

**GUARANTY ASSURANCE COMPANY - DINA Dental Plan  
SCHEDULED BENEFITS RIDER**

<b>Code</b>	<b>Procedure</b>	<b>Copayment</b>
OSHA	Charge for disposables for patients protection, per person, per visit*	\$5.00
120	Periodic oral exam	\$5.00
140	Limited oral exam	\$30.00
150	Comprehensive oral evaluation	\$20.00
180	Comprehensive Perio evaluation	\$35.00
210	X-ray - complete series	\$35.00
220	X-ray - intraoral - periapical	No Charge
230	X-ray - intraoral - periapical	No Charge
240	X-ray - intraoral - occlusal film	No Charge
250	X-ray - extraoral - first film	No Charge
260	X-ray extraoral - each extra	No Charge
270	X-ray - bitewing - single film	\$6.00
272	X-ray - bitewings - two films	\$10.00
274	X-ray - bitewings - four films	\$12.00
330	X-ray - panoramic film	\$24.00
470	Diagnostic casts	No Charge
1110	Prophylaxis- adult	\$15.00
1120	Prophylaxis- child	\$10.00
1203	Topical fluoride - child	\$5.00
1351	Sealant - per tooth	\$8.00
1510	Space maintainer - fixed unilateral	\$90.00
1515	Space maintainer - fixed bilateral	\$123.00
1520	Space maintainer - removable unilat.	\$94.00
1525	Space maintainer - removable bilat.	\$131.00
1550	Space maintainer recementation	\$15.00
9110	Palliative treatment	\$35.00
9210	Local anesthesia not in conjunction with operative or surgical procedures	No Charge
9310	Consultation (diagnostic service performed by a Specialist** upon referral)	No Charge

**\*NOTE**

YOU MUST BE PREPARED TO PAY AT LEAST \$5.00 TO YOUR SELECTED DENTIST, PER PERSON, PER VISIT, PLUS ALL CO-PAYMENTS WHICH ARE LISTED IN THIS SCHEDULE OF BENEFITS RIDER THAT ARE DUE WHEN SUCH SERVICES ARE PERFORMED FOR YOU OR YOUR DEPENDENT(S).

\*\* No Charge only if performed by a Participating Specialist.

**FEES DO NOT INCLUDE LAB COSTS, WHICH ARE THE MEMBERS RESPONSIBILITY.**

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<b>Code</b>	<b>Procedure</b>	<b>Copayment</b>
2140	Amalgam - one surface	\$20.00
2150	Amalgam - two surface	\$30.00
2160	Amalgam - three surfaces	\$40.00
2161	Amalgam - four or more surfaces	\$50.00
2330	Resin - one surface, anterior	\$50.00
2331	Resin - two surfaces, anterior	\$60.00
2332	Resin - three surfaces, anterior	\$70.00
2335	Resin - four or more surfaces, anterior	\$90.00
2390	Resin-based composite crown, anterior	\$115.00
2391	Resin-based one surface, posterior	\$60.00
2392	Resin-based two surface, posterior	\$80.00
2393	Resin-based three surface, posterior	\$95.00
2394	Resin-based four or more surfaces, posterior	\$120.00
2510	Inlay - metallic - one surface	\$170.00
2520	Inlay - metallic - two surfaces	\$200.00
2530	Inlay - metallic - three surfaces	\$230.00
2543	Onlay - metallic - three surfaces	\$240.00
2544	Onlay - metallic - four surfaces	\$250.00
2610	Inlay - porcelain/ceramic - 1 surface	\$185.00
2620	Inlay - porcelain/ceramic - 2 surfaces	\$210.00
2630	Inlay - porcelain/ceramic - 3 surfaces	\$240.00
2642	Onlay - porcelain/ceramic - 2 surf.	\$240.00
2643	Onlay - porcelain/ceramic - 3 surf.	\$250.00
2644	Onlay - porcelain/ceramic - 4 surf.	\$260.00
2710	Crown - resin (lab)	\$130.00
2720	Crown - resin with high noble metal	\$390.00
2721	Crown - resin with base metal	\$310.00
2722	Crown - resin with noble metal	\$340.00
2740	Crown - porcelain/ceramic substrate	\$430.00
2750	Crown - porcelain fused high noble	\$450.00
2751	Crown - porcelain fused base metal	\$420.00
2752	Crown - porcelain fused noble metal	\$435.00
2790	Crown - full cast high noble metal	\$400.00
2791	Crown - full cast base metal	\$370.00
2792	Crown - full cast noble metal	\$385.00
2910	Recement inlay	\$20.00
2920	Recement crown	\$25.00
2930	Prefabricated stainless crown - prim	\$60.00
2931	Prefabricated stainless crown - perm	\$70.00
2932	Prefabricated resin crown	\$70.00
2940	Sedative filling	\$25.00
2950	Core buildup, including any pins	\$90.00
2951	Pin retention - per tooth, plus restor.	\$15.00
2952	Cast post and core plus crown	\$125.00
2954	Prefabricated post core plus crown	\$100.00
2970	Temporary crown (fractured tooth)	\$60.00

