

**Peoples Health 2007
DINA Dental Plan
Schedule of Benefits for Secure Health**

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

~ Only the procedure codes listed above will be reimbursed as Covered Benefits.

~ \$1000 Calendar Year Maximum on Covered Benefits.

~ **For eligibility, claims, or member services, please contact DINA Dental at 866-436-3093.**