrees that the inclusion of Provider on BHA's panel of providers is not a recommendation of Provider.
 - e. Provider agrees to conduct Provider's relationship with Covered Persons in a professional and positive manner that is not detrimental to the business of BHA.
 - f. Provider is solely responsible for complying fully with all requirements of this Agreement as applicable.

3. **Payment for Dental Services**

- a. Provider agrees to accept as payment in full for Dental Services rendered to a Covered Person the amount shown in the Fee Schedule attached as Exhibit 1.
- b. Any Dental Services not listed on the Fee Schedule will be at the Provider's normal fee less a discount as stated on the Fee Schedule for all Covered Persons. Provider agrees to accept such as payment in full for Dental Services.
- c. Under no circumstances shall Provider bill a Covered Person(s) for Dental Services in an amount in excess of the amount authorized in the Fee Schedule.
- d. Covered Persons are responsible for payment of all Dental Services.
- e. Provider is not prohibited from providing Dental Services that are not identified on the Fee Schedule.
- f. Provider shall charge the direct cost (without markup) that Provider incurs for any needed lab work directly to a Covered Person for any Dental Services provided. It is also the responsibility of Provider to explain all lab fees prior to any Dental Services being rendered to a Covered Person so there is no confusion.
- g. BHA agrees to pay Provider monthly Access Fees as identified by BHA under Exhibit 2. These Access Fees may vary depending upon the contract in place with the Covered Person at the time of enrollment. BHA will make reasonable effort to increase Access Fees to the current levels at the renewal of the Covered Person's agreement with BHA. Increases are not guaranteed.

4. **Selection of Provider.**

- a. At the time of enrollment, Covered Persons are requested to select a Provider who will provide or arrange for diagnosis and the provisions of all available Dental Services.

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- b. BHA agrees to list Provider and any affiliated provider, if applicable, as an authorized Provider of BHA in its materials to Covered Persons and a provider under the control of any employing Provider hereby agree to allow BHA to so list them.
 - c. Provider agrees to actively accept all Covered Persons. In the event that Provider does not want to accept new additional new Covered Persons, Provider may request BHA to inactivate Provider's practice (go on reserve status) from further new Covered Person selection. Only in the event that Provider has met all obligations of their Agreement and continues in compliance, BHA may approve such a request. Provider shall then provide a 90-day reserve notice to BHA and such reserve notice shall be effective the first of the month following the completion of the 90-day period, or such earlier date that Provider and BHA may mutually agree. In the event that BHA authorizes such reserve status and only in the event that Provider has met all other obligations in this Agreement, Provider's name will then be removed from all future lists of selectable Providers in the BHA materials subsequent to the effective date of such notice and Provider may only then refuse to accept a new Covered Person who is not already a patient of the Provider. Prior to the effective date of any such approval by BHA and during that 90-day reserve notice period, Provider shall accept new Covered Persons selecting Provider and shall render Dental Services to all Covered Persons subject to the terms of this contract.
 - d. Provider shall be solely responsible for all diagnosis, advice and Dental Services rendered to a Covered Person. Provider shall maintain a dentist-patient relationship, without any interference by BHA whatsoever, with each Covered Person served. Provider shall be solely responsible for any acts or omissions relating to the diagnosis and treatment of a Covered Person. Nothing herein shall be construed as granting BHA the right to engage in the practice of dentistry.
 - e. Because the dentist-patient relationship is personal and may become unacceptable to either party, Covered Person or Provider may request, in writing or via phone call to the customer service center, that the Covered Person be transferred to another Provider. Where practical, such transfer will be made, as determined by BHA.
 - f. BHA shall determine each Covered Person who is eligible to receive care from Provider. BHA will notify Provider of their monthly eligibility. Provider's obligations to provide care hereunder shall extend and be limited to those Covered Persons who have been assigned to the Provider and determined to be eligible by BHA.
5. **Compliance with Laws, Rules, and Regulations.**
- a. Provider agrees to abide by the following:
 - i. All applicable state and federal laws, rules, and regulations associated with the practice of dentistry by Provider's local government, State and/or the United States of America.
 - ii. All state and federal laws applicable to patient privacy and maintained of patient records, including but not limited to the Health Insurance Portability and Accountability Act of 1996 and any and all rules and regulations adopted to implement it (hereinafter "HIPAA Rules") and all statutes, regulations, and or bulletins adopted by the State where Provider is licensed to practice.
6. **Hold Harmless.**
- a. Provider shall indemnify BHA against any liability or judgement relating to any claim for damages arising directly or indirectly out of the performance or nonperformance of any diagnosis or Dental Service to Covered Persons by Provider, Provider's employees or other persons acting under Provider's direction or control, under this Agreement.
 - b. Provider shall hold BHA harmless with respect to Provider's attorneys' fees relating to any claim for damages

or liability arising directly or indirectly out of the performance or nonperformance of any Dental Service to a Covered Person by Provider or Provider's employees or other persons acting under Provider's direction or control.

7. **Non-Exclusivity**

- a. BHA may enter into similar or different agreements with other dental service providers and Provider may do the same with other entities.

8. **Independent Contractor.**

- a. Provider is an independent contractor. None of the provisions of this Agreement are intended to create or to be construed as creating any employee-employer relationship between BHA and Provider. Provider shall not subcontract rights, duties or obligations under this Agreement, in whole or in part, without the prior written consent of BHA.

9. **Directory of Names and Services.**

- a. Provider agrees that BHA may include the name and any other pertinent information of Provider in a directory of BHA program Providers that may be distributed periodically to Covered Persons under BHA's discounted dental programs.

10. **Use of BHA Intellectual Property.**

- a. Provider may promote or publicize Provider's status under this Agreement.
- b. Except as provided herein, neither Provider nor BHA may use the other parties' symbols, trademarks, or service marks in advertising or promotional materials or otherwise without the prior written consent of that party.