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<b>Code</b>	<b>Procedure</b>	<b>Copayment</b>
3110	Pulp cap - direct (excl. restoration)	\$15.00
3120	Pulp cap - indirect (excl. restoration)	\$15.00
3220	Therapeutic pulpotomy (excl. rest.)	\$40.00
3310	Endodontic therapy - Anterior	\$225.00
3320	Endodontic therapy - Bicuspid	\$270.00
3330	Endodontic therapy - Molar	\$360.00
3351	Apexification/recalcification - initial	\$90.00
3352	Apexification/recalcification - interim	\$40.00
3353	Apexification/recalcification - final	\$110.00
3410	Apicoectomy/Perir surgery-anterior	\$220.00
3421	Apicoectomy/Perir surgery-Bicuspid	\$250.00
3425	Apicoectomy/Perir surgery-molar	\$275.00
3426	Apicoectomy/Perir surgery per extra root	\$70.00
3430	Retrograde filling - per root	\$50.00
3450	Root amputation - per root	\$90.00
3910	Surgical procedure to isolate tooth	\$35.00
4210	Gingivectomy - per quadrant	\$190.00
4211	Gingivectomy - per tooth	\$50.00
4240	Gingival flap procedure - per quad.	\$175.00
4241	Gingival flap procedure	\$100.00
4260	Osseous surgery - per quad.	\$250.00
4261	Osseous surgery-One to three contiguous	\$125.00
4270	Pedicle soft tissue graph procedure	\$175.00
4271	Free soft tissue graph procedure	\$195.00
4320	Provisional splinting - intracoronal	\$100.00
4321	Provisional splinting - extracoronal	\$75.00
4341	Perio scaling, root planning - per quad.	\$90.00
4342	Perio scaling, root planning-1 to 3 teeth quad	\$70.00
4355	Full mouth debridement	\$75.00
4910	Periodontal prophylaxis	\$50.00
5110	Complete denture - maxillary	\$450.00
5120	Complete denture - mandibular	\$450.00
5130	Immediate denture - maxillary	\$475.00
5140	Immediate denture - mandibular	\$475.00
5211	Maxillary partial - resin base	\$375.00
5212	Mandibular partial - resin base	\$375.00
5213	Maxillary partial - cast metal frame	\$450.00
5214	Mandibular partial - cast metal frame	\$450.00
5281	Removable unilateral partial - cast	\$220.00

