

DINA

Dental Plan

PLAN FEATURES INCLUDE:

BENEFITS

- NO Deductibles
- NO Annual maximums
- NO Claim forms to file
- Emergency Benefits

COVERAGE

- Preventive Dental Care
- Basic Restoration Services
- Major Dental Services
- Pre-Existing Conditions
- Many Cosmetic Procedures

CLAIMS FORMS NOT REQUIRED

Our payment of the benefits by capitation eliminates your need to file claim forms. You deal directly with your selected dentist when you need any of the covered dental services. You must pay all co-payments to your selected dentist as they become due and payable.

WHO IS ELIGIBLE

You, your spouse and eligible dependents less than 21 years old are eligible to be covered under on certificate of insurance. Eligible dependents less than 24 years of age are eligible if attending trade school or college as a full time student.

Important Note: All family members covered by one certificate of insurance must use the same participating family dentist.

SPECIALISTS DENTAL SERVICES

Limited benefit -- This plan is contracted with orthodontists and other specialists who are willing to participate. Participating specialists may not, however, be available in all parts of the state, or for all categories of specialist dental services you may need. A member's initial consultation with a participating specialist is no charge, after which the participating specialist provides a 20% discount for services the participating specialist performs.

Service performed by non-participating specialists are EXCLUDED.

EMERGENCY DENTAL CARE

When your non-participating family dentist is unavailable or when you are away from home, you may seek emergency dental care from any available dentist. The Plan will reimburse up to \$50.00 per emergency, limited to \$100.00 per policy per year, for emergency dental care.

HOW IT WORKS

To enroll you must complete an enrollment form and mail it to the address below or fax it to the number below. At the time of enrollment you **must** select a Participating Dentist from the list. This location is now the center for all your dental needs.

After you have enrolled and money has been received, you will receive a Certificate of Benefits, a complete listing of co-payments and an ID card. Your ID card will have the address and telephone number of your participating dentist. To receive all necessary dental care covered by the plan, simply call your selected provider to make an appointment.

BI-WEEKLY PAYROLL DEDUCTION

Individual	\$13.00
Individual & one dependent...	\$17.00
Family	\$21.00

MONTHLY BANK DRAFT RATE

Individual	\$28.17
Individual & one dependent...	\$36.83
Family	\$45.50

**WHEN WILL COVERAGE
BE EFFECTIVE**

All coverage becomes effective on the 1st of the month. If we receive your application and first month's premium before the 10th of the month, your coverage will be effective on the 1st of the following month. Applicants whose information is received after the 10th of the month will be effective one month later. Once covered, you are eligible for all benefits offered under the plan.

SUMMARY OF BENEFITS

DIAGNOSTIC

Periodic oral exam (Limited, once every 6 months)..... No Charge
Limited oral exam-problem focused..... \$20.00
X-Ray -- Intraoral periapical first film..... No Charge
X-Ray Bitewing - 2 films once per 6 months..... \$ 8.00

PREVENTIVE

Prophylaxis-(adult/child) two per 12 months..... No Charge
Flouride..... No Charge
Sealant - per tooth..... \$ 8.00

RESTORATIVE

Amalgam
-one to three surfaces, primary..... \$20; \$25; \$30
-one to three surfaces, permanent..... \$20; \$30; \$40
Resin
-one to three surfaces, anterior..... \$30; \$40; \$50
-one to three surfaces, posterior permanent..... \$35; \$50; \$65

ENDODONTICS

ROOT CANAL
Anterior (excluding final restoration)..... \$150.00
Biscupid (excluding final restoration)..... \$180.00
Molar (excluding final restoration)..... \$260.00

PROSTHETICS

Crown-resin with predominately base metal.....\$275.00
Crown-porcelain fused to predominately base metal\$300.00
Crown-3/4 cast high noble metal..... \$295.00
Pontic-cast predominately base metal..... \$300.00
Pontic-porcelain fused to predominately base metal..... \$300.00
Complete denture maxillary or mandibular..... \$370.00
Denture reline-(chairside) complete or partial..... \$ 75.00

PERIODONTICS

Gingivectomy or Gingivoplasty - per quadrant \$145.00
Gingivectomy or Gingivoplasty - per tooth \$ 50.00
Periodontal scaling and root planning - per quadrant..... \$ 55.00
Periodontal maintenance procedures (following active therapy) \$ 35.00

ORAL SURGERY

Extraction - single tooth..... \$30.00
Extraction - each additional tooth \$25.00
Surgical removal of erupted tooth
requiring elevation of mucoperiosteal flop..... \$60.00
Removal of impacted tooth - soft tissue..... \$75.00
Removal of impacted tooth - completely bony..... \$125.00
Alveoloplasty in conjunction with extraction - per quadrant..... \$70.00

ADJUNCTIVE GENERAL SERVICES

Palliative (emergency) treatment dental pain-minor procedure..... \$25.00
Local Anesthesia No Charge
Consultation (diagnostic service performed
by a participating Specialist upon referral) No Charge

Please Note

**This is only a summary of co-payments and benefits.
For more information on Dental Plans,
Please call:
1-800-578-2082**