11. **Amendment.**

- a. This Agreement may be amended by BHA upon written Notice to Provider at least 60 days before the effective date of the amendment. If Provider fails to object to the amendment within 15 days of Notice, the amendment will be deemed approved by Provider.
- b. BHA reserves the right to unilaterally amend the applicable Fee Schedules with a 30-day written notice to Provider.

12. **Term.**

- a. The Term of this Agreement shall be three (3) years from the date of Provider's signature below.
- b. The Agreement shall auto-renew for another three (3) year term so long as it has not been terminated in accordance with section 13 below or superseded by a subsequent agreement.

13. **Termination.**

- a. Either party to this Agreement may terminate this Agreement, without cause, by providing 90 days written notice so long as such notice accords with obligations imposed by Colorado Revised Statutes and/or the Colorado Code of Regulations.
- b. BHA may terminate this Agreement immediately for cause if:
 - i. Provider breaches any of its representations and warranties;
 - ii. Provider or Provider's staff or agent provides Dental Services to any Covered Person while they are not properly and actively licensed and have in effect at the time of such service professional liability insurance;
 - iii. Provider or Provider's staff or agent fails to maintain a proper and current State license or DEA

registration;

- iv. Provider or Provider's staff or agent fails to fully comply with the terms of this Agreement;
 - v. Provider or Provider's staff or agent engages in offensive, abusive, obscene or threatening behavior toward any Covered Person or employee of BHA;
 - vi. Provider or Provider's staff or agent refuse to see a Covered Person without good cause.
- c. If Provider ceases Provider's practice at any particular facility, Provider shall provide Notice to BHA as set forth below in Section 14.
- d. If the Provider wishes to terminate this Agreement, Provider shall provide Notice as set forth below in Section
- e. If this Agreement is terminated, each party shall remain liable for any obligations or liabilities arising from activities carried on by it hereunder prior to termination and Provider shall continue to provide Dental Services under the terms of this Agreement as if it had not terminated for all courses of treatment of Covered Persons that began prior to the termination of the Agreement until such treatment is completed or reasonable and medically appropriate.

14. Notice.

- a. Any notice, demand, or communication required or permitted to be given by any provision of this Agreement shall be in writing and shall be deemed to have been sufficiently given or served for all purposes if personally delivered; when receipt is electronically confirmed, if transmitted by facsimile or email; the day after it is sent, if sent for next day delivery by recognized overnight delivery service; and upon receipt, if sent by certified or registered mail, return receipt requested. Except as otherwise provided herein, any such notice shall be deemed to be given three business days after the date on which the same was deposited in a regularly maintained receptacle for the deposit of United States mail, addressed and sent as aforesaid. If the postal or email address of either party changes, or if either party wishes to receive Notices at a different address, such party shall provide to the other party Notice of such change in accordance with this section.

15. Non-Assignment.

- a. Provider shall not assign any of its rights or obligations under this Agreement. BHA may assign this Agreement to an affiliated entity without prior consent of Provider.

16. Confidentiality.

- a. The parties agree to keep the confidential and proprietary information or trade secrets of each other in trust and confidence and agree that such information shall be used for the purposes contemplated in this Agreement. Without limiting the generality of the foregoing, it is agreed that all compensation arrangements between all parties shall specifically be considered proprietary and confidential.
- b. Provider agrees that, during the term of this Agreement and for a two-year period following termination of this Agreement, Provider shall not solicit or otherwise approach then current Covered Persons to participate in a competing prepaid dental plan, a discount dental plan, preferred provider organization (PPO) or any other dental delivery system (other than BHA) to which Provider is a provider or has an ownership interest, nor shall Provider in any fashion encourage any Covered Person to terminate from a BHA plan.

17. Miscellaneous Provisions.

- a. For purposes of this Agreement,
 - i. "Dental Service(s)" means any dental service or treatment provided to a Covered Person that is preformed within the license of the person providing such service or treatment. Dental Services are subject to a

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discounted dental fee as set forth on the Fee Schedule at Exhibit 1.

- ii. “Dental Plan” means an association, group or individual discount dental care program that is administered by BHA.
 - iii. “Covered Person” means an individual who is eligible for benefits under any discounted dental programs issued or administered by BHA.
 - iv. “Fee Schedule” means a published schedule of CDT codes, associated costs, and discounts, as indicated on Exhibit 1.
- b. BHA may enter into separate agreements to allow other entities to white-label its Dental Plans. BHA will notify Providers if such an agreement is made. BHA will be responsible for carrying out all provisions under this Agreement related to the selection and payment of Providers under a white-labeled Dental Plan.
 - c. BHA may contract with individuals or employers wishing to utilize the services of BHA dental network incorporating the terms and conditions of this Agreement. This would include other dental plan carriers and insurance companies as well as third party dental plan administrators.
 - d. This Agreement, together with any attachments, documents incorporated by reference, or amendments thereto, comprise the parties’ complete agreement regarding the payment of claims to Provider under this Agreement. Neither of the parties has made representations or warranties other than those set forth in this Agreement, and such attachments, documents incorporated by reference, or amendments, if any.
 - e. No waiver or any breach, privilege or provision hereunder shall be construed as a waiver of any other breach hereunder.
 - f. All provisions of the Agreement must be accepted by Provider for the Agreement to be valid. Exclusion of one provision will invalidate the whole Agreement.
 - g. If any portion of this Agreement conflicts with State or Federal statutes, then the applicable State or Federal statute will take precedence over this Agreement, the conflicting language shall be excised from this Agreement, and the remaining terms shall remain in full force and effect.
 - h. The parties hereby agree that this Agreement may be executed electronically and may be delivered by fax, email, or other electronic method and that such execution and delivery shall be binding as if the signatures and documents delivered were originals.
 - i. Provider agrees to complete the BHA Provider registration materials as soon as possible after signing this contract.
18. **Group Practices.**
- a. If a group practice (“Group Practice”) is a party to this Agreement:
 - i. The Group Practice assumes all the duties, obligations and responsibilities of Provider as described above.
 - ii. The Group Practice shall require each Provider to comply with all duties, obligations and Responsibilities of a Provider under this Agreement.
 - iii. Group Practice must notify BHA immediately in writing of any Provider changes in their office.
 - iv. The person signing below has the authority to bind the other Providers in the Group Practice.

