

Dental Insurance Prepaid Plan HIGHLIGHTS

No Claim Forms

No Deductibles

No Maximums

No Waiting Periods

Many Preventative and Diagnostic services are provided at NO CHARGE.

Offered to groups or individuals.
May be offered as a Dual Choice with other DINA Plans.

Over 200 Procedures covered with by copayments.

Must choose a dentist from our network of dentists.
Over 200 dentists across the state of Louisiana.

Operating in Louisiana since 1978.

The plan is a insured program that is fully regulated by the
Louisiana Department of Insurance.

Qualifies for Section 125 (Cafeteria Plan) deductions.

	<u>Premiums</u>		
* Individual Premium		Group Premium	
Individual	\$13.00	Employee	\$13.00
Individual + 1	\$21.00	Employee + One	\$21.00
Individual + 2-3	\$28.00	Family	\$28.00
Individual + 4 or more	\$32.00		

***Individual Policies must be paid through bankdraft or 6 months at a time.**

Call Greg Little @ Louisiana Insurance 225-612-4589

DINA Dental Prepaid Plan

*No Waiting Periods
No Deductibles
No Annual Maximums*

<u>Diagnostic Procedures</u>	<u>Copayment</u>
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	N/C
X-ray-intraoral-occlusal-once every 6 months	N/C
X-ray-extraoral-first film-once every 6 months	N/C
X-ray-bitewing-2 films-once every 6 months	\$10.00
X-ray-intraoral-complete series-once every 36 months	\$24.00
Diagnostic casts	N/C
<u>Preventive Procedures</u>	<u>Copayment</u>
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
<u>Restorative Procedures</u>	<u>Copayment</u>
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 predom.base 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 planing-per quadrant	\$90.00
Full mouth debridement for comprehensive periodontal eval.	\$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. You must use a participating dentist.*~~

<u>Premiums</u>			
<u>* Individual Premium</u>		<u>Group Premium</u>	
Individual	\$13.00	Employee	\$13.00
Individual + 1	\$21.00	Employee + One	\$21.00
Individual + 2-3	\$28.00	Family	\$28.00
Individual + 4 or more	\$32.00		

***Individual Policies must be paid through bankdraft or 6 months at a time.**

Guaranty Assurance Company
 A Life, Accident & Health Insurer
 PO Box 40017
 Baton Rouge, LA 70835-0017



DINA Dental Plan™
 and
 DINA Dental Network
 1-800-376-DINA (3462)

Application for Membership and Dental Insurance – Page 1

Last Name:		First Name:		Middle Initial:
Mailing Address:				
City:		State:	Zip:	
Phone:	Social Security Number	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Employer:		Work Phone:		

Premium Payment Mode (Select Only One)

Monthly Options: (Bank Draft & Credit Card Only)	Bank Draft <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Other Options:		
Payroll Deduction:	Weekly <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>	Semi-Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/>

Include Coverage for the Listed Dependent(s)

Dependent(s)	First, Middle Initial, Last Name	Social Security Number	Date of Birth	Male	Female
▪ Spouse				<input type="checkbox"/>	<input type="checkbox"/>
▪ Child				<input type="checkbox"/>	<input type="checkbox"/>
▪ Child				<input type="checkbox"/>	<input type="checkbox"/>
▪ Child				<input type="checkbox"/>	<input type="checkbox"/>
▪ Child				<input type="checkbox"/>	<input type="checkbox"/>
▪ Child				<input type="checkbox"/>	<input type="checkbox"/>
▪ Child				<input type="checkbox"/>	<input type="checkbox"/>

• Note: Unmarried children, ages 21 – 24, may be covered as a dependent only if designated as a full time student at an accredited trade school or college.
 • If applicable, please provide proof of full time student designation with this application or as soon as possible. Proof will be needed for payment of claims.

Do you or any dependents listed above have other dental insurance coverage? Yes No

Membership in the DINA Dental Plan and dental insurance is requested for all persons named in this application.

