

**GUARANTY ASSURANCE COMPANY - DINA Dental Plan
SCHEDULED BENEFITS RIDER**

PPO PLAN 01

PREFERRED PROVIDER		COVERED EXPENSE	Out of Network	
Charge	Code	TYPE I*	Benefit	Co-Insurance
\$21.00	0120*	Periodic oral exam	\$21.00	Balance Billing
\$30.00	0140*	Limited oral exam	\$30.00	Balance Billing
\$35.00	0150*	Comprehensive oral evaluation	\$35.00	Balance Billing
\$65.00	0160*	Detailed & extensive evaluation	\$65.00	Balance Billing
\$50.00	0180*	Comprehensive Perio evaluation	\$50.00	Balance Billing
\$57.00	0210*	X-ray - complete series	\$57.00	Balance Billing
\$10.00	0220*	X-ray - intraoral - periapical	\$10.00	Balance Billing
\$6.00	0230*	X-ray - intraoral - periapical	\$6.00	Balance Billing
\$14.00	0240*	X-ray - intraoral - occlusal film	\$14.00	Balance Billing
\$21.00	0250*	X-ray - extraoral - first film	\$21.00	Balance Billing
\$21.00	0260*	X-ray extraoral - each extra	\$21.00	Balance Billing
\$12.00	0270*	X-ray - bitewing - single film	\$12.00	Balance Billing
\$17.00	0272*	X-ray - bitewings - two films	\$17.00	Balance Billing
\$25.00	0274*	X-ray - bitewings - four films	\$25.00	Balance Billing
\$55.00	0330*	X-ray - panoramic film	\$55.00	Balance Billing
\$41.00	0470*	Diagnostic casts	\$41.00	Balance Billing
\$44.00	1110*	Prophylaxis- adult	\$44.00	Balance Billing
\$40.00	1120*	Prophylaxis- child	\$40.00	Balance Billing
\$25.00	1201*	Prophylaxis - child w/fluoride	\$25.00	Balance Billing
\$15.00	1203*	Topical fluoride - child	\$15.00	Balance Billing
\$20.00	1351*	Sealant - per tooth	\$20.00	Balance Billing
\$35.00	9110	Palliative treatment	\$35.00	Balance Billing

Lab Fees are Responsibility of the Member

* Benefits for most Type 1 Covered Expenses are subject to LIMITATIONS as shown in the text of the Certificate.

Guaranty Assurance Company has caused this Rider to be signed by its President and Assistance Secretary at Baton Rouge, Louisiana as of its Date of Issue. On its Effective Date, the provisions of the Rider becomes part of your Certificate of Insurance which Guaranty Insurance Company issued to you in connection with your Group Insurance Policy. Please attach this Rider to your Certificate of Insurance.