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
DIAGNOSTIC		
D0120	Periodic Oral Evaluation - Established Patient	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	\$0
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	\$0
D0171	Re-Evaluation – Post-Operative Office Visit	\$0
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	\$0
D0190	Screening Of A Patient	\$0
D0191	Assessment Of A Patient	\$0
D0210	Intraoral - Complete Series Of Radiographic Images	\$83
D0220	Intraoral - Periapical First Radiographic Image	\$18
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$14
D0240	Intraoral - Occlusal Radiographic Image	\$23
D0250	Extra-Oral – 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	\$28
D0251	Extra-Oral Posterior Dental Radiographic Image	\$28
D0270	Bitewing - Single Radiographic Image	\$16
D0272	Bitewings - Two Radiographic Images	\$24
D0273	Bitewings - Three Radiographic Images	\$29
D0274	Bitewings - Four Radiographic Images	\$39
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$46
D0310	Sialography	\$140
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$435
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$97
D0322	Tomographic Survey	\$222
D0330	Panoramic Radiographic Image	\$62
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement And Analysis	\$63
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	\$34
D0351	3D Photographic Image	\$108
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View – Less Than One Whole Jaw	\$329
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Mandible	\$359
D0366	Cranium	\$360
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	\$473
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures	\$450
D0370	Maxillofacial Ultrasound Capture And Interpretation	\$100
D0380	Cone Beam Ct Image Capture With Limited Field Of View – Less Than One Whole Jaw	\$270
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Mandible	\$338
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch – Maxilla, With Or Without Cranium	\$351
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium	\$418
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	\$360
D0385	Maxillofacial Mri Image Capture	\$330
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image, Including Report	\$215
D0393	Treatment Simulation Using 3D Image Volume	\$125
D0394	Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality	\$207
D0395	Fusion Of Two Or More 3D Image Volumes Of One Or More Modalities	\$118
D0411	Hba1C In-Office Point Of Service Testing	\$211
D0412	Blood Glucose Level Test – In-Office Using A Glucose Meter	\$106
D0414	Laboratory Processing Of Microbial Specimen To Include Culture And Sensitivity Studies, Preparation And Transmission Of Written Report	\$180
D0415	Collection Of Microorganisms For Culture And Sensitivity	\$258
D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	\$211
D0418	Analysis Of Saliva Sample	\$180
D0419	Assessment Of Salivary Flow By Measurement	\$7
D0422	Collection And Preparation Of Genetic Sample Material For Laboratory Analysis And Report	\$18

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
D0423	Genetic Test For Susceptibility To Diseases – Specimen Analysis	\$180
D0425	Caries Susceptibility Tests	\$72
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	\$70
D0460	Pulp Vitality Tests	\$32
D0470	Diagnostic Casts	\$63
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	\$225
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	\$279
D0474	Disease, Preparation And Transmission Of Written Report	\$360
D0475	Decalcification Procedure	\$73
D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination, Preparation And Transmission Of Written Report	\$180
D0482	Direct Immunofluorescence	\$32
D0486	Laboratory Accession Of Transepithelial Cytologic Sample, Microscopic Examination, Preparation And Transmission Of Written Report	\$788
D0600	Non-Ionizing Diagnostic Procedure Capable Of Quantifying, Monitoring, And Recording Changes In Structure Of Enamel, Dentin, And Cementum	\$22
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	\$14
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	\$14
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	\$14
D0604	Antigen Testing For A Public Health Related Pathogen Including Coronavirus	\$106
D0605	Antibody Testing For A Public Health Related Pathogen Including Coronavirus	\$106
D0701	Panoramic Radiographic Image – Image Capture Only	\$31
D0702	2-D Cephalometric Radiographic Image – Image Capture Only	\$32
D0703	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally – Image Capture Only	\$18
D0704	3D Photographic Image – Image Capture Only	\$54
D0705	Extra-Oral Posterior Dental Radiographic Image – Image Capture Only	\$15
D0706	Intraoral – Occlusal Radiographic Image – Image Capture Only	\$11
D0707	Intraoral – Periapical Radiographic Image – Image Capture Only	\$9
D0708	Intraoral – Bitewing Radiographic Image – Image Capture Only	\$9
D0709	Intraoral – Complete Series Of Radiographic Images – Image Capture Only	\$39
PREVENTIVE		
D1110	Prophylaxis - Adult	\$50
D1120	Prophylaxis - Child	\$40
D1206	Topical Application Of Fluoride Varnish	\$31
D1208	Topical Application Of Fluoride – Excluding Varnish	\$26
D1310	Nutritional Counseling For Control Of Dental Disease	\$19
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$11
D1321	Counseling For The Control And Prevention Of Adverse Oral, Behavioral, And Systemic Health Effects Associated With High-Risk Substance Use	\$11
D1330	Oral Hygiene Instructions	\$21
D1351	Sealant - Per Tooth	\$36
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient – Permanent Tooth	\$35
D1353	Sealant Repair – Per Tooth	\$35
D1354	Interim Caries Arresting Medicament Application – Per Tooth	\$29
D1355	Caries Preventive Medicament Application – Per Tooth	\$29
D1510	Space Maintainer - Fixed, Unilateral – Per Quadrant	\$225
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$314
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$314
D1520	Space Maintainer - Removable, Unilateral - Per Quadrant	\$180
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$288
D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$288
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	\$43
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	\$43
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	\$43
D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant	\$45
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	\$45

