

# DINA DENTAL PLAN

*We have a plan to fit every smile.*

## PPO Plan ~ Highlights

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Use any dentist or a DINA PPO Dentist.

Our DINA panel of providers are contracted, credentialed, and have agreed to charge predetermined fees 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.

Available to Groups or Individuals

May be offered as a Dual Choice with other DINA Plans.

Only 2 Employees Qualify as a Group

Immediate Coverage for Type I and Type II

Discount on Orthodontics

Benefit Year Maximum Increases to \$1500 in the 3rd Benefit Year

Operating in Louisiana since 1978.

This plan is an insured program that is fully regulated by the Louisiana Department of Insurance.

Qualifies for Section 125 (Cafeteria Plan) Deductions

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### PPO Plan Monthly Premiums

|                                |         |
|--------------------------------|---------|
| Employee (E) or Individual (I) | \$20.00 |
| E or I + One                   | \$38.00 |
| E or I + Family                | \$60.00 |

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

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## PPO Plan ~ Benefits

| <b>Benefit Year Maximum</b> | <b>First Year</b> | <b>Second Year</b> | <b>Thereafter</b> |
|-----------------------------|-------------------|--------------------|-------------------|
| Per Covered Person          | \$750             | \$1,000            | \$1,500           |

| <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<br>(Unless Takeover) | None               | None              |

| <b>Benefit Year Deductible</b>                | <b>First Year</b> | <b>Second Year</b> | <b>Thereafter</b> |
|---|-------------------|--------------------|-------------------|
| Type I Covered Expenses per Covered Person    | \$50              | None               | None              |
| *Type II Covered Expenses per Covered Person  | \$50              | \$50               | \$50              |
| *Type III Covered Expenses per Covered Person | No Benefits       | \$50               | \$50              |
| Family Maximum Deductible per Year            | \$150             | \$150              | \$150             |

\*One \$50 to be met with either Type II or Type III or a combination of both.

| <b>Orthodontics</b>                | <b>Benefits</b>   |
|------------------------------------|---|
| (Participating Orthodontists ONLY) | Initial Consultation Covered at 100%<br>Treatment Covered at 20% Discount |

| <b>Types of Service</b>            | <b>Description of Covered Services</b>                               |
|------------------------------------|--|
| Type I - Preventative & Diagnostic | Exams, Evaluations, Cleanings, X-rays, Fluoride Treatments, Sealants |
| Type II - Basic Services           | Fillings, Extractions  |
| Type III - Major Services          | Crowns, Root Canals, Periodontal Scaling, Partial, Dentures          |

### Important Notice

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. A non-participating provider 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.