



Date printed/downloaded:
Mon Feb 19 2018 03:09:19 GMT-0500 (Eastern Standard Time)

Dental

Toys“R”Us offers dental plans that cover routine checkups and other types of dental care. Here’s a summary of how the plans work.

2017-2018 Dental Options

- **Plan Comparison:** [Click here \(/media/2145/dental_plan_comparison_2017_2018.pdf\)](/media/2145/dental_plan_comparison_2017_2018.pdf)
- **Rates:** [Click here \(/eligibility-enrolling/2017-2018-enrollment-information/cost-for-coverage/\)](/eligibility-enrolling/2017-2018-enrollment-information/cost-for-coverage/)

Puerto Rico

If you reside in Puerto Rico, dental coverage is available through your medical plan. It is not a separate election.

- [Medical coverage in Puerto Rico \(/health-wellness-insurance/medical-prescription-drugs/triple-s-salud-puerto-rico/\)](/health-wellness-insurance/medical-prescription-drugs/triple-s-salud-puerto-rico/)
- [Triple-S Salud Dental Benefits chart \(/media/1464/triple-s-salud-dental-benefits-final2011.pdf\)](/media/1464/triple-s-salud-dental-benefits-final2011.pdf)

Aetna Dental PPO Plan

You can choose from a nationwide network of dental providers.

- **In-Network Providers:** You will pay less and will not have to file a claim form.
- **Out of Network Providers:** Your out-of-pocket costs will be higher and you may be required to pay the charges and submit a claim to be reimbursed.

If you live out of the Aetna service area, but want to enroll in this option and travel to in-network providers, call the "R"Benefits Service Center at 1-844-TRU-BENS. (Reps are available Monday through Friday, 8 am to 8 pm ET.)

Aetna Dental DMO Plan

You select a primary care dentist to coordinate your dental care. Each enrolled family member can choose his/her own primary care dentist. If you go outside the network, you will be responsible for the full cost of your care. You will not receive any benefits from the plan if you use out-of-network providers.

Comparing Your Dental Options

Review this table for a high-level, side-by-side comparison of the plans.

For 2017-2018 dental coverage costs, [click here \(/eligibility-enrolling/2017-2018-enrollment-information/cost-for-coverage/\)](#).

DENTAL OPTIONS			
	Aetna Dental PPO		Aetna DMO
Plan Provision	In-network	Out-of-network	In-Network Only
Annual deductible	\$50	\$50	None
Preventive and diagnostic services*	100% of discounted rate; no deductible	100% of reasonable and customary (R&C)	100%
Basic services*	80% of discounted rate after deductible	70% of R&C after deductible	80%
Major services*	50% of discounted rate after deductible**	50% of R&C after deductible**	50%
Annual maximum benefit	2017-2018: \$1,500	2017-2018: \$1,500	None
Orthodontia	50% of discounted rate after deductible (for children and adults)	Not covered	50% (for all covered children and adults)
Lifetime orthodontia maximum benefit	\$1,500	N/A	One treatment per member
<p>* Limits on frequency of treatment and services may apply. Bite-wing X-rays are covered once every 12 months, and full-mouth X-rays are covered once every 60 months. See the SPD and SMM for additional details.</p> <p>** Osseous surgery and oral surgery are covered the same as Basic services.</p>			

To Find an Aetna Dentist Near You

Visit the [Aetna website \(https://www.aetna.com/individuals-families.html\)](https://www.aetna.com/individuals-families.html) or call:

- 1-800-589-4811 for the Dental PPO
- 1-877-238-6200 for the DMO

Eligibility

[Am I eligible? \(/eligibility-enrolling/whos-eligible/\) \(http://www.rusbenefits.com/eligibility-and-enrolling/whos-eligible\)](#)

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