

# DINA DENTAL PLAN

*We have a plan to fit every smile.*

## Indemnity Plan ~ Benefits

<b>Preventative &amp; Diagnostic Services (Type I)</b> Oral Examinations X-rays Cleanings Children's Fluoride Treatments	<b>100 %</b>  No Deductible Applies
<b>Basic Services (Type II)</b> Fillings Extractions	<b>80% after Deductible</b>
<b>Major Services (Type III)</b> Crowns Partials & Dentures Oral Surgery Root Canals (Endodontics) Periodontal Scaling (Periodontics)	<b>50% after Deductible</b>  12 Month Waiting Period (Takeover Provisions Apply) Endo & Perio may be moved to Basic Services for an up charge.
<b>Contract Year Deductible Options</b> Choice of Deductible Maximum of 3 Deductibles per Family	<b>\$50 ~ \$75 ~ \$100</b>
<b>Maximum Benefit Options</b> Choice of Annual Maximum Benefits Per Person	<b>\$1000 ~ \$1500 ~ \$2000</b>
<b>Orthodontia Rider (Optional)</b> Choice of Lifetime Maximum \$50 Separate Deductible ~ 50% Co-insurance (Children Only - Up to Age 19)	<b>\$1000 ~ \$1500 ~ \$2000</b>  12 Month Waiting Period