BR 3100 05
5/31/2005

Rick L. Barrett
ASSISTANT SECRETARY

James A. Taylor
PRESIDENT

**GUARANTY ASSURANCE COMPANY - DINA Dental Plan
SCHEDULED BENEFITS RIDER**

PPO Plan 1

PREFERRED PROVIDER				COVERED EXPENSE	Out of Network	
Charge	Company 80%	Member 20%	Code	TYPE II	Benefit	Co-Insurance
\$185.00	\$148.00	\$37.00	1510	Space maintainer - fixed unilateral	\$148.00	Balance Billing
\$250.00	\$200.00	\$50.00	1515	Space maintainer - fixed bilateral	\$200.00	Balance Billing
\$159.00	\$127.20	\$31.80	1520	Space maintainer - removable unilat.	\$127.00	Balance Billing
\$259.00	\$207.20	\$51.80	1525	Space maintainer - removable bilat.	\$207.00	Balance Billing
\$34.00	\$27.20	\$6.80	1550	Space maintainer recementation	\$27.00	Balance Billing
\$52.00	\$41.60	\$10.40	2140	Amalgam - one surface	\$45.00	Balance Billing
\$68.00	\$54.40	\$13.60	2150	Amalgam - two surface	\$48.00	Balance Billing
\$84.00	\$67.20	\$16.80	2160	Amalgam - three surfaces	\$71.00	Balance Billing
\$98.00	\$78.40	\$19.60	2161	Amalgam - four or more surfaces	\$89.00	Balance Billing
\$70.00	\$56.00	\$14.00	2330	Resin - one surface, anterior	\$56.00	Balance Billing
\$94.00	\$75.20	\$18.80	2331	Resin - two surfaces, anterior	\$42.00	Balance Billing
\$118.00	\$94.40	\$23.60	2332	Resin - three surfaces, anterior	\$64.00	Balance Billing
\$132.00	\$105.60	\$26.40	2335	Resin - four or more surfaces, anterior	\$106.00	Balance Billing
\$135.00	\$108.00	\$27.00	2390	Resin-based composite crown, anterior	\$108.00	Balance Billing
\$79.00	\$64.00	\$15.00	2391	Resin-based one surface, posterior	\$64.00	Balance Billing
\$115.00	\$92.00	\$23.00	2392	Resin-based two surfaces, posterior	\$92.00	Balance Billing
\$140.00	\$112.00	\$28.00	2393	Resin-based three surfaces, posterior	\$112.00	Balance Billing
\$175.00	\$140.00	\$35.00	2394	Resin-based four or more surfaces, post	\$140.00	Balance Billing
\$45.00	\$36.00	\$9.00	7111	Extraction, coronal remnants	\$36.00	Balance Billing
\$75.00	\$60.00	\$15.00	7140	Extraction, erupted tooth or exposed root	\$60.00	Balance Billing
\$111.00	\$88.80	\$22.20	7210	Surgical removal of erupted tooth	\$89.00	Balance Billing
\$159.00	\$127.20	\$31.80	7220	Removal - impacted - soft tissue	\$127.00	Balance Billing
\$199.00	\$159.20	\$39.80	7230	Removal - impacted - partially bony	\$160.00	Balance Billing
\$229.00	\$183.20	\$45.80	7240	Removal - impacted - completely bony	\$183.00	Balance Billing
\$269.00	\$215.20	\$53.80	7241	Removal - impacted - w/complications	\$215.00	Balance Billing
\$121.00	\$96.80	\$24.20	7250	Surgical removal of residual roots	\$97.00	Balance Billing
\$299.00	\$239.20	\$59.80	7260	Oroantral fistula closure	\$239.00	Balance Billing
\$239.00	\$191.20	\$47.80	7270	Tooth reimplantation	\$191.00	Balance Billing
\$289.00	\$231.20	\$57.80	7272	Tooth transplantation	\$231.00	Balance Billing
\$259.00	\$207.20	\$51.80	7280	Surgical exposure for orthodontics	\$207.00	Balance Billing
\$189.00	\$151.20	\$37.80	7281	Surgical exposure to aid eruption	\$151.00	Balance Billing
\$99.00	\$79.20	\$19.80	7290	Surgical repositioning of teeth	\$79.00	Balance Billing
\$139.00	\$111.20	\$27.80	7310	Alveoloplasty w/extracts - per quad.	\$111.00	Balance Billing
\$199.00	\$159.20	\$39.80	7320	Alveoloplasty w/o extracts - per quad.	\$159.00	Balance Billing
\$269.00	\$215.20	\$53.80	7340	Vestibuloplasty - ridge extension	\$215.00	Balance Billing
\$269.00	\$215.20	\$53.80	7350	Vestibuloplasty - ridge extension	\$215.00	Balance Billing
\$125.00	\$100.00	\$25.00	7510	Incision and drainage of abscess	\$100.00	Balance Billing
\$350.00	\$280.00	\$70.00	7960	Frenulectomy - separate procedure	\$280.00	Balance Billing
\$380.00	\$304.00	\$76.00	7970	Excision hyperplastic tissue - per arch	\$304.00	Balance Billing
\$20.00	\$16.00	\$4.00	9210	Local anesthesia no in conj. w/surg.	\$16.00	Balance Billing
\$20.00	\$16.00	\$4.00	9211	Regional block anesthesia	\$16.00	Balance Billing
\$48.00	\$38.40	\$9.60	9212	Trigeminal division block anesthesia	\$38.00	Balance Billing
\$20.00	\$16.00	\$4.00	9215	Local anesthesia no in conj. w/surg.	\$16.00	Balance Billing
\$101.00	\$80.80	\$20.20	9310	Consultation (diagnostic 2nd dentist)	\$81.00	Balance Billing
\$16.00	\$12.80	\$3.20	9910	Desensitizing medicament	\$13.00	Balance Billing
BR 3100 05	Lab Fees are the responsibility of the member					

