

- HOW IT WORKS

To enroll you must complete an enrollment form and mail or fax it to the address or fax number on the form. When you enroll in this plan, you must select a Participating Dentist from the list prior to your effective date of coverage. This location is now the center for all of your dental needs.

After you have enrolled and money has been received, you will receive a Certificate of Insurance from the company. To receive all necessary dental care covered by the plan, simply call your selected provider to make an appointment.

Remember to always contact your selected panel dentist. **Dental services, which are not performed by a participating provider, are not covered.**

- WHO IS ELIGIBLE?

You, your spouse, and eligible dependents less than 21 years old are eligible to be covered. Eligible dependents between the ages of 21 and 24 are eligible if they are full time students. Evidence of student status is required with application.

Dental Plan Prepaid

Bi-Weekly Payroll Deduction

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

Monthly Bank draft Rate

Individual	\$29.67
Individual & one dependent	\$38.33
Family.....	\$47.00

**PROCEDURES COMMONLY PERFORMED
DURING A REGULAR CHECKUP**

PROCEDURE	CO-PAY
Periodic Exam.....	No Cost
Routine Teeth Cleaning - Adult	No Cost
X-Ray – Bitewing – 2-Film.....	\$ 8.00
OSHA Disposables	\$ 5.00
Total Co-Pays for this check-up	\$ 13.00

DIAGNOSTIC SERVICES

OSHA Disposables – per visit – for infection control	\$ 5.00
Comprehensive oral evaluation.....	\$ 15.00
Limited oral evaluation – problem.....	\$ 20.00
Periodic examination – once in any 6 months	No Cost
X-Ray – intraoral – periapical – first film – once per 6 months	No Cost
X-Ray – intraoral – occlusal – once per 6 months	No Cost
X-Ray – extraoral – periapical – first film – once per 6 months	No Cost
X-Ray – bitewing – 2 films – once per 6 months	\$ 8.00
X-Ray – bitewing – 4 films – once per 6 months	\$ 10.00
X-Ray – panoramic films – once per 36 months.....	\$ 20.00
X-Ray – intraoral – complete series – once per 36 months.....	\$ 20.00
Diagnostic cost.....	No Cost

PREVENTIVE SERVICES

Routine teeth cleaning – adult – once per 6 months	No Cost
Routine teeth cleaning – child – once per 6 months	No Cost
Fluoride treatment – child – once in any 12 month period.....	No Cost
Sealant – each tooth – once in any 36 month period.....	No Cost

RESTORATIVE SERVIES

Amalgam filling – 1 surface – primary (baby) tooth.....	\$ 20.00
Amalgam filling – 2 surface – primary (baby) tooth.....	\$ 25.00
Amalgam filling – 1 surface – permanent tooth.....	\$ 20.00
Amalgam filling – 2 surface – permanent tooth.....	\$ 30.00
Amalgam filling – 3 surface – permanent tooth.....	\$ 40.00
Resin filling – 1 surface – anterior (front tooth).....	\$ 30.00
Resin filling – 2 surface – anterior (front tooth).....	\$ 40.00
Resin filling – 3 surface – anterior (front tooth).....	\$ 50.00
Crown – porcelain – fused to predom, base metal	\$300.00
Crown – full cast – Fused to high noble metal.....	\$300.00
Crown – porcelain – predominately base metal	\$300.00
Core buildup – including any pins	\$ 55.00
Temporary crown (fractured tooth)	\$ 60.00
Root canal – Anterior (front tooth).....	\$150.00
Periodontal scaling and root planning per quadrant.....	\$ 55.00
Full mouth debridement for comprehensive periodontal evaluation	\$ 45.00
Denture – complete upper or lower	\$370.00
Immediate denture – upper or lower.....	\$380.00
Upper partial – resin base - complete	\$275.00
Add tooth to existing partial denture	\$ 50.00
Extraction – single tooth.....	\$ 30.00
Removal of impacted tooth – soft tissue.....	\$ 75.00
Incision and drainage of abscess intraoral soft tissue	\$ 50.00

**** This is just a summary of benefits.
Upon eligibility you will receive a
complete list of benefits.***

ADVANTAGES

✓ NO CLAIM FORMS

The dental location you choose provides all primary dental services. There are neither claim forms to complete nor percentage of usual charges for you to pay.

✓ NO DEDUCTIBLES

In this program there are no required deductibles to pay so your benefits begin immediately.

✓ NO DOLLAR LIMIT OF DENTAL BENEFITS

No annual limit.

✓ NO PRE-EXISTING CONDITIONS RESTRICTED

These conditions are not excluded in this program.

Exception: Work in progress.

✓ PREPAID PLAN SAVES ON DENTAL COST

Your out-of-pocket savings could be substantial. You know the exact cost prior to treatment and this aids in better fiscal planning for you and your family.

✓ QUALITY REVIEW OF DENTAL PROVIDERS

On site audit of participating dental locations to insure that established standards of quality are maintained.

✓ NO CHARGE SERVICES

There are no charges for oral exams, routine semi-annual cleanings, x-rays or amalgam fillings.

• ORTHODONTIC COVERAGE

Orthodontic benefits are included for children and adults. Participating Orthodontists offer our members a 20% reduction off their normal fees. Orthodontic treatment begun prior to your coverage effective date is not eligible for discount.

• SPECIALIST COVERAGE

Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist or Pedodontist) be necessary, you may be referred by your Participating General Dentist to any Participating Specialist listed in our Directory. If you are treated by a Participating Specialist, you will receive a 20% reduction off that specialist's normal fees. Specialist services are available only in areas where there is Participating Specialist. Payment for services performed by non-participating specialist is the responsibility of the Member.

• CHANGING DENTISTS

Should you need to change dentists, you may do so by simply calling Dental Plans, Inc. at **800-578-2082** or **770-963-3939**.

• COPAYMENTS

Co-payments are reduced fees that you pay directly to the dentist for dental treatments. See the other side of this brochure for sample co-payment fees.

• EMERGENCY DENTAL CARE

Co-payments are reduced fees that you pay directly. When your participating family dentist is unavailable or when you are away from home, you may seek emergency dental care from any available dentist. Dental Plan Prepaid will reimburse you up to %50.00 per emergency, limited to \$100.00 per policy per year for emergency dental care.

Please note: This is only a summary of the co-payments and benefits. For more information on Dental Plans, please call:

1 (800) 578-2082

An Evidence of Coverage will be sent to you upon enrollment.

Disclaimer: Professional Benefit Administrators has no liability for providing or guaranteeing service and has no liability or responsibility for the quality of service rendered

DINA Dental

(LOUISIANA)

Presented by

***Professional Benefit
Administrators***



(800) 578-2082

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