

# **DUAL CHOICE**

## **Dental Plan**

**Colorado  
Mountain  
College**



***Voluntary Dental Plan Enrollment  
Packet for Part Time Employees  
Working 20 Hours or More Per Week (or teaching  
seven credit hours or more per semester)***

***Plan provided by:***

**Lidke & Associates, Inc. ([www.lidke.com](http://www.lidke.com))**

**P.O. Box 176 (817 Colorado Ave., #106)**

**Glenwood Springs, CO 81602**

**Phone: 970-384-1900 / 1-800-613-4021**

**Fax: 970-384-1901 / 1-800-889-6260**

***Plan provided through:***

**Beta Health Association, Inc.**

***"Dental Plan Specialists since 1990"***

## **How to use this Dual Choice Employee Enrollment Packet**

1. **Select which dental option you want to enroll in.**
2. **If you want to enroll in the Alpha Dental Plan:**
  - Complete the “Alpha Dental Plan Employee Enrollment Form” included with this packet.
  - Include all family members you want to enroll (if applicable).
  - Select a participating Alpha Dental office by placing the provider’s office number (column #6 of directory) in the box marked “Dental Office Selected”.
  - Sign and date your enrollment form.
  - Submit your enrollment form to Personnel for processing.
3. **If you want to enroll in the Companion Life Dental Plan:**
  - Complete the Companion Life “Group Insurance Enrollment Form” included with this packet.
  - Complete the dark outlined boxes #1, #2, and #3.
  - Sign and date your enrollment form in the lower area.
  - Submit your completed form to Personnel for processing.
4. **If you want to waive all dental coverage for the next year, complete the lower section of the “Alpha Dental Plan Employee Enrollment Form” and submit to Personnel for processing.**

### **IMPORTANT REQUIREMENTS**

**All employees MUST either enroll in one of the two dental plans or sign the waiver form if you choose to waive coverage. If you waive coverage, you can only enroll again at the next open enrollment period (one year from now). If you enroll in the plan, you must be enrolled for a minimum of one year and may not drop the plan until the next open enrollment period. The only exception to this rule is if you terminate employment.**

**If you have any questions regarding these enrollment guidelines, please  
call us at 970-384-1900 or 1-800-613-4021**

# Beta Health Association, Inc.

*"Dental Plan Specialists Since 1990"*



## Dual Choice Dental Plan

### Monthly Payroll Deduction Voluntary Dental Plan Rate Sheet

Contract Effective Date is July 1, 2005

#### Alpha Dental Network Plan #19

Employee only	\$11.50 per month
Employee and one dependent	\$21.50 per month
Employee and two or more dependents	\$31.50 per month

The above rates for the Alpha Dental Plan are guaranteed for 3 years

#### Companion Life Indemnity Dental Plan A (100/80/50/\$1000)

Employee only	\$28.29 per month
Employee and one dependents	\$56.29 per month
Employee and two or more dependents	\$98.45 per month

The above rates for Companion Life Dental Plan are guaranteed for 1 year

The Alpha Dental Network Plan and Companion Life Dental Plan includes the Vision Plan of Colorado Vision Plan at no additional cost to Colorado Mountain College employees at this Open Enrollment only.

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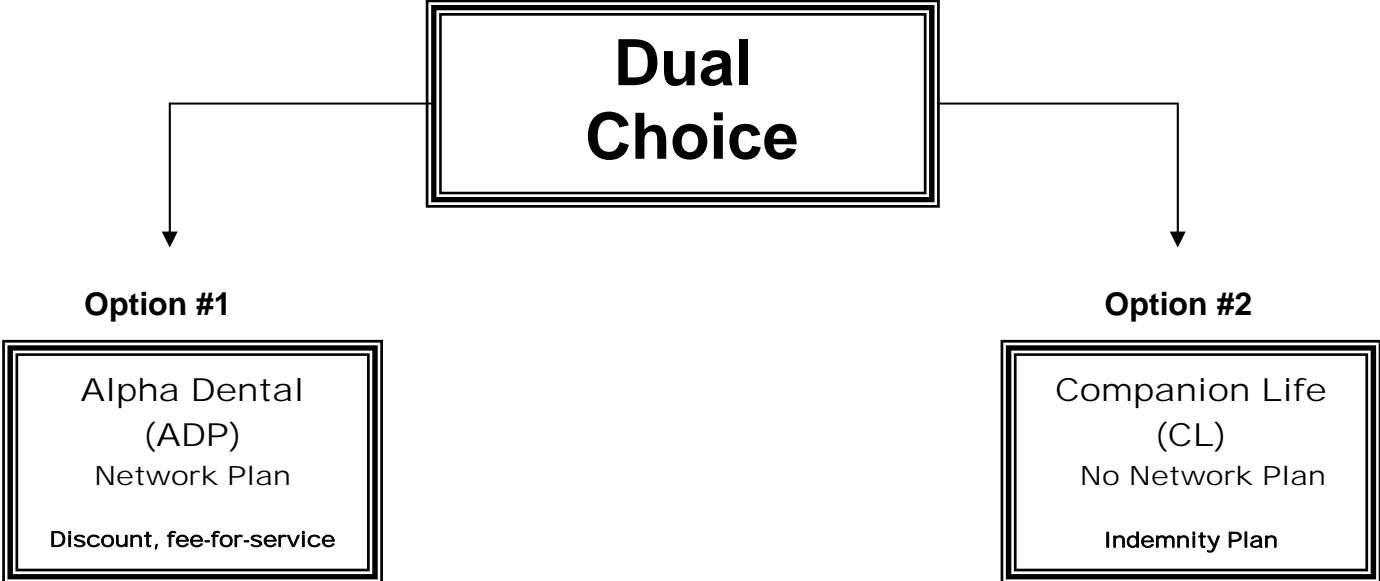
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# WHAT IS THE DUAL CHOICE DENTAL PLAN?

The Dual Choice Dental Plan allows each employee the choice of enrolling in the Alpha Dental Plan (ADP) or the Companion Life Insurance Plan. There are over 380 contracted providers in Colorado who participate in the Alpha Dental Plan.

There are many advantages to this flexible arrangement.



- See Network Dentist Only
- No Deductibles to Satisfy
- No Claim Forms to Complete
- Unlimited Services Each Year
- Orthodontics (Child & Adult)
- No Waiting Periods
- No Pre-authorizations
- Cosmetic Dentistry Included
- Low Monthly Cost

- Select Any Dentist
- \$100 Lifetime Deductible
- Claim Forms to Complete
- Calendar year Maximum applies
- Waiting Periods will Apply
- Authorization Suggested
- No Cosmetic Dentistry
- More Monthly Cost