

# As individual as you are



We've got you and your family covered with the choice of two great dental insurance plans.

# Are you looking for dental insurance for you and your family?

## Check out our dental plans for individuals.

If you need coverage for preventive care, basic and major dental services, we offer two options.

### See dentists both in and out of our network

With our dental insurance plans for individuals, you can get services from in- or out-of-network dentists. In-network dentists provide services at a negotiated rate for covered services.

You can also visit a licensed dentist not in our network. But if you do you won't benefit from negotiated rates.

To find a network dentist, go to [Aetna.com](http://Aetna.com) to search the online provider listing. Or you can call us at 1-877-238-6200.

Here is a sample of covered services	Aetna Dental® Direct Preferred PPO		Aetna Dental® Direct Core PPO	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
<b>Preventive services - Waiting period*: None</b>				
Preventive oral examinations	No cost	20%	No cost	20%
Cleanings	No cost	20%	No cost	20%
Full mouth series images	No cost	20%	No cost	20%
Sealants (permanent molars only)	No cost	20%	No cost	20%
<b>Basic services - Waiting period*: 1 month</b>				
Resin filling (1 surface)	20%	40%	50%	50%
Extraction (uncomplicated)	20%	40%	50%	50%
<b>Basic services - Waiting period*: 6 months</b>				
Periodontal maintenance cleanings	20%	40%	50%	50%
Occlusal adjustment	20%	40%	50%	50%
<b>Major services - Waiting period*: 12 months</b>				
Oral Surgery	50%	60%	50%	70%
Crowns	50%	60%	50%	70%
Root canal therapy	50%	60%	50%	70%
Dentures	50%	60%	50%	70%
Orthodontics	Not covered		Not covered	
<b>Deductible (calendar year)**</b>	\$50 (Individual); \$150 (Family)		\$50 (Individual); \$150 (Family)	
<b>Annual maximum benefit**</b>	\$1,250	\$1,000	\$1,000	\$750

\* In Pennsylvania, the "waiting period" is called an "elimination period."

\*\* Deductible and Annual Maximum cross-apply between in-network and out-of-network. Deductible applies to Basic and Major services only.

Dental insurance plans are underwritten by Aetna Life Insurance Company.

## Here are some examples of covered dental services

- **Preventive care** — cleanings, X-rays and more
- **Basic care** — fillings, simple extractions, basic restorative work and more
- **Major services** — bridges, crowns, dentures, root canals and more

Some covered services have limitations based on your age or how often they're used. Coverage for Basic services is subject to a waiting period.\* They will take effect after one or six months of continuous coverage under the PPO plan. Coverage for Major services is subject to a waiting period.\* They take effect after 12 months of continuous coverage under the PPO plan. See your policy for more on covered services and benefits levels.

## Thinking about your yearly coverage limit?

Dentists in our network provide covered services at negotiated rates. So smile! And see a network dentist.

## Save on what matters most to you

You can get discounts on products and services that fit your life and help you manage your budget. Save on gym memberships, acupuncture, weight-loss programs and eyeglasses.

## These discounts are not insurance.



\* In Pennsylvania, the "waiting period" is called an "elimination period."

## Feel good about your dental care decisions — our online services can help

You'll get online tools to manage your dental care. And you'll have access to the dental health information you need 24/7.

## Manage your dental benefits online — it's a snap

Find a dentist. Track a claim. View or print your ID card and more. It's easy with your member website.

You can sign up on [Aetna.com](https://www.aetna.com) by clicking on the log-in button on the homepage. After you register, you can:

- Find a network dentist through our online directory. Search for a dentist by name, specialty, ZIP code and miles. You can even search by city and state or county and state. And there are maps and directions to your dentist's office.
- See who else is covered under your plan.
- Get estimated average costs for cleanings, fillings, X-rays, crowns, dentures and more. It's a great tool to help you manage your dental expenses.
- Check claims and statements.
- View or print ID cards.

## No computer — no problem

### Contact us by phone

After you enroll, you can call us toll-free for answers to your questions. Just call 1-877-238-6200 for benefits and claim questions. And call 1-855-837-6453 for eligibility and billing questions.

## Need emergency dental care?

You're covered 24 hours a day, 7 days a week.

## Other important information

This benefits summary describes the more frequently performed dental procedures. Under the Aetna Dental Direct Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any non-participating 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 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. Refer to your plan documents for details. Subject to state requirements. Emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

## Exclusions

This is only a summary of the plan's exclusions and limitations. See the insurance policy for details.

## Charges for services or supplies

- Provided by an out-of-network provider in excess of the recognized charge.
- Provided for your personal comfort or convenience, or the convenience of any other person, including a dental provider.
- Rendered before the effective date or after the termination of coverage, unless coverage is continued under the *Special coverage options after your plan coverage ends* section of your policy.
- Cancelled or missed appointment charges or charges to complete claim forms.
- For which you have no legal obligation to pay.
- In excess of the benefit, dollar, day, visit or supply limits stated in your schedule of benefits.
- That would not be made if you did not have coverage.

- That are cosmetic in nature. Teeth whitening and facings on molar crowns and pontics will always be considered cosmetic.
- That are experimental or investigational.
- That are not medically necessary.
- For prescribed drugs, pre-treatments or analgesia.
- That are provided by a family member.
- For work-related conditions.
- For work that began before you were covered under the plan.

## The following dental services and supplies

- Acupuncture, acupressure and acupuncture therapy
- Crown, inlays and onlays, and veneers unless for one of the following:
  - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material.
  - The tooth is an abutment to a covered partial denture or fixed bridge.
- Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards and other devices to protect, replace or reposition teeth and removal of implants
- Dental services and supplies made with high noble metals (gold or titanium) except as covered in the *Eligible Dental Services* section of your insurance policy
- Dentures, crowns, inlays, onlays, bridges or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion or erosion
- First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth all of which were lost while the person was not covered
- General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another eligible dental service
- Instruction for diet, plaque control and oral hygiene
- Orthodontic treatment except as covered in the *Eligible Dental Services* section of your insurance policy
- Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures
- Replacement of teeth beyond the normal complement of

## **Exclusions (continued)**

- Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services
- Surgical removal of impacted wisdom teeth when only for orthodontic reasons
- Temporomandibular joint dysfunction/disorder.

## **Aetna Dental Direct PPO plans are subject to these 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 specific criteria are met

### **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:

- Needed to replace one or more natural teeth that were removed while this policy was in force for the covered person, and
- Are not abutments to a partial denture, removable bridge or fixed bridge installed during the prior eight years.

### **Alternate Treatment Rule**

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:

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:

- The copayment for the approved less costly service, plus
- The difference in cost between the approved less costly service and the more costly covered service.

## **Finding network providers**

Consult [Aetna.com](https://www.aetna.com) for the most current provider listings. Participating providers are independent contractors. They are in private practice. They are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed. The provider network composition may change without notice. For the most current information, please contact the selected provider or call us at the toll-free number on your online ID card.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

Visit **Aetna.com** to  
learn more.

Dental policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna).

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change.

Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice.

Refer to **Aetna.com** for more information about Aetna plans.

In case of a conflict between your insurance policy and this information, the insurance policy 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 providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Plan features and availability may vary by location and are subject to change. Discount offers provide access to discounted services and are not part of the insurance policy. The member is responsible for the full cost of the discounted services. While this material is believed to be accurate as of this production date, it is subject to change. Go to **Aetna.com** to learn more about Aetna plans.

[Aetna.com](https://www.aetna.com)

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