**GUARANTY ASSURANCE COMPANY - DINA Dental Plan
SCHEDULED BENEFITS RIDER**

PPO Plan 1							
PREFERRED PROVIDER				COVERED EXPENSE		Out of Network	
Charge	Company 50%	Member 50%	Code	TYPE III*		Benefit	Co-Insurance
\$165.00	\$82.50	\$82.50	2410	Gold foil - one surface		\$83.00	Balance Billing
\$195.00	\$97.50	\$97.50	2420	Gold foil - two surfaces		\$98.00	Balance Billing
\$225.00	\$112.50	\$112.50	2430	Gold foil - three surfaces		\$113.00	Balance Billing
\$269.00	\$134.50	\$134.50	2510	Inlay - metallic - one surface		\$135.00	Balance Billing
\$359.00	\$179.50	\$179.50	2520	Inlay - metallic - two surfaces		\$180.00	Balance Billing
\$433.00	\$216.50	\$216.50	2530	Inlay - metallic - three surfaces		\$217.00	Balance Billing
\$475.00	\$237.50	\$237.50	2543	Onlay - metallic - three surfaces		\$238.00	Balance Billing
\$495.00	\$247.50	\$247.50	2544	Onlay - metallic - four surfaces		\$248.00	Balance Billing
\$357.00	\$178.50	\$178.50	2610	Inlay - porcelain/ceramic - 1 surface		\$179.00	Balance Billing
\$413.00	\$206.50	\$206.50	2620	Inlay - porcelain/ceramic - 2 surfaces		\$207.00	Balance Billing
\$443.00	\$221.50	\$221.50	2630	Inlay - porcelain/ceramic - 3 surfaces		\$222.00	Balance Billing
\$460.00	\$230.00	\$230.00	2642	Onlay - porcelain/ceramic - 2 surf.		\$230.00	Balance Billing
\$475.00	\$237.50	\$237.50	2643	Onlay - porcelain/ceramic - 3 surf.		\$238.00	Balance Billing
\$485.00	\$242.50	\$242.50	2644	Onlay - porcelain/ceramic - 4 surf.		\$243.00	Balance Billing
\$319.00	\$159.50	\$159.50	2650	Inlay-composite/resin (lab) - 1 surf.		\$160.00	Balance Billing
\$369.00	\$184.50	\$184.50	2651	Inlay - composite/resin (lab) - 2 surf.		\$185.00	Balance Billing
\$389.00	\$194.50	\$194.50	2652	Inlay - composite/resin (lab) - 3 surf.		\$195.00	Balance Billing
\$238.00	\$119.00	\$119.00	2662	Onlay - composite/resin (lab) - 1 surf.		\$119.00	Balance Billing
\$284.00	\$142.00	\$142.00	2663	Onlay - composite/resin (lab) - 2 surf.		\$142.00	Balance Billing
\$284.00	\$142.00	\$142.00	2664	Onlay - composite/resin (lab) - 3 surf.		\$142.00	Balance Billing
\$200.00	\$100.00	\$100.00	2710	Crown - resin (lab)		\$100.00	Balance Billing
