



## Dental Benefits Summary

Aetna Dental Care Reward <sup>SM</sup> Plan		Passive PPO With PPOII and Extend <sup>SM</sup> Networks
Annual Deductible*		
Individual		\$25
Family		\$75
Preventive Services		100%
Basic Services		80%
Major Services		50%
Annual Benefit Maximum		\$1,000
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		

Reward Provisions		Passive PPO With PPOII and Extend <sup>SM</sup> Networks
Required Service for Annual Maximum Increase in the following year		Any Preventive Service
Annual Maximum Reward Increase		\$100
Maximum Number of Increases		3
Annual Maximum Impact if No Visit		Stays at current level
** Increase does not apply to Orthodontia.		

Partial List of Services		Passive PPO With PPOII and Extend <sup>SM</sup> Networks
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%
General anesthesia/intravenous sedation*		80%
Crown Lengthening		80%
Major		
Inlays		50%
Onlays		50%
Crowns		50%
Full & partial dentures		50%
Pontics		50%
Denture repairs		50%
Crown Build-Ups		50%
Implants		50%



**Dental Benefits Summary**

**\*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.***



**Dental Benefits Summary**

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**Dental Benefits Summary****Aetna Dental Care Reward<sup>SM</sup> Plan**

The Aetna Dental Care Reward plan encourages oral and overall health by rewarding members who seek dental care. Members who receive a dental service (as outlined in their plan), in one year, will receive increased benefits in the following year. If members continue to receive dental care annually as outlined by their plan, benefits continue to increase year after year until reaching coinsurance, frequency and other maximums as described in the plan.

The benefit level is independently tracked for each member and dependent. After the first year, each family member's benefit level may vary.

If the member or dependent does not seek care in a particular year, the benefit level will either stay at current level or decrease depending on the plan selected.

**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.

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15. 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. 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.
17. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
18. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
19. Services needed solely in connection with non-covered services.
20. 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.

#### Tooth Missing But Not Replaced Rule

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 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 particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at [www.aetna.com](http://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 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 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.

**Dental Benefits Summary**

Telehealth Services: The plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

TTY:711

**English**

Albanian

Amharic

Arabic للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.

Armenian Ձեր նախընտրած լեզվով ավելճար խորհրդատվություն ստանալու համար գանգահարեք ձեր բժշկական ապահովագրության ծառտի վոա նշված հեռահոսսահամարով

Bantu-Kirundi Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe

Bengali আপনৰ বনিমূল্য ঔষ পরিষেব পত্রে হল আপনৰ

## Dental Benefits Summary

Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d’identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᄆᄃᄂᄅ ᄇᄋᄎᄂᄂᄂ ᄈᄋᄂᄂᄂᄂᄂ ᄌ ᄆᄂᄂᄂ ᄊᄒᄂᄂᄂᄂᄂ ᄂᄂ, ᄋᄂᄂᄂᄂᄂᄂ ᄂᄂᄂ ᄊᄂᄂᄂ ᄎᄂᄂᄂᄂ ᄋᄂᄂᄂᄂ ᄒᄂᄂᄂᄂ ᄒᄂᄂᄂᄂ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pillá ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei anininisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમે રે ષ્રેષ્ઠ પણ જ તન ખર્ચનિ ભ ષ સેવ ઓ મેળવવ મટે, તમ સ આઈડી કાર્ડ પર દિે નંબર પર કૉલ કરવે .
Hawaiian	No ka wala’au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughị ugwo obùla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maaksas dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	vXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtld.'D;tyShRvXeub.[h.tDRt*D><ud;b.vDwjpdED.*H>vXttD.vXecd.*DR A (ID) tvdRM.wuh>l
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ ده‌سه‌پەرگه‌یه‌ش به خزمه‌تگوزاری زمان به‌ی تیچوون بۆ تۆ، په‌وهندی بکه به ژمارهی سه‌ر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອຂໍ້າຖົງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.

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[illegible]



**Dental Benefits Summary**

Urdu	لساڻي خدمات تڪ مفت رساڻي ڪن ٿا، اڳي بيمه ڪن ٿا رڌ ڀر د رج نمبر پر ڪال ڪريون۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ̀ èdè fún ọ̀ lófẹ́fẹ́, pe nọmbà tò wà lórí káàdì ìdánimọ̀ rẹ.