

Peoples Health 2009

DINA Dental Plan - Schedule of Benefits

Choices 65, Choice Plus, HealthCare Select, Secure Health, and PH Group Medicare

Preferred Provider				Covered Expense	Out of Network		
Charge	DINA Pays	Member Pays	Code	Type I	Benefit	Co-Insurance	Frequency Per Year
\$ 21.00	\$ 21.00	\$ -	0120*	Periodic oral exam	\$ 21.00	Balance Billing	1
\$ 30.00	\$ 30.00	\$ -	0140*	Limited oral exam	\$ 30.00	Balance Billing	1
\$ 35.00	\$ 35.00	\$ -	0150*	Comprehensive oral evaluation	\$ 35.00	Balance Billing	1
\$ 55.00	\$ 55.00	\$ -	0330*	X-ray, panoramic film	\$ 55.00	Balance Billing	1
\$ 57.00	\$ 57.00	\$ -	0210*	X-ray, complete series	\$ 57.00	Balance Billing	1
\$ 10.00	\$ 10.00	\$ -	0220*	X-ray, intraoral - periapical	\$ 10.00	Balance Billing	1
\$ 6.00	\$ 6.00	\$ -	0230*	X-ray, intraoral - periapical	\$ 6.00	Balance Billing	1
\$ 14.00	\$ 14.00	\$ -	0240*	X-ray, intraoral - occlusal film	\$ 14.00	Balance Billing	1
\$ 12.00	\$ 12.00	\$ -	0270*	X-ray, bitewing - single film	\$ 12.00	Balance Billing	1
\$ 17.00	\$ 17.00	\$ -	0272*	X-ray, bitewings - two films	\$ 17.00	Balance Billing	1
\$ 25.00	\$ 25.00	\$ -	0274*	X-ray, bitewings - four films	\$ 25.00	Balance Billing	1
\$ 44.00	\$ 44.00	\$ -	1110*	Prophylaxis - adult	\$ 44.00	Balance Billing	2
\$ 35.00	\$ 35.00	\$ -	9110*	Palliative treatment	\$ 35.00	Balance Billing	1

Preferred Provider				Covered Expense	Out of Network	
Charge	DINA Pays	Member Pays	Code	Type II	Benefit	Co-insurance
\$ 52.00	\$ 41.00	\$ 11.00	2140	Amalgam - one surface	\$ 41.00	Balance Billing
\$ 68.00	\$ 54.00	\$ 14.00	2150	Amalgam - two surface	\$ 54.00	Balance Billing
\$ 84.00	\$ 67.00	\$ 17.00	2160	Amalgam - three surfaces	\$ 67.00	Balance Billing
\$ 98.00	\$ 78.00	\$ 20.00	2161	Amalgam - four or more surfaces	\$ 78.00	Balance Billing
\$ 70.00	\$ 56.00	\$ 14.00	2330	Resin - one surface, anterior	\$ 56.00	Balance Billing
\$ 94.00	\$ 75.00	\$ 19.00	2331	Resin - two surfaces, anterior	\$ 75.00	Balance Billing
\$ 118.00	\$ 94.00	\$ 24.00	2332	Resin - three surfaces, anterior	\$ 94.00	Balance Billing
\$ 132.00	\$ 105.00	\$ 27.00	2335	Resin - four or more surfaces, anterior	\$ 105.00	Balance Billing
\$ 79.00	\$ 64.00	\$ 15.00	2391	Resin - one surface posterior	\$ 64.00	Balance Billing
\$ 115.00	\$ 92.00	\$ 23.00	2392	Resin - two surfaces posterior	\$ 92.00	Balance Billing
\$ 140.00	\$ 112.00	\$ 28.00	2393	Resin - three surfaces posterior	\$ 112.00	Balance Billing
\$ 175.00	\$ 140.00	\$ 35.00	2394	Resin - 4 or more surfaces posterior	\$ 140.00	Balance Billing
\$ 75.00	\$ 60.00	\$ 15.00	7140	Extraction, erupted tooth or exposed root	\$ 60.00	Balance Billing

Preferred Provider				Covered Expense	Out of Network	
New Charge	DINA Pays	Member Pays	Code	Type III	Benefit	Co-insurance
\$ 120.00	\$ 67.00	\$ 53.00	4341	Perio scaling, root planning - per quad.	\$ 67.00	Balance Billing
\$ 100.00	\$ 70.00	\$ 30.00	4342	Perio scaling, root planning - 1 to 3 teeth	\$ 70.00	Balance Billing
\$ 80.00	\$ 48.00	\$ 32.00	4355	Full mouth debridement	\$ 48.00	Balance Billing
\$ 70.00	\$ 38.00	\$ 32.00	4910	Periodontal prophylaxis	\$ 38.00	Balance Billing
\$ 40.00	\$ 20.00	\$ 20.00	5410	Adjust complete denture - maxillary	\$ 20.00	Balance Billing
\$ 40.00	\$ 20.00	\$ 20.00	5411	Adjust complete denture - mandibular	\$ 20.00	Balance Billing
\$ 40.00	\$ 20.00	\$ 20.00	5421	Adjust partial denture - maxillary	\$ 20.00	Balance Billing
\$ 40.00	\$ 20.00	\$ 20.00	5422	Adjust partial denture - mandibular	\$ 20.00	Balance Billing
\$ 78.00	\$ 39.00	\$ 39.00	5510	Repair broken compl. denture base	\$ 39.00	Balance Billing
\$ 62.00	\$ 31.00	\$ 31.00	5520	Replace missing/broken teeth - each	\$ 31.00	Balance Billing
\$ 90.00	\$ 45.00	\$ 45.00	5610	Repair resin denture base	\$ 45.00	Balance Billing
\$ 60.00	\$ 30.00	\$ 30.00	5640	Replace broken teeth - per tooth	\$ 30.00	Balance Billing

- ~ Only the procedure codes listed above will be reimbursed as Covered Benefits.
- ~ \$50 Deductible on Type II and Type III Services.
- ~ \$1000 Calendar Year Maximum on Covered Benefits.
- ~ **For eligibility, claims, or member services, please contact DINA Dental at 866-436-3093.**

Mail claims to:
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