



**Choices Plus, Choices Select and 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

**Choices 65**

\$50 Annual Deductible

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

*To be covered, services must be obtained from our DINA Dental Network. **NO OUT OF NETWORK BENEFITS APPLY.***

\$2000 Maximum Annual Benefit per Calendar Year

**Secure Health**

No Annual Deductible

*To be covered, services must be obtained from our DINA Dental Network. **NO OUT OF NETWORK BENEFITS APPLY.***

\$2000 Maximum Annual Benefit per Calendar Year

**List of Covered Dental Services**

CDT Code@	Procedure Description	Network Dentist		Out of Network	
		Dina Pays	Member Pays	Dina Pays	Member Pays
<b>DIAGNOSTIC</b>					
<b>Clinical Oral Evaluations</b>					
D0120	Periodic Oral Exam - <b>One every 6 months</b>	\$21.00	\$0	\$21.00	Balance due to the dentist
D0140	Limited Oral Exam *	\$30.00	\$0	\$30.00	Balance due to the dentist
D0150	Comprehensive Oral Evaluation *	\$35.00	\$0	\$35.00	Balance due to the dentist
<b>Radiographs/Diagnostic Imaging</b>					
*D0330	X-Ray, Panoramic Film **	\$55.00	\$0	\$55.00	Balance due to the dentist
*D0210	Intraoral-Complete Series *	\$57.00	\$0	\$57.00	Balance due to the dentist
D0220	X-Ray, Intraoral-Periapical *	\$10.00	\$0	\$10.00	Balance due to the dentist
D0230	X-Rays, Intraoral-Periapical *	\$6.00	\$0	\$6.00	Balance due to the dentist
D0240	X-Rays, Intraoral-Occlusal Film *	\$14.00	\$0	\$14.00	Balance due to the dentist
D0270	X-Rays, Bitewing-Single Film *	\$12.00	\$0	\$12.00	Balance due to the dentist
D0272	X-Rays, Bitewing-Two Films *	\$17.00	\$0	\$17.00	Balance due to the dentist
D0274	X-Rays, Bitewing-Four Films *	\$25.00	\$0	\$25.00	Balance due to the dentist
<b>PREVENTATIVE</b>					
<b>Dental Prophylaxis</b>					
D1110	Prophylaxis-Adult - <b>One every 6 months</b>	\$44.00	\$0	\$44.00	Balance due to the dentist
D9110	Palliative Treatment *	\$35.00	\$0	\$35.00	Balance due to the dentist
<b>RESTORATIVE - BASIC BENEFITS</b>					
<b>Amalgam Restorations (Including Polishing)</b>					
D2140	Amalgam-One Surface *	\$41.00	\$11.00	\$41.00	Balance due to the dentist
D2150	Amalgam-Two Surfaces *	\$54.00	\$14.00	\$54.00	Balance due to the dentist
D2160	Amalgam-Three Surfaces *	\$67.00	\$17.00	\$67.00	Balance due to the dentist
D2161	Amalgam-Four or More Surfaces *	\$78.00	\$20.00	\$78.00	Balance due to the dentist

CDT Code@	Procedure Description	Network Dentist		Out of Network	
		Dina Pays	Member Pays	Dina Pays	Member Pays

**Resin-Based Composite Restorative - Direct**

D2330	Resin-One Surface, Anterior *	\$56.00	\$14.00	\$56.00	Balance due to the dentist
D2331	Resin-Two Surfaces, Anterior *	\$75.00	\$19.00	\$75.00	Balance due to the dentist
D2332	Resin-Three Surfaces, Anterior *	\$94.00	\$24.00	\$94.00	Balance due to the dentist
D2335	Resin-Four or More Surfaces, Anterior *	\$105.00	\$27.00	\$105.00	Balance due to the dentist
D2391	Resin-One Surface, Posterior *	\$64.00	\$15.00	\$64.00	Balance due to the dentist
D2392	Resin-Two Surfaces, Posterior *	\$92.00	\$23.00	\$92.00	Balance due to the dentist
D2393	Resin-Three Surfaces, Posterior *	\$112.00	\$28.00	\$112.00	Balance due to the dentist
D2394	Resin-Four or More Surfaces, Posterior *	\$140.00	\$35.00	\$140.00	Balance due to the dentist