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	\$45
D1575	Distal Shoe Space Maintainer - Fixed, Unilateral - Per Quadrant	\$225
D1999	Unspecified Preventive Procedure, By Report	\$0
RESTORATIVE SERVICES		
D2140	Amalgam - One Surface, Primary Or Permanent	\$103
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$132
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$161
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$195
D2330	Resin-Based Composite - One Surface, Anterior	\$100
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$124
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$152
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	\$183
D2390	Resin-Based Composite Crown, Anterior	\$240
D2391	Resin-Based Composite - One Surface, Posterior	\$107
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$135
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$166
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	\$195
D2510	Inlay - Metallic - One Surface	\$370
D2520	Inlay - Metallic - Two Surfaces	\$433
D2530	Inlay - Metallic - Three Or More Surfaces	\$502
D2542	Onlay - Metallic - Two Surfaces	\$567
D2543	Onlay - Metallic - Three Surfaces	\$611
D2544	Onlay - Metallic - Four Or More Surfaces	\$648
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$519
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	\$581
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$586
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$670
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	\$723
D2650	Inlay - Resin-Based Composite - One Surface	\$386
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$434
D2652	Inlay - Resin-Based Composite - Three Or More Surfaces	\$519
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$494
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$547
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	\$559
D2710	Crown - Resin-Based Composite (Indirect)	\$315
D2712	Crown - ¾ Resin-Based Composite (Indirect)	\$305
D2720	Crown - Resin With High Noble Metal	\$648
D2721	Crown - Resin With Predominantly Base Metal	\$561
D2722	Crown - Resin With Noble Metal	\$625
D2740	Crown - Porcelain/Ceramic	\$725
D2750	Crown - Porcelain Fused To High Noble Metal	\$831
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$812
D2752	Crown - Porcelain Fused To Noble Metal	\$817
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	\$817
D2780	Crown - 3/4 Cast High Noble Metal	\$677
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$616
D2782	Crown - 3/4 Cast Noble Metal	\$653
D2783	Crown - 3/4 Porcelain/Ceramic	\$693
D2790	Crown - Full Cast High Noble Metal	\$792
D2791	Crown - Full Cast Predominantly Base Metal	\$765
D2792	Crown - Full Cast Noble Metal	\$774
D2794	Crown - Titanium And Titanium Alloys	\$792
D2799	Provisional Crown- Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$207
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	\$63
D2915	Re-Cement Or Re-Bond Indirectly Fabricated Or Prefabricated Post And Core	\$63

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
D2920	Re-Cement Or Re-Bond Crown	\$63
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$140
D2928	Prefabricated Porcelain/Ceramic Crown – Permanent Tooth	\$161
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	\$172
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$156
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$166
D2932	Prefabricated Resin Crown	\$157
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$193
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$172
D2940	Protective Restoration	\$52
D2941	Interim Therapeutic Restoration – Primary Dentition	\$52
D2949	Restorative Foundation For An Indirect Restoration	\$124
D2950	Core Buildup, Including Any Pins When Required	\$138
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$34
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$260
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$133
D2954	Prefabricated Post And Core In Addition To Crown	\$170
D2955	Post Removal	\$133
D2957	Each Additional Prefabricated Post - Same Tooth	\$75
D2960	Labial Veneer (Resin Laminate) - Chairside	\$282
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$447
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$554
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	\$165
D2975	Coping	\$253
D2980	Crown Repair Necessitated By Restorative Material Failure	\$130
D2981	Inlay Repair Necessitated By Restorative Material Failure	\$130
D2982	Onlay Repair Necessitated By Restorative Material Failure	\$130
D2983	Veneer Repair Necessitated By Restorative Material Failure	\$130
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	\$270
ENDODONTIC SERVICES		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$43
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$39
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament	\$87
D3221	Pulpal Debridement, Primary And Permanent Teeth	\$106
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	\$87
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$153
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$194
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$504
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$572
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$769
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	\$162
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	\$214
D3333	Internal Root Repair Of Perforation Defects	\$148
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$622
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	\$711
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$846
D3351	Apexification/Recalcification – Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	\$186
D3352	Apexification/Recalcification – Interim Medication Replacement	\$115
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	\$1,001
D3355	Pulpal Regeneration - Initial Visit	\$186
D3356	Pulpal Regeneration - Interim Medication Replacement	\$115
D3357	Pulpal Regeneration - Completion Of Treatment	\$255
D3410	Apicoectomy - Anterior	\$484

