



Benefit programs offered by Aetna and its affiliates contain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Contact Aetna for details.

Aetna Dental PPO

The Aetna DPPO plans let you seek care from any dentist you wish, but you receive a discount and pay less out-of-pocket if you use dentists within the network.

For a list of participating dental providers, visit:

www.aetnadental.com

Or you can call Aetna at:

1-877-238-6200

Aetna Dental DMO

The Aetna Dental DMO plan requires you to select a Primary Care Dentist (PCD) and to use dentists participating in the Aetna Dental DMO network.

Dental DMO benefits are provided according to a Patient Charge Schedule, which lists all the plan's covered services and their copayments.

Aetna Dental DMO is available in select markets nationally including areas of Florida, Georgia, New Jersey, New York and Texas to name just a few. Check your online enrollment information to see if this option is available to you.

Like most group benefits programs, benefit programs offered by Aetna and its affiliates contain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact Aetna for complete details.

Low and Mid Plans - Dental Care Rewards Plan

Each individual that receives all of their preventive care in a year, can gain an increase to their annual maximum of \$250 for the following year. This is capped at three years, or a \$750 increase over three years.

Negotiated fees — the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Depending on the plan, payment may be made for all or part of the negotiated fee for different types of services.

Maximum Allowable Charge (MAC) — caps payment for services provided by an out-of-network dentist at a scheduled amount, the Maximum Allowable Charge. Depending on the plan, payment may be made for all or part of the Maximum Allowable Charge for different types of services.

Reasonable & Customary (R&C) charge — plan pays out-of-network claims based on Reasonable & Customary (R&C) charges determined for your area. The R&C charge is based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services, or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by Aetna. Depending on the plan, payment may be made for all or part of the R&C charge for different types of services.



	DMO Plan ¹	DPPO LOW ^{2, 4}		DPPO MID ^{2, 4}		DPPO HIGH ^{3, 4}	
Coverage Type	In Network Benefits Only	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible		Deductible waived for prev. care		Deductible waived for prev. care		Deductible waived for prev. care	
Individual	None	\$50		\$50		\$50	
Family	None	\$150		\$150		\$150	
Calendar Year Maximum							
Individual	None	\$1,000		\$2,000		\$3,000	
Family	None	\$1,000 per person This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums.		\$2,000 per person This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums.		\$3,000 per person This is the most that the plan will pay on your behalf during the calendar year. All benefits payable subject to plan maximums.	
Dental Office Visits	\$5						
Class I – Preventative Care; Annual Exam, Cleanings, and X-rays	Copays vary; refer to DMO Schedule	Covered 100% Dental care rewards program		Covered 100% Dental care rewards program		Covered 100%	
Class II - Basic care; Minor related services; fillings, oral surgery and periodontics	Copays vary; refer to DMO Schedule	Covered at 70%; you pay 30% of the negotiated rate	Covered at 70%; you pay 30% Claims are paid according to the Aetna MAC (maximum allowable charge) fee schedule	Covered at 80%; you pay 20% of the negotiated rate	Covered at 80%; you pay 20% Claims are paid according to the Aetna MAC (maximum allowable charge) fee schedule	Covered at 80%; you pay 20% of the PDP negotiated rate	Covered at 80%; you pay 20% R&C/ amounts>R&C
Class III - Major care; Complete oral surgery, major restorations, crowns, complete and partial dentures. Minor related services; fillings, oral surgery and periodontics	Copays vary; refer to DMO Schedule	Covered at 40%; you pay 60% of the negotiated rate	Covered at 40%; you pay 60% Claims are paid according to the Aetna MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the negotiated rate	Covered at 50%; you pay 50% Claims are paid according to the Aetna MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the negotiated rate	Covered at 50%; you pay 50% R&C amounts>R&C
Orthodontia Coverage							
	Adults & Children	Children <19		Adults & Children		Adults & Children	
Lifetime Maximum	None	\$1,000		\$1,500		\$1,000	
Up to 24-month treatment plan	\$2,400 copay	Covered at 50%; you pay 50% of the negotiated rate	Covered at 50%; you pay 50% Claims are paid according to the Aetna MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the negotiated rate	Covered at 50%; you pay 50% Claims are paid according to the Aetna MAC (maximum allowable charge) fee schedule	Covered at 50%; you pay 50% of the negotiated rate	Covered at 50%; you pay 50% R&C/ amounts>R&C

¹ This plan is only available in select zip codes; confirm availability on Aetna Navigator before choosing this plan.

²Out of network services based on maximum allowable; ³Out of network services subject to usual and customary; ⁴Missing tooth

³Out of network services subject to usual and customary

⁴Missing tooth or other limitations apply.