Please Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to a fine and confinement in prison.

Applicant's Signature Agent's Signature	Date Signed 6/3/01 Agent Number
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Company Use Only

Group Number:	Dentist Number:	Dentist's Name	Certificate Number:
Mode Premium \$ _____	Monthly Premium \$ _____	Amount Paid with Application \$ _____	

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PO Box 40017
Baton Rouge, LA 70835-0017



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Application for Membership and Dental Insurance – Page 2

Policy Type (Select Only One):

Individual Policy

Group Policy

Plan Type (Select All Applicable):

Prepaid Plan

PPO Plan

Indemnity Plan

If you have selected the Prepaid Plan, please list the family dentist you have chosen:

Selected Dentist: _____

Please read carefully before choosing a non-participant as your selected dentist under Louisiana's Freedom of Choice Law:

Under the provisions of R.S. 22:1513, we cannot prevent YOU from choosing the dentist of YOUR choice to perform the covered dental services, or interfere with YOUR selection in any manner.

However, YOU should be fully aware that this law DOES NOT REQUIRE A NON-PARTICIPANT to accept the same Capitation and Co-payment that a Participant will accept to perform the covered dental service benefits offered by the Policy. If YOU choose a Non-Participant, it is possible that YOU will derive NO BENEFITS from being covered by the Policy.

Guaranty Assurance Company has issued a Policy to insure Members of the DINA Dental Plan who desire to purchase the Prepaid Dental Plan. The undersigned Member acknowledges that this type of insurance requires that all family members who are named in this Policy or Certificate of Insurance must use the same Family Dentist who is named above as the Selected Dentist.

Member Signature

Date Signed

Company Use Only

Date Received:

Effective Date:

Selection Approved:

Date Approved:

Certificate Number:

AUTHORIZATION TO HONOR CHECKS DRAWN BY GUARANTY ASSURANCE COMPANY

Name of Depositor as Shown on Bank Records (Please Print)

Account Number

Name of Bank

Branch Name, If Any

Address of Bank or Branch (City and State)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of Guaranty Assurance Company, Baton Rouge, Louisiana; provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date

Signature of
Depositor as Shown
on Bank Records

BDA

GUARANTY ASSURANCE COMPANY, P.O. BOX 40017, BATON ROUGE, LA 70835-0017

PLEASE NOTE: The size of this form is adjustable from a 6x4 to a 5x3 card for your filing convenience.

DINA 10 (R 4/99)

POLICY NO.	Bank Account Number	Print Name of Depositor as it Appears on Bank Records
<small>For Home Office Use Only</small>		
Full Name of Bank	Branch Name & No. or Letter, If Any	
City & State	Transit No. & Routing Symbol _____	

AUTOMATIC BANK CHECK AUTHORIZATION

I, the undersigned hereby authorize the Guaranty Assurance Company, Baton Rouge, Louisiana, to draw checks each month against my checking account at the Bank named above to pay my Dental Insurance Premium, and I agree that the presentation of such premium payments checks shall constitute notices of insurance premiums due.

Date Completed

Signature of Depositor as it Appears on Bank Records

NOTE: A BLANK SAMPLE OF DEPOSITOR'S CHECK MUST ACCOMPANY THIS REQUEST.



DINA Dental Plan™

Dina Dental Plan Prepaid Plan Dentist Directory

5/1/2006

This directory is arranged alphabetically by city. Within each city, the providers are listed alphabetically by last name
Please note: All provider selections and changes are effective on the first of each month. Notification to Dina can be made by phone, mail or fax, but must be received by the 25th of the month to be effective on the 1st of the following of the month. This directory is subject to change and is updated frequently. A current copy will be mailed to you upon request.

