



Dental Benefits Summary

	<u>Passive PPO</u> <u>With PPOII Network</u>
Annual Deductible*	
Individual	\$25
Family	\$50
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Benefit Maximum	\$1,500
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)	50%
Orthodontic Deductible	None
Orthodontic Lifetime Maximum	\$1,000
*The deductible applies to: Basic & Major services only	

Partial List of Services	<u>Passive PPO</u> <u>With PPOII Network</u>
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
Basic	
Root canal therapy	
Anterior teeth / Bicuspid teeth	80%
Root canal therapy, molar teeth	80%
Scaling and root planing (a)	80%
Gingivectomy (a)*	80%
Amalgam (silver) fillings	80%
Composite fillings (anterior teeth only)	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
Osseous surgery (a)*	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%
Denture repairs	80%
General anesthesia/intravenous sedation*	80%
Crown Lengthening	80%
Major	
Inlays	50%
Onlays	50%
Crowns	50%
Full & partial dentures	50%
Pontics	50%
Crown Build-Ups	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details. (a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.	

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Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to recognized charge limits.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Partial List of Exclusions and Limitations* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
 - (a) under any other part of this Dental Care Plan; or
 - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
 - (a) a non-occupational disease; or
 - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Those for any of the following services (Does not apply to the DMO plan in TX):
 - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
 - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
 - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
 - (a) during the first 31 days the person is eligible for this coverage, or
 - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
 - (i) after the end of the 12-month period starting on the date the person became a covered person; or
 - (ii) as a result of accidental injuries sustained while the person was a covered person; or
 - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.



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16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless:
 - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
 - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

(b) the difference in cost between the approved less costly service and the more costly covered service.
Reinstatement Rule: If your Employee and Dependents coverage terminates because your contributions are not paid when due, you may not be covered again for a period of two years from the date your coverage terminates. If you are in an eligible class,

Finding Participating Providers

Consult Aetna Dentals online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

Telehealth Services: The plan will reimburse the treating or consulting

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is



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In Virginia, Aetna DMO® is called Aetna DNO. It is not an HMO. To

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(a) under any other part of this Dental Care Plan; or

Your Dental Care Plan Coverage Is Subject to the Following Rules:

(b) the difference in cost between the approved less costly service and the more costly covered service.

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If you need a qualified interpreter, written information in other formats,

If you believe we have failed to provide these services or otherwise

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO
1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

Health and Human Services, Office for Civil Rights Complaint Portal,

or more of the Aetna group of subsidiary companies, including Aetna Life

TTY:711

	To access language services at no cost to you, call the number on your ID card.
English	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet
Albanian	የቋንቋ አገልግሎቶችን ያስከፍዶ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ።
Amharic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Arabic	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական
Armenian	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bantu-Kirundi	आपनाके बिनामूल्ये भाषा परिषेवा पेटेते हले आपनार परिचयपत्रे देओया नम्बरे टेलिफोन करुन।
Bengali	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Burmese	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Catalan	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.



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Marshallese	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempen nan amhw doaropwe en ID.
Micronesian-Ponapean	ເຊື້ອຮູບປາດສະໜາກຢູກາສາ ໄຂ່ ລຸກຢູກາສາ ແມ່ນ ມາດຕະການ ປຸກ ສູນເບີກັອຽນສູນເບີກັອຽນ ທີ່ ຂາດ ແລະ ມີ ບາດສະໜາ ໃນ ບາດສະໜາ ດັ່ງນັ້ນ
Mon-Khmer, Cambodian	T'áa ni nizaad k'ehji bee niká a'doowoŋ doo bǎáq̃h ilinígíí naaltsoos bee atah nílíggo nanitinígíí bee nécho'dólzínígíí béesh bee hane'i biká'ígití áajji' hólne'.
Navajo	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको
Nepali	Tê kooꝛ yin ran de wēēr de thokic ke cín wēu kor keek tēnɔŋ yin. Ke yin cɔl ran ye koc kuɔny nē namba de abac tō nē ID kard duŋ de tīt de
Nilotic-Dinka	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Norwegian	Um Schprooch Services zu griegen mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Pennsylvanian-Dutch	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Persian Farsi	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Polish	Para acceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Portuguese	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ
Punjabi	Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru.
Romanian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей
Russian	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Samoan	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Serbo-Croatian	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Spanish	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Sudanic Fulfulde	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Swahili	كوبارة هادوما زالا لۇهالا بىلالا مالىپو كواكو، پىجالا نامبارى الىيو كوىنه كادى ياكوا يال كىتابولىشو.
Syriac-Assyrian	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Swahili	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Tagalog	ಬಾಷೆ ಸೇವೆಗಳು ಮುಕ್ತ ಉಪಯುಕ್ತ ಉಪಯುಕ್ತ ಅಂದೂಕುನೇದುಕು, ಮೆ ಐಡಿ ಕಾರ್ಡ್ನು ಉಪಯುಕ್ತ
Telugu	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Thai	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Tongan	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Turkish	Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Ukrainian	لسانی خدمات تک مفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔



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Urdu	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Vietnamese	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yiddish	Láti ráyèsí àwọ̀n iṣẹ̀ èdè fún ọ̀ lófẹ̀, pe nọmbà tó wà lóri kààdi idánimọ̀ rẹ̀.
Yoruba	