



Effective: January 1, 2022

Peoples Health - Group Medicare (HMO-POS)

\$50 Annual Deductible

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

\$2,000 Maximum Annual Benefit per Calendar Year

Out of Network Benefits

Service Area:

All Louisiana Parishes

Code	Procedure Description	Frequency	Member Co-Pay
Diagnostic			
Clinical Oral Evaluations			
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
Radiographs/Diagnostic Imaging			
*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
Preventative			
Dental Prophylaxis			
D1110	Prophylaxis - Adult	1 / 6 months	\$0.00
Restorative			
Amalgam Restorations (Including Polishing)			
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
Resin-Based Composite Restorations - Direct			
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
Only one (1) crown procedure code is covered every twelve (12) months per member			

Crowns - Single Restorations Only			
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
Other Restorative Services			
D2930	Prefabricated stainless steel crown - primary tooth		\$55.00
D2931	Prefabricated stainless steel crown - permanent tooth		\$57.00
Periodontics			
Non-Surgical Periodontal Service			
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
Other Periodontal Service			
D4910	Periodontal Maintenance	1 /60 months	\$32.00
Prosthodontics - Removable			
Complete Dentures (Including Routine Post-Delivery Care)			
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
Partial Dentures (Including Routine Post-Delivery Care)			
D5213	Maxillary partial denture – cast metal framework	1 /60 months	\$217.75
D5214	Mandibular partial denture – cast metal framework	1 /60 months	\$217.75
Adjustments to Dentures			
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
Repairs to Complete Dentures			
D5511	Repair Broken Complete Denture Base, mandibular		\$39.00
D5512	Repair Broken Complete Denture Base, maxillary		\$39.00
D5520	Replace missing or broken teeth – Complete Denture		\$31.00
Repairs to Partial Dentures			
D5611	Repair Resin Denture Base, mandibular		\$45.00
D5612	Repair Resin Denture Base, maxillary		\$45.00
D5640	Replace Broken Teeth – Per Tooth		\$30.00
Oral and Maxillofacial Surgery			
Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)			
D7140	Extraction - Erupted tooth or exposed root		\$15.00
Adjunctive General Services			
Unclassified Treatment			
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)**

Claims:

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

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