\$415.00	\$207.50	\$207.50	2720	Crown - resin with high noble metal		\$208.00	Balance Billing
\$320.00	\$160.00	\$160.00	2721	Crown - resin with base metal		\$160.00	Balance Billing
\$360.00	\$180.00	\$180.00	2722	Crown - resin with noble metal		\$180.00	Balance Billing
\$590.00	\$295.00	\$295.00	2740	Crown - porcelain/ceramic substrate		\$295.00	Balance Billing
\$550.00	\$275.00	\$275.00	2750	Crown - porcelain fused high noble		\$275.00	Balance Billing
\$500.00	\$250.00	\$250.00	2751	Crown - porcelain fused base metal		\$250.00	Balance Billing
\$520.00	\$260.00	\$260.00	2752	Crown - porcelain fused noble metal		\$260.00	Balance Billing
\$530.00	\$265.00	\$265.00	2790	Crown - full cast high noble metal		\$265.00	Balance Billing
\$420.00	\$210.00	\$210.00	2791	Crown - full cast base metal		\$210.00	Balance Billing
\$460.00	\$230.00	\$230.00	2792	Crown - full cast noble metal		\$230.00	Balance Billing
\$40.00	\$20.00	\$20.00	2910	Recement inlay		\$20.00	Balance Billing
\$45.00	\$22.50	\$22.50	2920	Recement crown		\$23.00	Balance Billing
\$110.00	\$55.00	\$55.00	2930	Prefabricated stainless crown - prim		\$55.00	Balance Billing
\$114.00	\$57.00	\$57.00	2931	Prefabricated stainless crown - perm		\$57.00	Balance Billing
\$120.00	\$60.00	\$60.00	2932	Prefabricated resin crown		\$60.00	Balance Billing
\$112.00	\$56.00	\$56.00	2933	Prefab stainl. Crown w/resin window		\$56.00	Balance Billing
\$40.00	\$20.00	\$20.00	2940	Sedative filling		\$20.00	Balance Billing
\$101.00	\$50.50	\$50.50	2950	Core buildup, including any pins		\$51.00	Balance Billing
\$29.00	\$14.50	\$14.50	2951	Pin retention - per tooth, plus restor.		\$15.00	Balance Billing
\$173.00	\$86.50	\$86.50	2952	Cast post and core plus crown		\$17.00	Balance Billing
\$150.00	\$75.00	\$75.00	2954	Prefabricated post core plus crown		\$75.00	Balance Billing
\$95.00	\$47.50	\$47.50	2970	Temporary crown (fractured tooth)		\$48.00	Balance Billing
\$29.00	\$14.50	\$14.50	3110	Pulp cap - direct (excl. restoration)		\$15.00	Balance Billing
\$29.00	\$14.50	\$14.50	3120	Pulp cap - indirect (excl. restoration)		\$15.00	Balance Billing
\$75.00	\$37.50	\$37.50	3220	Therapeutic pulpotomy (excl. rest.)		\$38.00	Balance Billing