**Crowns - Single Restorations Only**

**ONLY ONE (1) CROWN PROCEDURE CODE IS COVERED EVERY TWELVE (12) MONTHS PER MEMBER**

D2740	Crown - Porcelain/Ceramic Substrate	\$295.00	\$295.00	\$295.00	Balance due to the dentist
D2750	Crown - Porcelain fused to high noble metal	\$275.00	\$275.00	\$275.00	Balance due to the dentist
D2751	Crown - Porcelain fused predominantly base metal	\$245.00	\$255.00	\$245.00	Balance due to the dentist
D2752	Crown - Porcelain fused to noble metal	\$260.00	\$260.00	\$260.00	Balance due to the dentist
D2783	Crown - 3/4 Porcelain/ceramic substrate	\$270.00	\$295.00	\$270.00	Balance due to the dentist
D2790	Crown - Full cast high noble metal	\$265.00	\$265.00	\$265.00	Balance due to the dentist
D2791	Crown - Full cast predominantly base metal	\$210.00	\$210.00	\$210.00	Balance due to the dentist
D2792	Crown - Full cast noble metal	\$230.00	\$230.00	\$230.00	Balance due to the dentist

**Other Restorative Services**

D2930	Prefabricated stainless steel crown-primary tooth*	\$55.00	\$55.00	\$55.00	Balance due to the dentist
D2931	Prefabricated stainless steel crown-permanent tooth*	\$57.00	\$57.00	\$57.00	Balance due to the dentist

**PERIODONTICS - MAJOR BENEFITS**

**Non-Surgical Periodontal Service**

D4341	Perio Scaling, Root Planing, per quadrant *	\$67.00	\$53.00	\$67.00	Balance due to the dentist
D4342	Perio Scaling, Root Planing - 1 to 3 teeth *	\$70.00	\$30.00	\$70.00	Balance due to the dentist
D4355	Full Mouth Debridement *	\$48.00	\$32.00	\$48.00	Balance due to the dentist

**Other Periodontal Service**

D4910	Periodontal Prophylaxis - <b>One every five years</b>	\$38.00	\$32.00	\$38.00	Balance due to the dentist
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**PROSTHODONTICS**

**Complete Dentures (Including Routine Post-Delivery Care)**

D5110	Complete Denture - Maxillary - <b>One every 5 years</b>	\$618.00	\$206.00	\$618.00	Balance due to the dentist
D5120	Complete Denture - Mandibular - <b>One every 5 years</b>	\$618.00	\$206.00	\$618.00	Balance due to the dentist
D5130	Immediate Denture - Maxillary - <b>One every 5 years</b>	\$641.25	\$213.75	\$641.25	Balance due to the dentist
D5140	Immediate Denture - Mandibular - <b>One every 5 years</b>	\$641.25	\$213.75	\$641.25	Balance due to the dentist

**Partial Dentures (Including Routine Post-Delivery Care)**

D5213	Maxillary partial denture - cast metal framework ***	\$653.25	\$217.75	\$653.25	Balance due to the dentist
D5214	Mandibular partial denture - cast metal framework ***	\$653.25	\$217.75	\$653.25	Balance due to the dentist

**Adjustments to Dentures**

D5410	Adjust complete Dentures - Maxillary	\$20.00	\$20.00	\$20.00	Balance due to the dentist
D5411	Adjust complete denture - Mandibular	\$20.00	\$20.00	\$20.00	Balance due to the dentist
D5421	Adjust partial denture - Maxillary	\$20.00	\$20.00	\$20.00	Balance due to the dentist
D5422	Adjust partial denture - Mandibular	\$20.00	\$20.00	\$20.00	Balance due to the dentist

**Repairs to Complete Dentures**

D5510	Repair broken complete denture base	\$39.00	\$39.00	\$39.00	Balance due to the dentist
D5520	Replace missing or broken teeth - complete denture	\$31.00	\$31.00	\$31.00	Balance due to the dentist

CDT Code@	Procedure Description	Network Dentist		Out of Network	
		Dina Pays	Member Pays	Dina Pays	Member Pays
<b>Repairs to Partial Dentures</b>					
D5610	Repair resin denture base	\$45.00	\$45.00	\$45.00	Balance due to the dentist
D5640	Replace broken teeth - per tooth	\$30.00	\$30.00	\$30.00	Balance due to the dentist
<b>Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)</b>					
D7140	Extraction, Erupted Tooth or Exposed Root	\$60.00	\$15.00	\$60.00	Balance due to the dentist

**Total Reimbursement DOES NOT include lab costs. Lab fees are the member's responsibility.**

\* One every 12 months

\*\* Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series (D0210)

\*\*\* One every 5 Years

**Claims Submission:**

1. Mail: DINA Dental Plan

Attn: Claims Department

12946 Dairy Ashford, Ste 360

Sugar Land, TX 77478

2. Fax: (281) 313-7155

3. Electronic: [www.fcdental.com](http://www.fcdental.com)

Third Party Clearinghouse: Emdeon Payor ID# - CX090