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<b>Code</b>	<b>Procedure</b>	<b>Copayment</b>
5410	Adjust complete denture - maxillary	\$20.00
5411	Adjust complete denture - mandibular	\$20.00
5421	Adjust partial denture - maxillary	\$20.00
5422	Adjust partial denture - mandibular	\$20.00
5510	Repair broken compl. Denture base	\$50.00
5520	Replace missing/broken teeth - each	\$45.00
5610	Repair resin denture base	\$60.00
5620	Repair cast framework	\$75.00
5630	Repair or replace broken clasp	\$75.00
5640	Replace broken teeth - per tooth	\$55.00
5650	Add tooth to existing partial denture	\$75.00
5660	Add clasp to existing partial denture	\$75.00
5710	Rebase complete maxillary denture	\$170.00
5711	Rebase complete mandibular denture	\$170.00
5720	Rebase maxillary partial denture	\$170.00
5721	Rebase mandibular partial denture	\$170.00
5730	Reline maxillary denture (chairside)	\$75.00
5731	Reline mandibular denture (chairside)	\$75.00
5740	Reline maxillary partial (chairside)	\$75.00
5741	Reline mandibular partial (chairside)	\$75.00
5750	Reline maxillary denture (lab)	\$130.00
5751	Reline mandibular denture (lab)	\$130.00
5760	Reline maxillary partial (lab)	\$130.00
5761	Reline mandibular partial (lab)	\$130.00
5810	Interim complete denture (maxillary)	\$195.00
5811	Interim complete denture (mandibular)	\$195.00
5820	Interim partial denture (maxillary)	\$160.00
5821	Interim partial denture (mandibular)	\$160.00
6210	Pontic - cast high noble metal	\$330.00
6211	Pontic - cast base metal	\$300.00
6212	Pontic - cast noble metal	\$315.00
6240	Pontic - porcelain/high noble metal	\$330.00
6241	Pontic - porcelain fused to base metal	\$300.00
6242	Pontic - porcelain fused to noble metal	\$315.00
6250	Pontic - resin with high noble metal	\$305.00
6251	Pontic - resin with base metal	\$275.00
6252	Pontic - resin with noble metal	\$290.00

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<b>Code</b>	<b>Procedure</b>	<b>Copayment</b>
6720	Crown - resin with high noble metal	\$390.00
6721	Crown - resin with base metal	\$310.00
6722	Crown - resin with noble metal	\$340.00
6750	Crown - porcelain/high noble metal	\$450.00
6751	Crown - porcelain fused to base metal	\$420.00
6752	Crown - porcelain fused to noble metal	\$435.00
6780	Crown - 3/4 cast high noble metal	\$315.00
6790	Crown - full cast high noble metal	\$400.00
6791	Crown - full cast base metal	\$370.00
6792	Crown - full cast noble metal	\$385.00
6930	Recement fixed partial denture	\$30.00
7111	Extraction, coronal remnants- deciduous tooth	\$35.00
7140	Extraction, erupted tooth or exposed root	\$50.00
7210	Surgical removal of erupted tooth	\$60.00
7220	Removal - impacted - soft tissue	\$75.00
7230	Removal - impacted - partially bony	\$110.00
7240	Removal - impacted - completely bony	\$125.00
7250	Surgical removal of residual roots	\$65.00
7260	Oroantral fistula closure	\$155.00
7270	Tooth reimplantation	\$120.00
7280	Surgical exposure for orthodontics	\$100.00
7281	Surgical exposure to aid eruption	\$75.00
7310	Alveoloplasty w/extracts - per quad.	\$70.00
7320	Alveoloplasty w/o extracts - per quad.	\$70.00
7340	Vestibuloplasty - ridge extension	\$90.00
7470	Removal of exostosis - maxilla or mandible	\$125.00
7510	Incision and drainage of abscess - intraoral	\$50.00
7520	Incision and drainage of abscess - extraoral	\$100.00
7970	Excision hyperplastic tissue - per arch	\$110.00
<b>SPECIALIST SERVICE DISCOUNTS</b>		
9310	Consultation (diagnostic 2nd dentist)	No Charge
2999	All pediatric procedures performed by Participating Specialist	80% of Usual Fee
3999	All endodontic procedures performed by Participating Specialist	80% of Usual Fee
4999	All periodontic procedures performed by Participating Specialist	80% of Usual Fee
6999	All prosthodontic procedures performed by Participating Specialist	80% of Usual Fee
7999	All oral & maxillofacial surgery procedures performed by Participating Specialist	80% of Usual Fee
8660	Pre-treatment visit with Participating Specialist	No Charge
8999	All orthodontic procedures performed by Participating Specialist	80% of Usual Fee