

# PPO Plan HIGHLIGHTS

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Use any dentist or a DINA PPO Dentist. Our DINA panel of providers has been contracted, credentialed, and have agreed to charge for procedures, co-payments not to exceed certain discounted dollar amounts

*\*Usual, Reasonable and Customary charges may apply when accessing a dentist who is not participating in the network.*

Offered to groups or individuals  
May be offered as a Dual Choice with other DINA Plans

This plan is completely voluntary. Only 2 employees to qualify as a group  
\*One \$50 to be met  
with either Type II  
or Type III or a

Benefit year maximum increases to \$1500 in the 3rd Benefit Year

Operating in Louisiana since 1978.

The plan is a insured program that is fully regulated by the Louisiana Department of Insurance.

Qualifies for Section 125 (Cafeteria Plan) deductions

<b><u>Monthly Premiums</u></b>	
Employee	\$20.00
Employee + One	\$38.00
Family	\$60.00

**\*Individual Policies must be paid through bank draft or 6 months at a time.**

See back for more details

## DINA Dental PPO Plan

<b>Benefit Year Maximum</b>	<b>First Year</b>	<b>Second Year</b>	<b>Thereafter</b>	
Per Covered Person	\$750.00	\$1,000.00	\$1,500.00	
<b>Insurance Percentage</b>	<b>First Year</b>	<b>Second Year</b>	<b>Thereafter</b>	
Type I Covered Expenses	100%	100%	100%	
Type II Covered Expenses	80%	80%	80%	
Type III Covered Expenses	0%	50%	50%	
<b>Waiting Period</b>	<b>First Year</b>	<b>Second Year</b>	<b>Thereafter</b>	
Type III Covered Expenses	12 months	None	None	
	(Unless takeover)			
<b>Benefit Year Deductible</b>	<b>First Year</b>	<b>Second Year</b>	<b>Thereafter</b>	
Type I Covered Expenses per Covered Person	\$50.00	None	None	*One \$50 to be met with either Type II or Type III or a combination of both.
Type II Covered Expenses per Covered Person	\$50.00	\$50.00	\$50.00	
Type III Covered Expenses per Covered Person	No Benefits	\$50.00	\$50.00	
<b>Family Maximum Deductible per Year</b>	\$150.00	\$150.00	\$150.00	
<b>Orthodontics (Participating Ortho. ONLY)</b>	Initial Consultation covered at 100%, treatment covered at 20% discount.			
<b>Description of Covered Services</b>				
Type I - Preventative & Diagnostic:	Exams, Evaluations, Cleanings, X-rays, Fluoride Treatments, Sealants			
Type II - Basic Services:	Fillings, Extractions, Oral Surgery			
Type III - Major Services:	Crowns, Root Canals, Periodontal Scaling, Partial, Dentures			

\*These benefits are payable when using one of our Preferred Providers. If you choose another provider that does not participate with DINA Dental, you may incur additional charges. The Scheduled Charge is the maximum amount which benefits will be paid, if you see a non-participating provider they may charge more than the Scheduled Charge. If your dentist charges more than the Scheduled Charge, you will pay the deductible and co-insurance plus the amount over the Scheduled Charge.