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
D3421	Apicoectomy - Premolar (First Root)	\$491
D3425	Apicoectomy - Molar (First Root)	\$573
D3426	Apicoectomy (Each Additional Root)	\$198
D3428	Bone Graft In Conjunction With Periradicular Surgery – Per Tooth, Single Site	\$295
D3429	Bone Graft In Conjunction With Periradicular Surgery – Each Additional Contiguous Tooth In The Same Surgical Site	\$279
D3430	Retrograde Filling - Per Root	\$124
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	\$383
D3432	Guided Tissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	\$321
D3450	Root Amputation - Per Root	\$285
D3460	Endodontic Endosseous Implant	\$715
D3470	Intentional Reimplantation (Including Necessary Splinting)	\$509
D3471	Surgical Repair Of Root Resorption – Anterior	\$124
D3472	Surgical Repair Of Root Resorption – Premolar	\$124
D3473	Surgical Repair Of Root Resorption – Molar	\$124
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	\$93
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	\$93
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	\$93
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	\$278
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$236
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	\$150
PERIODONTIC SERVICES		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$333
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$149
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$149
D4230	Anatomical Crown Exposure – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$495
D4231	Anatomical Crown Exposure – One To Three Teeth Or Tooth Bounded Spaces Per Quadrant	\$346
D4240	Quadrant	\$405
D4241	Quadrant	\$294
D4245	Apically Positioned Flap	\$388
D4249	Clinical Crown Lengthening – Hard Tissue	\$558
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$746
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$538
D4263	Bone Replacement Graft – Retained Natural Tooth – First Site In Quadrant	\$299
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site In Quadrant	\$284
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	\$383
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$392
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$458
D4268	Surgical Revision Procedure, Per Tooth	\$374
D4270	Pedicle Soft Tissue Graft Procedure	\$536
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	\$632
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	\$311
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site And Donor Material) First Tooth, Implant, Or Edentulous Tooth Position In Graft	\$603
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	\$2,128
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) First Tooth, Implant Or Edentulous Tooth Position In Graft	\$584
D4278	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$283
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) – Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$477
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) – Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	\$477
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	\$229
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	\$208

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$158
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$110
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$76
D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$85
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	\$79
D4910	Periodontal Maintenance	\$86
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	\$141
D4921	Gingival Irrigation – Per Quadrant	\$14
PROSTHODONTIC SERVICES - REMOVABLE		
D5110	Complete Denture - Maxillary	\$935
D5120	Complete Denture - Mandibular	\$935
D5130	Immediate Denture - Maxillary	\$1,025
D5140	Immediate Denture - Mandibular	\$1,025
D5211	Maxillary Partial Denture – Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	\$637
D5212	Mandibular Partial Denture – Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	\$637
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,058
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,058
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$632
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$632
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$972
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$972
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$739
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$739
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps And Teeth), Maxillary	\$460
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps And Teeth), Mandibular	\$460
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Clasps And Teeth) – Per Quadrant	\$460
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Clasps And Teeth) – Per Quadrant	\$460
D5410	Adjust Complete Denture - Maxillary	\$42
D5411	Adjust Complete Denture - Mandibular	\$42
D5421	Adjust Partial Denture - Maxillary	\$42
D5422	Adjust Partial Denture - Mandibular	\$42
D5511	Repair Broken Complete Denture Base, Mandibular	\$144
D5512	Repair Broken Complete Denture Base, Maxillary	\$144
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$135
D5611	Repair Resin Partial Denture Base, Mandibular	\$117
D5612	Repair Resin Partial Denture Base, Maxillary	\$117
D5621	Repair Cast Partial Framework, Mandibular	\$197
D5622	Repair Cast Partial Framework, Maxillary	\$197
D5630	Repair Or Replace Broken Retentive Clasping Materials – Per Tooth	\$131
D5640	Replace Broken Teeth - Per Tooth	\$135
D5650	Add Tooth To Existing Partial Denture	\$135
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$149
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	\$380
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$380
D5710	Rebase Complete Maxillary Denture	\$310
D5711	Rebase Complete Mandibular Denture	\$310
D5720	Rebase Maxillary Partial Denture	\$272
D5721	Rebase Mandibular Partial Denture	\$272
D5730	Reline Complete Maxillary Denture (Chairside)	\$179
D5731	Reline Complete Mandibular Denture (Chairside)	\$179
D5740	Reline Maxillary Partial Denture (Chairside)	\$166
D5741	Reline Mandibular Partial Denture (Chairside)	\$168

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
D5750	Reline Complete Maxillary Denture (Laboratory)	\$269
D5751	Reline Complete Mandibular Denture (Laboratory)	\$269
D5760	Reline Maxillary Partial Denture (Laboratory)	\$252
D5761	Reline Mandibular Partial Denture (Laboratory)	\$252
D5810	Interim Complete Denture (Maxillary)	\$415
D5811	Interim Complete Denture (Mandibular)	\$415
D5820	Interim Partial Denture (Maxillary)	\$322
D5821	Interim Partial Denture (Mandibular)	\$322
D5850	Tissue Conditioning, Maxillary	\$92
D5851	Tissue Conditioning, Mandibular	\$92
D5862	Precision Attachment, By Report	\$796
D5863	Overdenture – Complete Maxillary	\$1,170
D5864	Overdenture – Partial Maxillary	\$999
D5865	Overdenture – Complete Mandibular	\$1,170
D5866	Overdenture – Partial Mandibular	\$999
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment (Male Or Female Component)	\$306
D5875	Modification Of Removable Prosthesis Following Implant Surgery	\$628
D5876	Add Metal Substructure To Acrylic Full Denture (Per Arch)	\$207
D5982	Surgical Stent	\$191
D5986	Fluoride Gel Carrier	\$269
D5988	Surgical Splint	\$713
D5991	Vesiculobullous Disease Medicament Carrier	\$522
D5995	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed, Maxillary	\$179
D5996	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed, Mandibular	\$179
IMPLANT SERVICES		
D6010	Surgical Placement Of Implant Body: Endosteal Implant	\$1,441
D6011	Second Stage Implant Surgery	\$149
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,441
D6013	Surgical Placement Of Mini Implant	\$721
D6040	Surgical Placement: Eposteal Implant	\$3,204
D6050	Surgical Placement: Transosteal Implant	\$2,745
D6051	Interim Abutment	\$369
D6055	Connecting Bar – Implant Supported Or Abutment Supported	\$1,259
D6056	Prefabricated Abutment – Includes Modification And Placement	\$419
D6057	Custom Fabricated Abutment – Includes Placement	\$609
D6058	Abutment Supported Porcelain/Ceramic Crown	\$973
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	\$968
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	\$833
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	\$900
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$990
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$855
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$981
D6065	Implant Supported Porcelain/Ceramic Crown	\$957
D6066	Implant Supported Crown - Porcelain Fused To High Noble Alloys	\$968
D6067	Implant Supported Crown - High Noble Alloys	\$990
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	\$957
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	\$968
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal)	\$833
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	\$900
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	\$990
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	\$855
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	\$981
D6075	Implant Supported Retainer For Ceramic Fpd	\$957
D6076	Implant Supported Retainer For Fpd - Porcelain Fused To High Noble Alloys	\$968
D6077	Implant Supported Retainer For Metal Fpd - High Noble Alloys	\$990

