		Aetna Dental PPO	Aetna DMO
Plan Facts	Member Services	1-800-589-4811	1-877-238-6200
	Website	www.aetna.com	www.aetna.com
	Hours of operations	8:00 a.m. to 6:00 p.m., Local Time Monday -Friday	8:00 a.m. to 8:00 p.m., Eastern Monday -Friday
General Dental Expenses	In Network/Out of Network	Coverage available in- and out-of-network	This plan only covers care provided by in-network (participating) providers and facilities. No reimbursement will be made for expenses of non-participating providers, except in cases of emergency.
	Pretreatment estimate	Recommended for treatment exceeding $350	Not applicable
	Annual Deductible: Individual/Family	**In Network** $50 Individual; per plan year **Out of Network** $50 Individual; per plan year	**In Network** $0 Individual $0 Family
	Exclusions/Limitations	Some frequency limitations and exclusions may apply; check with Plan for details	Some frequency limitations and exclusions may apply; check with Plan for details
	Annual maximum coverage per person	**In Network** $1,500; per plan year **Out of Network** $1,500; per plan year	**In Network** Limit does not apply
	Lifetime maximum dental coverage	**In Network** Limit does not apply **Out of Network** Limit does not apply	**In Network** Limit does not apply
	Reasonable & Customary	**In Network** Limit does not apply **Out of Network** Benefits are subject to reasonable and customary limits (R&C). Charges above R&C, if any, are not covered and does not count toward deductibles.	**In Network** Not applicable

		Aetna Dental PPO	Aetna DMO
Preventive Care	Primary covered services	**In Network** Oral exams, Cleanings, X-Rays, Fluoride, Sealants and Space Maintainers; limits apply **Out of Network** Oral exams, Cleanings, X-Rays, Fluoride, Sealants and Space Maintainers; limits apply	**In Network** Oral exams, Cleanings, X-Rays, Fluoride, Sealants; limits apply
	Preventive care benefits	**In Network** 100% covered; no deductible **Out of Network** 100% covered; no deductible	**In Network** 100% Covered
	Service limits-preventive care	Oral exams and cleanings allowed 1 every 6 months; Bitewing X-rays allowed 1 every 12 months. X-rays (1 full mouth series or 1 panoramic, but not both) – 1 every 5 years; Sealants (children under age 16) – 1 every 3 years on permanent molars; Fluorides – 1 per plan year to age 17.	Oral exams – 4 per plan year; cleanings – 2 per plan year; Bitewing X-rays – 1 set per plan year; X-rays (full mouth series or panoramic, but not both) – once every 3 years; Sealants (children under age 16) – 1 every 3 years on permanent molars; Fluorides (children under age 16) – 1 per plan year.
Basic Services	Fillings	**In Network** 80% covered after deductible is met **Out of Network** 70% covered after deductible is met	**In Network** 80% covered
	Routine extractions	**In Network** 80% covered after deductible is met **Out of Network** 70% covered after deductible is met	**In Network** 80% covered

	Aetna Dental PPO	Aetna DMO
Basic Services (continued)	Endodontics (root canal therapy)	**In Network** 80% covered after deductible is met **Out of Network** 70% covered after deductible is met	**In Network** 80% covered
	Periodontics	**In Network** 80% covered after deductible is met **Out of Network** 70% covered after deductible is met	**In Network** 80% covered
	Gingivoplasty or gingivectomy	**In Network** 80% covered after deductible is met **Out of Network** 70% covered after deductible is met	**In Network** 80% covered
	Service Limits – basic services	Periodontal maintenance is allowed only following active periodontal therapy. Scaling and root planing is allowed once pre quadrant every 2 years.	Periodontal maintenance is allowed only following active periodontal therapy – 2 per plan year. Scaling and root planing is allowed once per quadrant every 2 years.
Major Services	Inlays/onlays	**In Network** 50% covered after deductible is met **Out of Network** 50% covered after deductible is met	**In Network** 50% covered
	Crowns	**In Network** 50% covered after deductible is met **Out of Network** 50% covered after deductible is met	**In Network** 50% covered
	Dentures	**In Network** 50% covered after deductible is met **Out of Network** 50% covered after deductible is met	**In Network** 50% covered

		Aetna Dental PPO	Aetna DMO
Major Services (continued)	Bridges	**In Network** 50% covered after deductible is met **Out of Network** 50% covered after deductible is met	**In Network** 50% covered
	Osseous surgery	**In Network** 80% covered after deductible is met **Out of Network** 70% covered after deductible is met	**In Network** Check with Plan
	Oral surgery	**In Network** 80% covered after deductible is met; restrictions may apply **Out of Network** 70% covered after deductible is met	**In Network** Check with Plan
	Bruxism	**In Network** 50% covered after deductible is met; subject to orthodontic benefits and eligibility **Out of Network** Not covered	**In Network** 50% covered
	Anesthesia for dental care	**In Network** 80% covered after deductible is met **Out of Network** 70% covered after deductible is met	**In Network** 50% covered
	Dental implants	**In Network** 50% covered after deductible is met **Out of Network** 50% covered after deductible is met	**In Network** Not covered

	Aetna Dental PPO	Aetna DMO
Major Services (continued)	Service Limits – Major Services	Dentures, bridges or other prostodontics are eligible to be replaced only if over 5 years old. Teeth extracted prior to your effective date are not eligible for replacement	Dentures, bridges or other prostodontics are eligible to be replaced only if over 5 years old. Teeth extracted prior to your effective date are not eligible for replacement
Orthodontia Services	Primary covered orthodontia services	**In Network** Orthodontic services for dependent children **Out of Network** Not covered	Orthodontic services for employees and dependents
	Orthodontia benefits	**In Network** 50% covered after deductible is met; limited to $1,500 per lifetime **Out of Network** Not covered	**In Network** 50% covered; limited to one treatment per member per lifetime
Policies/ Requirements	Dentist Choice	Check with plan regarding network restrictions; Non-contracted providers fee subject to Reasonable & Customary rates	Network provider required; a Primary Care Dentist must be indicated on your ID card or your benefits may be limited to emergencies only
	General Care	Not applicable	Any service not being performed by your Primary Care Dentist must be referred with the exception of orthodontia.