* BENEFITS FOR Type III COVERED EXPENSES ARE SUBJECT TO AT 12 MONTH WAITING PERIOD.

**GUARANTY ASSURANCE COMPANY - DINA Dental Plan
SCHEDULED BENEFITS RIDER**

PREFERRED PROVIDER				COVERED EXPENSE	Out of Network	
Charge	Company 50%	Member 50%	Code	TYPE III*	Benefit	Co-Insurance
\$430.00	\$215.00	\$215.00	3310	Endodontic therapy - Anterior	\$215.00	Balance Billing
\$495.00	\$247.50	\$247.50	3320	Endodontic therapy - Bicuspid	\$248.00	Balance Billing
\$540.00	\$270.00	\$270.00	3330	Endodontic therapy - Molar	\$300.00	Balance Billing
\$136.00	\$68.00	\$68.00	3351	Apexification/recalcification - initial	\$68.00	Balance Billing
\$60.00	\$30.00	\$30.00	3352	Apexification/recalcification - interim	\$30.00	Balance Billing
\$148.00	\$74.00	\$74.00	3353	Apexification/recalcification - final	\$74.00	Balance Billing
\$279.00	\$139.50	\$139.50	3410	Apicoectomy/Perir surgery-anterior	\$140.00	Balance Billing
\$279.00	\$139.50	\$139.50	3421	Apicoectomy/Perir surgery-Bicuspid	\$140.00	Balance Billing
\$279.00	\$139.50	\$139.50	3425	Apicoectomy/Perir surgery-molar	\$140.00	Balance Billing
\$109.00	\$54.50	\$54.50	3426	Apicoectomy/Perir surgery per extra root	\$55.00	Balance Billing
\$109.00	\$54.50	\$54.50	3430	Retrograde filling - per root	\$55.00	Balance Billing
\$110.00	\$55.00	\$55.00	3450	Root amputation - per root	\$55.00	Balance Billing
\$90.00	\$45.00	\$45.00	3910	Surgical procedure to isolate tooth	\$45.00	Balance Billing
\$275.00	\$137.50	\$137.50	4210	Gingivectomy - per quadrant	\$138.00	Balance Billing
\$79.00	\$39.50	\$39.50	4211	Gingivectomy - per tooth	\$40.00	Balance Billing
\$300.00	\$150.00	\$150.00	4240	Gingival flap procedure - per quad.	\$150.00	Balance Billing
\$250.00	\$125.00	\$125.00	4241	Gingival flap procedure- 1 to 3 teeth	\$125.00	Balance Billing
\$599.00	\$299.50	\$299.50	4260	Osseous surgery - per quad.	\$300.00	Balance Billing
\$530.00	\$265.00	\$265.00	4261	Osseous surgery - 1 to 3 teeth	\$265.00	Balance Billing
\$382.00	\$191.00	\$191.00	4263	Bone replacement graft - 1st site	\$191.00	Balance Billing
\$382.00	\$191.00	\$191.00	4264	Bone replacement graft -each additional	\$191.00	Balance Billing
\$381.00	\$190.50	\$190.50	4270	Pedicle soft tissue graph procedure	\$191.00	Balance Billing
\$391.00	\$195.50	\$195.50	4271	Free soft tissue graph procedure	\$196.00	Balance Billing
\$169.00	\$84.50	\$84.50	4320	Provisional splinting - intracoronal	\$85.00	Balance Billing
\$130.00	\$65.00	\$65.00	4321	Provisional splinting - extracoronal	\$65.00	Balance Billing
\$120.00	\$60.00	\$60.00	4341	Perio scaling, root planning - per quad.	\$60.00	Balance Billing
\$100.00	\$50.00	\$50.00	4342	Perio scaling, root planning-1 to 3 teeth	\$50.00	Balance Billing
\$80.00	\$40.00	\$40.00	4355	Full mouth debridement	\$40.00	Balance Billing
\$70.00	\$35.00	\$35.00	4910	Periodontal prophylaxis	\$35.00	Balance Billing
\$690.00	\$345.00	\$345.00	5110	Complete denture - maxillary	\$345.00	Balance Billing
\$690.00	\$345.00	\$345.00	5120	Complete denture - mandibular	\$345.00	Balance Billing
\$740.00	\$370.00	\$370.00	5130	Immediate denture - maxillary	\$370.00	Balance Billing
\$740.00	\$370.00	\$370.00	5140	Immediate denture - mandibular	\$370.00	Balance Billing
\$600.00	\$300.00	\$300.00	5211	Maxillary partial - resin base	\$300.00	Balance Billing
\$600.00	\$300.00	\$300.00	5212	Mandibular partial - resin base	\$300.00	Balance Billing
\$730.00	\$365.00	\$365.00	5213	Maxillary partial - cast metal frame	\$365.00	Balance Billing
\$730.00	\$365.00	\$365.00	5214	Mandibular partial - cast metal frame	\$365.00	Balance Billing
\$390.00	\$195.00	\$195.00	5281	Removable unilateral partial - cast	\$195.00	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
\$100.00	\$50.00	\$50.00	5620	Repair cast framework	\$50.00	Balance Billing
\$100.00	\$50.00	\$50.00	5630	Repair or replace broken clasp	\$50.00	Balance Billing
\$60.00	\$30.00	\$30.00	5640	Replace broken teeth - per tooth	\$30.00	Balance Billing
\$96.00	\$48.00	\$48.00	5650	Add tooth to existing partial denture	\$48.00	Balance Billing
\$112.00	\$56.00	\$56.00	5660	Add clasp to existing partial denture	\$56.00	Balance Billing

* BENEFITS FOR Type III COVERED EXPENSES ARE SUBJECT TO AT 12 MONTH WAITING PERIOD.