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
ALL PROCEDURES
Effective from 08/01/2022**

CDT	Description	Price
D6080	Implant Maintenance Procedures When Prostheses Are Removed And Reinserted, Including Cleansing Of Prostheses And Abutments	\$127
D6081	Scaling And Debridement In The Presence Of Inflammation Or Mucositis Of A Single Implant, Including Cleaning Of The Implant Surfaces, Without Flap Entry And Closure	\$107
D6082	Implant Supported Crown - Porcelain Fused To Predominantly Base Alloys	\$968
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	\$968
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$968
D6085	Provisional Implant Crown	\$207
D6086	Implant Supported Crown - Predominantly Base Alloys	\$990
D6087	Implant Supported Crown - Noble Alloys	\$990
D6088	Implant Supported Crown - Titanium And Titanium Alloys	\$990
D6090	Repair Implant Supported Prosthesis, By Report	\$337
D6091	Replacement Of Semi-Precision Or Precision Attachment (Male Or Female Component) Of Implant/Abutment Supported Prosthesis, Per Attachment	\$279
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	\$73
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$80
D6094	Abutment Supported Crown - Titanium And Titanium Alloys	\$796
D6095	Repair Implant Abutment, By Report	\$335
D6096	Remove Broken Implant Retaining Screw	\$304
D6097	Abutment Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$900
D6098	Implant Supported Retainer - Porcelain Fused To Predominantly Base Alloys	\$968
D6099	Implant Supported Retainer For Fpd - Porcelain Fused To Noble Alloys	\$968
D6100	Implant Removal, By Report	\$353
D6101	Debridement Of A Peri-Implant Defect Or Defects Surrounding A Single Implant, And Surface Cleaning Of The Exposed Implant Surfaces, Including Flap Entry And Closure	\$294
D6102	Debridement And Osseous Contouring Of A Peri-Implant Defect Or Defects Surrounding A Single Implant And Includes Surface Cleaning Of The Exposed Implant Surfaces, Including Flap Entry And Closure	\$529
D6103	Bone Graft For Repair Of Peri-Implant Defect – Does Not Include Flap Entry And Closure	\$295
D6104	Bone Graft At Time Of Implant Placement	\$295
D6110	Implant /Abutment Supported Removable Denture For Edentulous Arch – Maxillary	\$1,755
D6111	Implant /Abutment Supported Removable Denture For Edentulous Arch – Mandibular	\$1,755
D6112	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Maxillary	\$1,499
D6113	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Mandibular	\$1,499
D6114	Implant /Abutment Supported Fixed Denture For Edentulous Arch – Maxillary	\$3,375
D6115	Implant /Abutment Supported Fixed Denture For Edentulous Arch – Mandibular	\$3,375
D6116	Implant /Abutment Supported Fixed Denture For Partially Edentulous Arch – Maxillary	\$2,700
D6117	Implant /Abutment Supported Fixed Denture For Partially Edentulous Arch – Mandibular	\$2,700
D6118	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch – Mandibular	\$1,511
D6119	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch – Maxillary	\$1,511
D6120	Implant Supported Retainer – Porcelain Fused To Titanium And Titanium Alloys	\$968
D6121	Implant Supported Retainer For Metal Fpd – Predominantly Base Alloys	\$990
D6122	Implant Supported Retainer For Metal Fpd – Noble Alloys	\$990
D6123	Implant Supported Retainer For Metal Fpd – Titanium And Titanium Alloys	\$990
D6190	Radiographic/Surgical Implant Index, By Report	\$151
D6191	Semi-Precision Abutment - Placement	\$419
D6192	Semi-Precision Attachment - Placement	\$106
D6194	Abutment Supported Retainer Crown For Fpd – Titanium And Titanium Alloys	\$791
D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	\$900
PROSTHODONTIC SERVICES - FIXED		
D6205	Pontic - Indirect Resin Based Composite	\$491
D6210	Pontic - Cast High Noble Metal	\$792
D6211	Pontic - Cast Predominantly Base Metal	\$765
D6212	Pontic - Cast Noble Metal	\$774
D6214	Pontic - Titanium And Titanium Alloys	\$792
D6240	Pontic - Porcelain Fused To High Noble Metal	\$779
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$761
D6242	Pontic - Porcelain Fused To Noble Metal	\$765

