



DINA Dental Plan™

## GUARANTY ASSURANCE COMPANY

### People's Health Network

Secure Health (Dual SNP) and Secure Choice (Dual SNP)

No Annual Deductible  
No Maximum Annual Benefit  
No Out of Network Benefits

#### 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	1/12 months	\$0.00

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

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