

Prepaid Plan HIGHLIGHTS

No Claim Forms

No Deductibles

No Maximums

No Waiting Periods

Many Preventative and Diagnostic services are provided at NO CHARGE.

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

Over 200 Procedures covered with by copayments.

Must choose a dentist from our network of dentists.
Over 200 dentists across the state of Louisiana.

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.

		<u>Premiums</u>		
* Individual Premium			Group Premium	
Individual	\$13.00		Employee	\$13.00
Individual + 1	\$21.00		Employee + One	\$21.00
Individual + 2-3	\$28.00		Family	\$28.00
Individual + 4 or more	\$32.00			

***Individual Policies must be paid through bankdraft or 6 months at a time.**

See back for more details

DINA Dental Prepaid Plan

*No Waiting Periods
No Deductibles
No Annual Maximums*

<u>Diagnostic Procedures</u>	<u>Copayment</u>
OSHA Disposables-per visit	\$5.00
Comprehensive oral exam	\$20.00
Limited oral evaluation-problem focused	\$30.00
Periodic exam-once every 6 months	\$5.00
X-ray-intraoral-periapical-first film-once every 6 months	N/C
X-ray-intraoral-occlusal-once every 6 months	N/C
X-ray-extraoral-first film-once every 6 months	N/C
X-ray-bitewing-2 films-once every 6 months	\$10.00
X-ray-intraoral-complete series-once every 36 months	\$24.00
Diagnostic casts	N/C
<u>Preventive Procedures</u>	<u>Copayment</u>
Routine teeth cleaning-adult-once every 6 months	\$15.00
Routine teeth cleaning-child-once every 6 months	\$10.00
Fluoride treatment-child-once every 12 months	\$5.00
Sealant-each tooth-once every 36 months	\$8.00
<u>Restorative Procedures</u>	<u>Copayment</u>
Amalgam filling-1 surface-primary (baby) tooth	\$20.00
Amalgam filling-2 surface-primary (baby) tooth	\$30.00
Amalgam filling -3 surface-permanent tooth	\$40.00
Resin filling-1 surface-anterior (front tooth)	\$50.00
Resin filling-2 surface-anterior (front tooth)	\$60.00
Resin filling-3 surface-anterior (front tooth)	\$70.00
Crown-porcelain-fused to predom.base metal	\$420.00
Crown-porcelain-fused to high noble metal	\$450.00
Crown-full cast-predominately based metal	\$400.00
Core buildup-including any pins	\$90.00
Temporary crown (fractured tooth)	\$60.00
Root canal-Anterior (front tooth)	\$225.00
Periodontal scaling and root planing-per quadrant	\$90.00
Full mouth debridement for comprehensive periodontal eval.	\$75.00
Denture-complete upper or lower	\$450.00
Immediate denture - upper or lower	\$475.00
Upper partial-resin base-complete	\$375.00
Add tooth to existing partial denture	\$75.00
Extraction-single tooth	\$50.00
Removal of impacted tooth-soft tissue	\$75.00
Incision and drainage of abscess-intraoral soft tissue	\$50.00

*This is only a summary of over 180 dental services included in the plan. You must use a participating dentist.

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