EXHIBIT 1



**AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
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CDT	Description	Price
D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	\$765
D6245	Pontic - Porcelain/Ceramic	\$765
D6250	Pontic - Resin With High Noble Metal	\$669
D6251	Pontic - Resin With Predominantly Base Metal	\$578
D6252	Pontic - Resin With Noble Metal	\$614
D6253	Provisional Pontic - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$198
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$348
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$317
D6549	Retainer - For Resin Bonded Fixed Prosthesis	\$413
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$655
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	\$670
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$479
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	\$531
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$457
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$504
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$479
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	\$535
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$663
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	\$675
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$601
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	\$647
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$539
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$590
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$574
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	\$630
D6624	Retainer Inlay - Titanium	\$477
D6634	Retainer Onlay - Titanium	\$523
D6710	Retainer Crown - Indirect Resin Based Composite	\$509
D6720	Retainer Crown - Resin With High Noble Metal	\$673
D6721	Retainer Crown - Resin With Predominantly Base Metal	\$594
D6722	Retainer Crown - Resin With Noble Metal	\$650
D6740	Retainer Crown - Porcelain/Ceramic	\$765
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	\$779
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	\$761
D6752	Retainer Crown - Porcelain Fused To Noble Metal	\$765
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	\$765
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$691
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$617
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$673
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$696
D6784	Retainer Crown 3/4 - Titanium And Titanium Alloys	\$673
D6790	Retainer Crown - Full Cast High Noble Metal	\$792
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$765
D6792	Retainer Crown - Full Cast Noble Metal	\$774
D6793	Provisional Retainer Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$203
D6794	Retainer Crown - Titanium And Titanium Alloys	\$630
D6920	Connector Bar	\$1,064
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	\$76
D6940	Stress Breaker	\$473
D6950	Precision Attachment	\$720
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	\$174
D6985	Pediatric Partial Denture, Fixed	\$1,148
ORAL & MAXILLOFACIAL SURGERY SERVICES		
D7111	Extraction, Coronal Remnants – Primary Tooth	\$198
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$102

EXHIBIT 1



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CDT	Description	Price
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	\$163
D7220	Removal Of Impacted Tooth - Soft Tissue	\$188
D7230	Removal Of Impacted Tooth - Partially Bony	\$236
D7240	Removal Of Impacted Tooth - Completely Bony	\$296
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$370
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	\$178
D7251	Coronectomy – Intentional Partial Tooth Removal	\$355
D7260	Oroantral Fistula Closure	\$540
D7261	Primary Closure Of A Sinus Perforation	\$444
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	\$246
D7280	Exposure Of An Unerupted Tooth	\$280
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$251
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	\$242
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	\$207
D7286	Incisional Biopsy Of Oral Tissue-Soft	\$193
D7287	Exfoliative Cytological Sample Collection	\$105
D7288	Brush Biopsy - Transepithelial Sample Collection	\$65
D7290	Surgical Repositioning Of Teeth	\$267
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	\$137
D7292	Placement Of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap; Includes Device Removal	\$1,103
D7293	Placement Of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$411
D7294	Placement Of Temporary Anchorage Device Without Flap; Includes Device Removal	\$270
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	\$2,012
D7296	Corticotomy – One To Three Teeth Or Tooth Spaces, Per Quadrant	\$229
D7297	Corticotomy – Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$270
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$142
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$130
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$198
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$191
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$1,350
D7350	Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	\$3,833
D7410	Excision Of Benign Lesion Up To 1.25 Cm	\$179
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$264
D7412	Excision Of Benign Lesion, Complicated	\$662
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	\$1,080
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	\$446
D7415	Excision Of Malignant Lesion, Complicated	\$973
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	\$1,188
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	\$2,250
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$990
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$1,800
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$228
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$474
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$366
D7472	Removal Of Torus Palatinus	\$366
D7473	Removal Of Torus Mandibularis	\$366
D7485	Reduction Of Osseous Tuberosity	\$900
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$102
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$296
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$175
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$248
D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subcutaneous Alveolar Tissue	\$159
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal System	\$325
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	\$232

EXHIBIT 1



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CDT	Description	Price
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	\$2,407
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	\$4,028
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	\$1,530
D7710	Maxilla - Open Reduction	\$1,990
D7720	Maxilla - Closed Reduction	\$1,487
D7730	Mandible - Open Reduction	\$2,264
D7740	Mandible - Closed Reduction	\$1,588
D7820	Closed Reduction Of Dislocation	\$253
D7870	Arthrocentesis	\$316
D7871	Non-Arthroscopic Lysis And Lavage	\$496
D7880	Occlusal Orthotic Device, By Report	\$455
D7881	Occlusal Orthotic Device Adjustment	\$38
D7910	Suture Of Recent Small Wounds Up To 5 Cm	\$133
D7911	Complicated Suture - Up To 5 Cm	\$269
D7912	Complicated Suture - Greater Than 5 Cm	\$398
D7921	Collection And Application Of Autologous Blood Concentrate Product	\$710
D7922	Placement Of Intra-Socket Biological Dressing To Aid In Hemostasis Or Clot Stabilization, Per Site	\$36
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla - Autogenous Or Nonautogenous, By Report	\$1,409
D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	\$2,835
D7952	Sinus Augmentation Via A Vertical Approach	\$2,250
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	\$267
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	\$2,385
D7961	Buccal/Labial Frenectomy (Frenulectomy)	\$237
D7962	Lingual Frenectomy (Frenulectomy)	\$237
D7963	Frenuloplasty	\$284
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$236
D7971	Excision Of Pericoronal Gingiva	\$105
D7972	Surgical Reduction Of Fibrous Tuberosity	\$863
D7979	Non – Surgical Sialolithotomy	\$1,334
D7980	Surgical Sialolithotomy	\$1,334
D7993	Surgical Placement Of Craniofacial Implant – Extra Oral	\$2,835
D7994	Surgical Placement: Zygomatic Implant	\$2,835
D7997	Appliance Removal (Not By Dentist Who Placed Appliance), Includes Removal Of Archbar	\$540
ORTHODONTIC SERVICES		
D8010	Limited Orthodontic Treatment Of The Primary Dentition	\$1,295
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	\$1,617
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	\$1,801
D8040	Limited Orthodontic Treatment Of The Adult Dentition	\$2,011
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	\$3,659
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	\$4,142
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	\$4,302
D8210	Removable Appliance Therapy	\$410
D8220	Fixed Appliance Therapy	\$526
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	\$141
D8670	Periodic Orthodontic Treatment Visit	\$200
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	\$461
D8681	Removable Orthodontic Retainer Adjustment	\$40
D8695	Removal Of Fixed Orthodontic Appliances For Reasons Other Than Completion Of Treatment	\$161
D8696	Repair Of Orthodontic Appliance – Maxillary	\$173
D8702	Repair Of Fixed Retainer, Includes Reattachment – Mandibular	\$161
D8703	Replacement Of Lost Or Broken Retainer – Maxillary	\$180
D8704	Replacement Of Lost Or Broken Retainer – Mandibular	\$180
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	\$63
D9120	Fixed Partial Denture Sectioning	\$63
D9130	Temporomandibular Joint Dysfunction – Non-Invasive Physical Therapies	\$90

