



## GUARANTY ASSURANCE COMPANY

**People's Health Network**

PH Group Medicare MA-PD

\$50 Annual Deductible

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

\$2000 Maximum Annual Benefit per Calendar Year

### Procedure

Code	Procedure Description	Frequency	Co-Pay
<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		\$11.00
D2150	Amalgam, two surfaces, primary or permanent		\$14.00
D2160	Amalgam, three surfaces, primary or permanent		\$17.00
D2161	Amalgam, four surfaces or more		\$20.00
<b>Resin-Based Composite Restorations - Direct</b>			
D2330	Resin - one surface, anterior		\$14.00
D2331	Resin - two surfaces, anterior		\$19.00
D2332	Resin - three surfaces, anterior		\$24.00
D2335	Resin - four or more surfaces, anterior		\$27.00
D2391	Resin - one surface, posterior		\$15.00
D2392	Resin - two surfaces, posterior		\$23.00
D2393	Resin - three surfaces, posterior		\$28.00
D2394	Resin - four or more surfaces, posterior		\$35.00



DINA Dental Plan™

**Procedure**

<b>Code</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Co-Pay</b>	
<b>***Only one (1) crown procedure code is covered every twelve (12) months per member***</b>				
<b>Crowns - Single Restorations Only</b>				
D2740	Crown - Porcelain/Ceramic Substrate		\$295.00	
D2750	Crown - Porcelain fused to high noble metal		\$275.00	
D2751	Crown - Porcelain fused predominantly base metal		\$255.00	
D2752	Crown - Porcelain fused to noble metal		\$260.00	
D2783	Crown - 3/4 Porcelain/Ceramic Substrate		\$295.00	
D2790	Crown - full cast high noble metal		\$265.00	
D2791	Crown - full cast predominantly base metal		\$210.00	
D2792	Crown - full cast noble metal		\$230.00	
<b>Other Restorative Services</b>				
D2930	Prefabricated stainless steel crown - primary tooth		\$55.00	
D2931	Prefabricated stainless steel crown - permanent tooth		\$57.00	
<b>Periodontics</b>				
<b>Non-Surgical Periodontal Service</b>				
D4341	Periodontal Scaling and Root Planing, per quadrant	1/12 months	\$53.00	
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1/12 months	\$30.00	
D4355	Full Mouth Debridement	1/12 months	\$32.00	
<b>Other Periodontal Service</b>				
D4910	Periodontal Maintenance	1/60 months	\$32.00	
<b>Prostodontics (removable)</b>				
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>				
D5110	Complete Denture - Maxillary	1/60 months	\$206.00	
D5120	Complete Denture - Mandibular	1/60 months	\$206.00	
D5130	Immediate Denture - Maxillary (in lieu of D5110)	1/60 months	\$213.75	
D5140	Immediate Denture - Mandibular (in lieu of D5120)	1/60 months	\$213.75	
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>				
D5213	Maxillary Partial Denture - Cast Metal Framework	1/60 months	\$217.75	
D5214	Mandibular Partial Denture - Cast Metal Framework	1/60 months	\$217.75	
<b>Adjustments to Dentures</b>				
D5410	Adjust Complete Denture - Maxillary		\$20.00	
D5411	Adjust Complete Denture - Mandibular		\$20.00	
D5421	Adjust Partial Denture - Maxillary		\$20.00	
D5422	Adjust Partial Denture - Mandibular		\$20.00	
<b>Repairs to Complete Dentures</b>				
D5510	Repair Broken Complete Denture Base		\$39.00	
D5520	Replace missing or broken teeth - Complete Denture		\$31.00	
D5610	Repair Resin Denture Base		\$45.00	
D5640	Replace Broken Teeth - Per Tooth		\$30.00	



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**Procedure**

<b>Code</b>	<b>Procedure Description</b>	<b>Frequency</b>	<b>Co-Pay</b>
<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)		\$15.00
<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.**

**Members with Peoples Health Group Medicare plans can utilize Out of Network dental providers.**

**\*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.fclidental.com](http://www.fclidental.com)

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