



DINA Dental Plan™

**GUARANTY ASSURANCE COMPANY****People's Health Network**

Choices 65, Choices Plus and Choices Select

\$50 Annual Deductible

**Deductible does not apply to services listed in the  
Diagnostic or Preventive categories (exams, x-rays or cleanings)**

\$1500 Maximum Annual Benefit per Calendar Year

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Member Co-Pay</b>	
<b>Diagnostic</b>				
<b>Clinical Oral Evaluations</b>				
D0120	Periodic Oral Evaluation	1/6 months	\$0.00	
D0140	Limited Oral Evaluation	1/12 months	\$0.00	
D0150	Comprehensive Oral Evaluation - new or established	1/12 months	\$0.00	
<b>Radiographs/Diagnostic Imaging</b>				
*D0210	Intraoral - Complete Series (including bitewings)	1/12 months	\$0.00	
D0220	Intraoral - Periapical first film	1/12 months	\$0.00	
D0230	Intraoral - Periapical each additional film	1/12 months	\$0.00	
D0240	X-rays Intraoral-Occlusal Film	1/12 months	\$0.00	
D0270	Bitewings, single film	1/12 months	\$0.00	
D0272	Bitewings, two films	1/12 months	\$0.00	
D0274	Bitewings, four films	1/12 months	\$0.00	
*D0330	Panoramic film	1/12 months	\$0.00	
<b>Preventative</b>				
<b>Dental Prophylaxis</b>				
D1110	Prophylaxis - Adult	1/6 months	\$0.00	
<b>Restorative</b>				
<b>Amalgam Restorations (Including Polishing)</b>				
D2140	Amalgam, one surface, primary or permanent		\$47.00	
D2150	Amalgam, two surfaces, primary or permanent		\$61.00	
D2160	Amalgam, three surfaces, primary or permanent		\$76.00	
D2161	Amalgam, four surfaces or more		\$88.00	
<b>Resin-Based Composite Restorations - Direct</b>				
D2330	Resin - one surface, anterior		\$63.00	
D2331	Resin - two surfaces, anterior		\$85.00	
D2332	Resin - three surfaces, anterior		\$106.00	
D2335	Resin - four or more surfaces, anterior		\$119.00	
D2391	Resin - one surface, posterior		\$71.00	
D2392	Resin - two surfaces, posterior		\$103.00	
D2393	Resin - three surfaces, posterior		\$126.00	
D2394	Resin - four or more surfaces, posterior		\$157.00	



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Procedure Code	Procedure Description	Frequency	Member Co-Pay
<b>Oral and Maxillofacial Surgery</b>			
<i>Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)</i>			
D7140	Extraction - Erupted tooth or exposed root (elevation and/or forceps removal)		\$67.00
<b>Adjunctive General Services</b>			
<i>Unclassified Treatment</i>			
D9110	Palliative (Emergency) Treatment of Dental Pain	1/12 months	\$0.00

**Total Reimbursement DOES NOT include lab costs. Lab fees are the member's responsibility.**

**\*Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series ( D0210)**

**Service Area:** Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Washington, West Baton Rouge and West Feliciana.

**Claims Submission:**

**1. Mail:** DINA Dental Plan (Attention: Claims Department)  
 101 Parklane Boulevard, Suite 301  
 Sugar Land, Texas 77478

**2. Fax:** (281) 313-7154

**3. Electronic:** [www.fcl dental.com](http://www.fcl dental.com)

Third Party Clearinghouse: Emdeon (Payor ID # - CX090)