EXHIBIT 1



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CDT	Description	Price
D9210	Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures	\$21
D9211	Regional Block Anesthesia	\$20
D9212	Trigeminal Division Block Anesthesia	\$20
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	\$19
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	\$41
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$108
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment	\$108
D9230	Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	\$34
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minutes	\$108
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$103
D9248	Non-Intravenous Conscious Sedation	\$152
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	\$66
D9311	Consultation With A Medical Health Care Professional	\$66
D9410	House/Extended Care Facility Call	\$99
D9420	Hospital Or Ambulatory Surgical Center Call	\$189
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$38
D9440	Office Visit - After Regularly Scheduled Hours	\$248
D9450	Case Presentation, Detailed And Extensive Treatment Planning	\$180
D9610	Therapeutic Parenteral Drug, Single Administration	\$36
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications	\$51
D9613	Infiltration Of Sustained Release Therapeutic Drug – Single Or Multiple Sites	\$135
D9630	Drugs Or Medicaments Dispensed In The Office For Home Use	\$24
D9910	Application Of Desensitizing Medicament	\$31
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	\$35
D9920	Behavior Management, By Report	\$184
D9930	Treatment Of Complications (Post-Surgical) - Unusual Circumstances, By Report	\$62
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	\$42
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	\$29
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	\$37
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	\$36
D9941	Fabrication Of Athletic Mouthguard	\$135
D9942	Repair And/Or Reline Of Occlusal Guard	\$93
D9943	Occlusal Guard Adjustment	\$42
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$383
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$264
D9946	Occlusal Guard – Hard Appliance, Partial Arch	\$269
D9950	Occlusion Analysis - Mounted Case	\$119
D9951	Occlusal Adjustment - Limited	\$78
D9952	Occlusal Adjustment - Complete	\$296
D9961	Duplicate/Copy Patient'S Records	\$26
D9970	Enamel Microabrasion	\$201
D9971	Odontoplasty 1 - 2 Teeth; Includes Removal Of Enamel Projections	\$179
D9972	External Bleaching - Per Arch - Performed In Office	\$360
D9973	External Bleaching - Per Tooth	\$270
D9974	Internal Bleaching - Per Tooth	\$347
D9975	External Bleaching For Home Application, Per Arch; Includes Materials And Fabrication Of Custom Trays	\$74
D9986	Missed Appointment	\$25
D9987	Cancelled Appointment	\$25
D9990	Certified Translation Or Sign-Language Services – Per Visit	\$19
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	\$19
D9992	Dental Case Management - Care Coordination	\$19
D9993	Dental Case Management - Motivational Interviewing	\$19
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	\$19
D9995	Teledentistry – Synchronous; Real-Time Encounter	\$50
D9996	Teledentistry – Asynchronous; Information Stored And Forwarded To Dentist For Subsequent Review	\$50

EXHIBIT 1



AlphaCO Dental Plan
GENERAL DENTIST FEE SCHEDULE
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CDT	Description	Price
D9997	Dental Case Management - Patients With Special Health Care Needs	\$31
<u>Additional Information - Stipulations - Exclusions</u>		
<p>1. This plan is NOT INSURANCE as does not meet the minimum creditable coverage requirements under the Affordable Care Act (ACA).</p> <p>2. The AlphaCO Dental Plan Fee Schedule is only valid through Beta Health's AlphaCO Dental Plan participating General Dentists and payments are made directly to the provider when services are rendered unless mutually agreed upon by all parties.</p> <p>3. All procedures performed by a General Dentist that are not listed on the Fee Schedule shall receive a 20% reduction from the General Dentist's customary or standard fee.</p> <p>4. This Fee Schedule applies to General Dentists only. Dental Specialists are contracted to reduce their standard rates by 20%.</p> <p>5. Not all General Dentists perform all services listed above. Consult with your participating Dentist prior to beginning any treatment.</p> <p>6. Beta Health does not guarantee the continued participation of any dentist. If your dentist leaves the plan, you will need to select a new Provider.</p> <p>7. Some procedures listed may require additional charges that are not included in listed price and do not have a discount. All prices are exclusive of gold or other precious metals.</p> <p>8. Medical costs associated with any dental procedure are the member's responsibility and are not subject to discount.</p> <p>9. Member will not hold Beta Health liable for negligence of a participating provider.</p> <p>10. Cancellation of appointment without 24 hours notice is subject to a fee of \$25.</p> <p>11. Find a participating provider at https://alphadentalplan.com/dental-providers/. Specify Colorado Alpha Plan in the Plan dropdown menu. Or call customer service 1-800-807-0706 for assistance in locating a provider.</p> <p>12. Fees and services are subject to charge without prior notification to members.</p>		

EXHIBIT 2

Access fees will be paid to Provider each month for Covered Persons who have selected Provider to provide Dental Services in the amount of \$5.00 per Covered Person per month. These amounts will be paid regardless of whether or not you see any Covered Person in your office that month. If a Covered Person is seen for Dental Services, then the appropriate discounted fee is collected by your office at the time the Dental Service is provided.

BHA network dental plans are discount, fee-for-service dental plans and are in no way considered insurance.

Beta Health Association

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