Algiers	5070	Lynne, Sheldon	3422 Kabel Dr	70131	504-393-8220
	8060	Price, Helen	839 Teche St	70174	504-368-9174
Baker	8551	Bessix, Kimberly	12841 Plank Rd Ste A	70714	225-778-0509
		Dumas, Willard	12841 Plank Rd Ste A	70714	225-778-0509
	2630	Rabel, E L	3114 Groom Road	70714	225-775-0160
		No Children under 12			
Baton Rouge	2860	Aldy, Melissa	363 South Acadian Thruway	70806	225-389-0040
	530	Booty, Billy Jr.	8220 Goodwood Blvd, Ste 4-B	70806	225-927-1515
	8300	Capitol City Family Health	4000 Gus Young Ave	70896	225-389-8850
	540	Carpenter, Cleveland	8913 Bluebonnet Ste C	70810	225-766-7379
	8500	Comfort Dental	332 S Acadian Thrwy	70806	225-343-5100
		Jordan, La'Kara			
	8301	Dumas, Jay C	4000 Gus Young Ave	70802	225-389-8850
	1100	Dyer, Joseph	NO CHILDREN UNDER 10		
	4690	Granger, James L	15420 S Harrells Ferry Rd Ste C	70816	225-927-5437
	2270	Hall, David	1704 Convention St	70821	225-383-0245
	541	Oza, Neil	8913 Bluebonnet Ste C	70810	225-766-7379
	1350	Quimby, E Edward	12117 Coursey Blvd	70816	225-292-0016
	560	Suadi, Carlos M	15420 S Harrells Ferry Rd Ste C	70816	225-9275437
Covington	207	Cantrelle, Roy L	600 N Hwy 190 Ste 4	70433	985-893-5522
	1190	Covington Dental Care	604 S Tyler St	70433	985-892-2273
		Voelkel, Andrew J			
	209	Davis, Cliff	600 N Hwy 190 Ste 4	70433	985-893-5522
	204	Lacoste, Joseph R	600 N Hwy 190 Ste 4	70433	985-893-5522
	200	Louisiana Dental Center	600 N Hwy 190 Ste 4	70433	985-893-5522
	206	Robichaux, Robert J	600 N Hwy 190 Ste 4	70433	985-893-5522
	205	Scipione, Richard E	600 N Hwy 190 Ste 4	70433	985-893-5522
	201	Tom, Sammy	600 N Hwy 190 Ste 4	70433	985-893-5522
	203	Truxillo, Jill A	600 N Hwy 190 Ste 4	70433	985-893-5522
208	Williams, Scott	600 N Hwy 190 Ste 4	70433	985-893-5522	
202	Williams, Wendell S	600 N Hwy 190 Ste 4	70433	985-893-5522	
Eunice	1090	Guidry, Jeffrey	501 Moosa Blvd	70535	337-457-7076
	2990	Hillman, Tommy	123 N 5th St	70535	337-457-5991