**GUARANTY ASSURANCE COMPANY - DINA Dental Plan
SCHEDULED BENEFITS RIDER**

PREFERRED PROVIDER			Code	COVERED EXPENSE	Out of Network	
Charge	Company 50%	Member 50%		TYPE III*	Benefit	Co-Insurance
\$270.00	\$135.00	\$135.00	5710	Rebase complete maxillary denture	\$135.00	Balance Billing
\$270.00	\$135.00	\$135.00	5711	Rebase complete mandibular denture	\$135.00	Balance Billing
\$250.00	\$125.00	\$125.00	5720	Rebase maxillary partial denture	\$125.00	Balance Billing
\$250.00	\$125.00	\$125.00	5721	Rebase mandibular partial denture	\$125.00	Balance Billing
\$118.00	\$59.00	\$59.00	5730	Reline maxillary denture (chairside)	\$59.00	Balance Billing
\$118.00	\$59.00	\$59.00	5731	Reline mandibular denture (chairside)	\$59.00	Balance Billing
\$118.00	\$59.00	\$59.00	5740	Reline maxillary partial (chairside)	\$59.00	Balance Billing
\$118.00	\$59.00	\$59.00	5741	Reline mandibular partial (chairside)	\$59.00	Balance Billing
\$199.00	\$99.50	\$99.50	5750	Reline maxillary denture (lab)	\$99.50	Balance Billing
\$199.00	\$99.50	\$99.50	5751	Reline mandibular denture (lab)	\$99.50	Balance Billing
\$199.00	\$99.50	\$99.50	5760	Reline maxillary partial (lab)	\$99.50	Balance Billing
\$199.00	\$99.50	\$99.50	5761	Reline mandibular partial (lab)	\$99.50	Balance Billing
\$300.00	\$150.00	\$150.00	5810	Interim complete denture (maxillary)	\$150.00	Balance Billing
\$300.00	\$150.00	\$150.00	5811	Interim complete denture (mandibular)	\$150.00	Balance Billing
\$233.00	\$116.50	\$116.50	5820	Interim partial denture (maxillary)	\$117.00	Balance Billing
\$233.00	\$116.50	\$116.50	5821	Interim partial denture (mandibular)	\$117.00	Balance Billing
\$489.00	\$244.50	\$244.50	6210	Pontic - cast high noble metal	\$245.00	Balance Billing
\$470.00	\$235.00	\$235.00	6211	Pontic - cast base metal	\$235.00	Balance Billing
\$490.00	\$245.00	\$245.00	6212	Pontic - cast noble metal	\$245.00	Balance Billing
\$520.00	\$260.00	\$260.00	6240	Pontic - porcelain/high noble metal	\$260.00	Balance Billing
\$500.00	\$250.00	\$250.00	6241	Pontic - porcelain fused to base metal	\$250.00	Balance Billing
\$520.00	\$260.00	\$260.00	6242	Pontic - porcelain fused to noble metal	\$260.00	Balance Billing
\$430.00	\$215.00	\$215.00	6250	Pontic - resin with high noble metal	\$215.00	Balance Billing
\$385.00	\$192.50	\$192.50	6251	Pontic - resin with base metal	\$193.00	Balance Billing
\$398.00	\$199.00	\$199.00	6252	Pontic - resin with noble metal	\$199.00	Balance Billing
\$415.00	\$207.50	\$207.50	6720	Crown - resin with high noble metal	\$208.00	Balance Billing
\$320.00	\$160.00	\$160.00	6721	Crown - resin with base metal	\$160.00	Balance Billing
\$359.00	\$179.50	\$179.50	6722	Crown - resin with noble metal	\$180.00	Balance Billing
\$530.00	\$265.00	\$265.00	6750	Crown - porcelain/high noble metal	\$265.00	Balance Billing
\$500.00	\$250.00	\$250.00	6751	Crown - porcelain fused to base metal	\$250.00	Balance Billing
\$520.00	\$260.00	\$260.00	6752	Crown - porcelain fused to noble metal	\$260.00	Balance Billing
\$512.00	\$256.00	\$256.00	6780	Crown - 3/4 cast high noble metal	\$256.00	Balance Billing
\$530.00	\$265.00	\$265.00	6790	Crown - full cast high noble metal	\$265.00	Balance Billing
\$419.00	\$209.50	\$209.50	6791	Crown - full cast base metal	\$210.00	Balance Billing
\$429.00	\$214.50	\$214.50	6793	Crown - full cast noble metal	\$215.00	Balance Billing
\$45.00	\$22.50	\$22.50	6930	Recent fixed partial denture	\$23.00	Balance Billing

*** BENEFITS FOR Type III COVERED EXPENSES ARE SUBJECT TO AT 12 MONTH WAITING PERIOD.**

BR 3100 05

Lab Fees are the responsibility of the member