



Dental Benefits Summary

	Active PPO	
	With PPOII Network	
	Participating	Non-participating
Annual Deductible*		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Annual Benefit Maximum	\$2,000	\$2,000
Office Visit Copay	N/A	N/A
Orthodontic Services (Adult and Child)	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$2,500	\$2,500

*The deductible applies to: Basic & Major services only

Partial List of Plan Provisions	Active PPO	
	With PPOII Network	
	Participating	Non-participating
Four routine cleanings allowed per year		
Preventive		
Oral examinations (a)	100%	100%
Cleanings, including scaling and polishing (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing X-rays (a)	100%	100%
Full mouth series X-rays (a)	100%	100%
Space Maintainers	100%	100%
Basic		
Root canal therapy		
Anterior teeth / Bicuspid teeth	90%	80%
Scaling and root planing (a)	90%	80%
Gingivectomy*	90%	80%
Amalgam (silver) fillings	90%	80%
Composite fillings (anterior teeth only)	90%	80%
Stainless steel crowns	90%	80%
Incision and drainage of abscess*	90%	80%
Uncomplicated extractions	90%	80%
Surgical removal of erupted tooth*	90%	80%
Surgical removal of impacted tooth (soft tissue)*	90%	80%
Major		
Inlays	60%	50%
Onlays	60%	50%
Crowns	60%	50%
Full & partial dentures	60%	50%
Pontics	60%	50%
Root canal therapy, molar teeth	60%	50%
Osseous surgery (a)*	60%	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	60%	50%
General anesthesia/intravenous sedation*	60%	50%
Denture repairs	60%	50%
Crown Lengthening	60%	50%
Crown Build-Ups	60%	50%
Implants	60%	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 or evidence of coverage.

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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 this 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 at a negotiated fee schedule. Nonparticipating benefits are subject to reasonable and customary 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 copayment /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. 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.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies
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.

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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 dependent age 5 or older if that dependent becomes a covered dependent other than:
 - (a) during the first 31 days the dependent 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 dependent became a covered dependent; or
 - (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; or
 - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and 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.
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.

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

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 8 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

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the 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;



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If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service

(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 Dentals online provider directory, DocFind®, for the most current provider listings. Participating providers are

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