

# DINA DENTAL PLAN

We have a plan to fit every smile.

## Prepaid Plan ~ Highlights

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**\*NO Claim Forms**

**\*NO Maximums**

**\*NO Deductibles**

**\*NO Waiting Period**

Available to Groups or Individuals

(Also as Dual Choice with other DINA Plans)

Some Preventive and Diagnostic Services ~ Provided at NO CHARGE

Over 180 procedures covered by co-payments.

Must Select Dentist from Dina Network of Dentists

Network Includes Dentists Across the State of Louisiana

Operating in Louisiana Since 1978

Qualifies for Section 125 (Cafeteria Plan) Deductions

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### Prepaid Plan Premiums (Monthly)

<b>*Individual</b>		<b>Group</b>	
Individual (I)	\$13.00	Employee (E)	\$13.00
I + 1	\$21.00	E + One	\$21.00
I + 2-3	\$28.00	E + Family	\$28.00
I + 4 or more	\$32.00		

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

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# DINA DENTAL PLAN

*We have a plan to fit every smile.*

## Prepaid Plan ~ Benefits

*No Waiting Periods \* No Deductibles \* No Annual Maximums*

<b>Diagnostic Procedures</b>	<b>Co-payment</b>
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	No Charge
X-ray – intraoral – occlusal – once every 6 months	No Charge
X-ray – extraoral – first film – once every 6 months	No Charge
X-ray – bitewing – 2 films – once every 6 months	\$10.00
X-ray – intraoral – complete series – once every 36 months	\$24.00
Diagnostic casts	No Charge

  

<b>Preventive Procedures</b>	<b>Co-payment</b>
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

  

<b>Restorative Procedures</b>	<b>Co-payment</b>
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 predominately based 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 planning-per quadrant	\$ 90.00
Full mouth debridement for comprehensive periodontal evaluation	\$ 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 (participating dentist must be used).