Franklinton	2830	Brown, Earle	934 Washington St	70438	985-839-3413
	2310	Truxillo, Terrence	710 Riverside Dr	70438	985-839-5848
Folsom	4001	Pittman, James	12183 Richardson Hill Road	70437	985-796-8500
Gretna	1680	Strain, Gregory	537 Holmes Blvd	70056	504-368-9545
		Thaiville, Angela			
Hammond	1500	Louisiana Dental Center of Hammond	800 CM Fagan Dr Ste A	70002	985-345-5888
		Appleton, Michael	800 CM Fagan Dr Ste A	70002	985-345-5888
		Canning, Roger	800 CM Fagan Dr Ste A	70002	985-345-5888
		Cao, Lethu	800 CM Fagan Dr Ste A	70002	985-345-5888
		Davis, Cliff	800 CM Fagan Dr Ste A	70002	985-345-5888
		Easley, Kimberly	800 CM Fagan Dr Ste A	70002	985-345-5888
		Eck, Patrick	800 CM Fagan Dr Ste A	70002	985-345-5888
		Ferrara, Joseph	800 CM Fagan Dr Ste A	70002	985-345-5888
		Ford, James F	800 CM Fagan Dr Ste A	70002	985-345-5888
		Graff, Eugene R	800 CM Fagan Dr Ste A	70002	985-345-5888
		Lacoste, Joseph	800 CM Fagan Dr Ste A	70002	985-345-5888
		Le, Joe	800 CM Fagan Dr Ste A	70002	985-345-5888
		Wentz, William	800 CM Fagan Dr Ste A	70002	985-345-5888
		Wiggins, Jeffrey	800 CM Fagan Dr Ste A	70002	985-345-5888
Harahan	2670	Bergeron, Shannon	8384 Jefferson Hwy Ste 4	71301	504-738-9900
	2610	Gerstner, Danny	5622 Jefferson Hwy	71301	504-733-7218
Harvey	5211	Anzelmo, Joseph	4001 Lapalco Blvd #10	70058	504-340-0076
	5212	Boudreaux, Nolan	4001 Lapalco Blvd #10	70058	504-340-0076
	4071	Breaux, Johnnie H	1708 Manhattan Blvd Ste D	70058	504-263-1514
	5210	Dental Care Clinic	4001 Lapalco Blvd #10	70058	504-340-0076
Jefferson	570	Martin, Gerald J	4027 Jefferson Hwy	70121	504-833-2594
Kenner	6450	Ellender, Kirk	2110 I-10 Service Rd	70055	504-443-3337
	4040	Esplanade Dental Center	1401 West Esplanade Ste 816	70065	504-467-4555
Lafayette	1850	Baranco, Raphael	701 North Pierce	70501	337-232-8397
	2285	Chambers, David	(Cleanings on Mondays only)		
			3703 Johnston St	70503	337-233-3610
	8600	First & Claiborne Dental Center	307 SW Evangeline Thruway	70501	337-593-9728
	1700	Milam, Mark	104 Exchange Place	70503	337-237-5197
	2283	Nguyen, Hai	(Cleanings on Mondays only)		
			3703 Johnston St	70503	337-233-3610
	2287	Nguyen, Luan	(Cleanings on Mondays only)		
			3703 Johnston St	70503	337-233-3610
	2280	Roy, Curtis	(Cleanings on Mondays only)		
	2060	Warren, David E	3703 Johnston St	70503	337-233-3610
			NOT ACCEPTING NEW PATIENTS		
		4430 Johnston St	70503	337-988-1990	
650	Williams, Yolanda	213 Fourpark Rd Ste C	70507	337-886-1246	
2286	Young, Michael	3703 Johnston St	70503	337-233-3610	
Lake Charles	531	Booty, Billy Jr.	3000 Lake St	70601	337-474-0210

