



Dental Benefits Summary

	<u>DMO</u>	<u>PPO</u>	
		<u>Participating</u>	<u>Non-Participating</u>
Annual Deductible*			
Individual	None	\$100	\$100
Family	None	\$300	\$300
Preventive Service Covered Percent	100%	100%	90%
Basic Service Covered Percent	100%	90%	70%
Major Service Covered Percent	60%	60%	50%
Annual Benefit Maximum	None	\$2,000	\$2,000
Office Visit Copay	\$0	N/A	N/A
Orthodontic Services	Not Covered	Not Covered	Not Covered
Orthodontic Deductible	Not Covered	Not Covered	Not Covered
Orthodontic Lifetime Maximum	Not Covered	Not Covered	Not Covered

*The deductible applies to: **Basic & Major services only**

Please note: In Texas the fully insured Dental PPO plan is known as Participating Dental Network (PDN).

Partial List of Plan Provisions	<u>DMO</u>	<u>PPO</u>	
		<u>Participating</u>	<u>Non-Participating</u>
Preventive			
Oral examinations (a)	100%	100%	90%
Cleanings, including scaling and polishing (a) Adult/Child	100%	100%	90%
Fluoride (a)	100%	100%	90%
Sealants (permanent molars only) (a)	100%	Not Covered	Not Covered
Bitewing X-rays (a)	100%	100%	90%
Full mouth series X-rays (a)	100%	100%	90%
Basic			
Space Maintainers	See Below	90%	70%
Root canal therapy, with X-rays and cultures			
Anterior teeth / Bicuspid teeth	100%	90%	70%
Amalgam (silver) fillings	100%	90%	70%
Composite fillings (anterior teeth only)	100%	90%	70%
Stainless steel crowns	100%	90%	70%
Scaling and root planing (a)	100%	90%	70%
Gingivectomy	100%	90%	70%
Incision and drainage of abscess	100%	90%	70%
Uncomplicated extractions	100%	90%	70%
Surgical removal of erupted tooth	100%	90%	70%
Surgical removal of impacted tooth (soft tissue)	100%	90%	70%
Root canal therapy, molar teeth, with X-rays and cultures	See Below	90%	70%
Osseous surgery (a)	See Below	90%	70%
Surgical removal of impacted tooth (partial bony/ full bony)	See Below	90%	70%
General anesthesia/intravenous sedation	See Below	90%	70%
Denture repairs	See Below	90%	70%
Major			
Space Maintainers	60%	See Above	See Above
Root canal therapy, molar teeth, with X-rays and cultures	60%	See Above	See Above
Osseous surgery (a)	60%	See Above	See Above
Surgical removal of impacted tooth (partial bony/ full bony)	60%	See Above	See Above
General anesthesia/intravenous sedation	60%	See Above	See Above
Inlays	60%	60%	50%
Olays	60%	60%	50%
Crowns	60%	60%	50%
Full & partial dentures	60%	60%	50%
Denture repairs	60%	See Above	See Above
Pontics	60%	60%	50%

(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.



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Other Important Information*

This benefits summary of the Aetna Dental DMO (Dental Maintenance Organization) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Under This Aetna 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 PPO participating dentists have agreed to provide care at a negotiated fee schedule. Nonparticipating benefits are subject to reasonable and customary charge limits.

Emergency Dental Care*

If you are covered under the DMO plan and 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. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, or you are more than 50 miles from your home address, you should contact Member Services for assistance in locating a dentist. If you receive treatment from a non-participating dentist more than 50 miles away from your home, then the emergency services will be covered up to a maximum of \$100. You must submit a claim to Aetna in order to receive benefits. *

If you are covered under the PPO plan and need emergency dental care, you are covered 24 hours a day, 7 days a week. When emergency services are provided by a participating PPO dentist, your copayment /coinsurance amount will be based on a negotiated fee schedule. Benefits for emergency care rendered by a non-participating dentist are covered at the in-network rate up to a maximum of \$75. Amounts over that are covered at the out-of-network level.

*Covered emergency services may vary, based on state law. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Some Services Not Covered Under the Plan Are:

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. (This item does not apply to California residents under the DMO plan)
8. Those for any of the following services:
 - (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. (Does not apply to the DMO plan in TX)
9. Those for 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.



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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.
 16. Those for 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. (This item does not apply to California residents under the DMO plan)
- Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

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.



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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.

Tooth Missing But Not Replaced Rule: (This item does not apply to California and Texas residents under the DMO plan).

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

Finding Participating Providers

Consult Aetna Dental's online provider directory, DocFind[®], 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 particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your ID card, or use our Internet-based provider directory (DocFind) available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their 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 health care services and, therefore, cannot guarantee any results or outcomes. Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO[®], Advantage Plus Dental, Advantage Dental, Basic Dental and Family Preventive Dental Plans are provided or administered by Aetna Health Inc. In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and Indemnity Dental plans are provided or administered by Aetna Life Insurance Company.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.