Mamou	1840	Perkins, Prentiss	908 Sixth Street	70554	337-468-2787
Mandeville	1160	McMichael, Thomas	215 S Ann Dr., Ste 5	70471	985-626-1287
	1060	Sutherland, Thomas	275 W. Causeway Approach	70449	985-626-4807
Maringouin	8550	Bessix, Kimberly	10635 First Street	70757	985-625-3251
	4580	Meyers, Galen	77650 Wagely Road	70757	985-625-2346
Marksville	6500	Johnson, Robert	506 West Waddill	71351	318-253-5141
	5140	Woodruff, Mike	104 Laurie Medecine	71351	318-253-6567
Marrero	8760	Taylor, Thomas A	5132 Lapalco Blvd	70072	504-347-5558
Metairie	1860	Billings, Terry	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	1120	Cusimano, Joseph	3414 Hessmer	70002	504-889-1165
	4979	Davis, Cliff	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	1650	Defelice, Tre	3108 W Esplanade	70002	504-838-8118
	1650	Hurban-Hunn, Nicole	3108 W Esplanade	70002	504-838-8118
	2680	Jeanfreau, Alfred	5034 Veterans Blvd #2F	70006	504-456-2400
	4977	Johnson, Brent C	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	4974	Lacoste, Joseph	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	4975	Lasalle, Marija	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	4970	Louisiana Dental Center of Metairie	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	4973	Loyola, James	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	4971	Mekari, Ammar	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	390	Melancon, Timothy	3414 Hessmer Ste 201	70002	504-889-1165
	4978	Monett, Jovain	3301 Veterans Blvd., Ste 203	70002	504-833-6825
	4340	McNeil, Walter	4741 Trenton St #B	70006	504-455-9808
	4972	Nass, Jared	3301 Veterans Blvd., Ste 203	70002	504-833-6825
1650	Strain, Gregory	3108 W Esplanade	70002	504-838-8118	
2320	West Metairie Dental Clinic Summers, Patricia	5928 West Metairie Ave	70003	504-734-9009	
Monroe	5260	Glover, Grant	1419 Royal Avenue	71201	318-322-5904
	2600	Nelson, Anthony	1413 South Second St	71202	318-323-3162
New Iberia	4360	Voochries, Cornelius	127 Center St	70560	337-369-6110
New Orleans	2670	Bergeron, Shannon	8384 Jefferson Hwy Ste 4	71301	504-835-2575
	8150	Canal Street Family Dentistry	4902 Canal Ste 302	70126	504-482-5444
	5070	Lynne, Sheldon	3422 Kabel Dr	70131	504-393-8220
	8060	Price, Helen	839 Teche St	70174	504-368-9174
	1660	Williams, Yolanda	2029 Dryades St	70113	504-5233209

Opelousas	6250	SW La Primary Health Care	2900 Hwy 182 North	70570	337-942-4147
Pineville	4210	Ortego, Stephen	5813 Monroe Hwy	71360	318-640-1470
Prarieville	1391	Tuttle, William	NOT ACCEPTING NEW PATIENTS 40398 Hwy 42	70769	225-622-2545
Raceland	609	Davis, Cliff	4690 Hwy 1	70394	985-537-1993
	608	Dubose, Jackie	4690 Hwy 1	70394	985-537-1993
	607	Guidry, Josh	4690 Hwy 1	70394	985-537-1993
	601	Hoang, Joseph	4690 Hwy 1	70394	985-537-1993
	602	Johnson, Brent C	4690 Hwy 1	70394	985-537-1993
	603	Kanawati, Rahaf	4690 Hwy 1	70394	985-537-1993
	611	Lacoste, Joseph	4690 Hwy 1	70394	985-537-1993
	605	Le, Joe	4690 Hwy 1	70394	985-537-1993
	600	Louisiana Dental Center	4690 Hwy 1	70394	985-537-1993
	604	Oza, Neil	4690 Hwy 1	70394	985-537-1993
	606	Walker, Christian	4690 Hwy 1	70394	985-537-1993
River Ridge	4520	Jackson, Anthony H	9541 Jefferson Hwy	70123	504-738-1567
Shreveport	4610	Taylor, Scott	2550 Bert Kouns Loop	71118	318-686-0866
Slidell	331	Cossich, Dimetry	1301 Eastridge Ste 1	70458	985-643-8800
	332	Davis, Cliff	1301 Eastridge Ste 1	70458	985-643-8800
	333	DeBloisblanc, Raphael	1301 Eastridge Ste 1	70458	985-643-8800
	334	Lacoste, Joseph	1301 Eastridge Ste 1	70458	985-643-8800
	330	Louisiana Dental Center	1301 Eastridge Ste 1	70458	985-643-8800
	335	Wiggins, Jeffery	1301 Eastridge Ste 1	70458	985-643-8800
Sulphur	2560	Beasley, Steve	4008 Maple Drive	70663	337-625-5697
Terrytown		Strain, Gregory	537 Holmes Blvd	70056	504-368-9545
		Thiaville, Angela	537 Holmes Blvd	70056	504-368-9545