



We've got you covered with great choices for dental insurance

Direct Preferred PPO

Direct Core PPO

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

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Your future looks bright



Now you and your family can choose from great Aetna Dental® plans. All cover preventive care, so you can keep on smiling for years to come.

- Our **Direct Preferred PPO** plan has the highest level of coverage if you need more than routine dental care.
- Our **Direct Core PPO** plan is the same as the Preferred plan with a lower monthly premium, but you may pay more for services.

See dentists both in and out of our network

It's your choice. You can visit one of our network dentists or go outside the network. Just keep in mind that network dentists have agreed to provide covered services at a special rate. If you go outside the network, you won't get that special rate.

Check out our list of dentists at [Go.Aetna.com/dental](https://www.aetna.com/dental), or call us at **1-877-238-6200 (TTY: 711)**.

Dental plans and vision benefits are insured by Aetna Life Insurance Company (Aetna), 151 Farmington Avenue Hartford, CT 06156. Certain vision claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

We've got you covered for these important 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 you use them. Members can start using their benefits right away for preventive care services. There's no waiting period for basic or major services if all enrolled family members had dental coverage within the past 90 days of enrollment. See the insurance policy for the plan you choose to learn more about covered services and benefit levels.

Concerned about your yearly coverage limit?

Dentists in our network have agreed to provide covered services at special rates. So smile — and see a network dentist to help keep your costs lower.



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

With our dental PPO plans, you'll get the tools you need to manage your dental care. You'll also get the dental health information you need 24 hours a day, 7 days a week.

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 at [Aetna.com](https://www.aetna.com) by clicking "Log in" on the homepage. After you register, you can:

- **Find a network dentist** through our provider search tool. Search for a dentist by name, specialty, ZIP code or distance from you. You can do it by city and state or county and state, too. You'll even find maps and directions to your dentist's office.
- **Get average costs** for cleanings, fillings, X-rays, crowns, dentures and more. It's a great tool to help you manage your dental expenses.
- **See what's covered** by your plan.



After you enroll, you can call us toll-free with any questions.

Benefits and claims:
[1-877-238-6200](tel:1-877-238-6200) (TTY: 711)

Eligibility and billing:
[1-855-837-6453](tel:1-855-837-6453) (TTY: 711)

Reasons to smile

A side-by-side comparison of your dental plan options

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*
Preventive services — Waiting period: none				
Preventive oral examinations	No cost	No cost	No cost	No cost
Cleanings	No cost	No cost	No cost	No cost
Full-mouth series images	No cost	No cost	No cost	No cost
Sealants (permanent molars only)	No cost	No cost	No cost	No cost
Basic services — Waiting period: 6 months*				
Resin filling (1 surface)	20%	20%	50%	50%
Periodontal maintenance cleanings	20%	20%	50%	50%
Extraction (uncomplicated)	20%	20%	50%	50%
Major services — Waiting period: 12 months*				
Oral surgery	50%	50%	50%	50%
Crowns	50%	50%	50%	50%
Root canal therapy	50%	50%	50%	50%
Dentures	50%	50%	50%	50%
Orthodontics	Not covered		Not covered	
Deductible (calendar year)*	\$50 (individual); \$150 (family)		\$50 (individual); \$150 (family)	
Annual maximum benefit*	\$1,250	\$1,250	\$1,000	\$1,000

*FOR OUT-OF-NETWORK COST NOTE: Benefits are subject to certain charge limits. You may be balance billed by out-of-network dentists — up to the dentist's standard fee.

*FOR WAITING PERIOD NOTE: Waiting period is waived if all enrolled family members had dental coverage within the past 90 days.

*FOR DEDUCTIBLE AND ANNUAL MAXIMUM NOTE: Amounts cross-apply between in network and out of network. Deductible applies to basic and major services only.

Other things you should know

This benefits summary describes the most common dental procedures. With the Aetna Dental® Direct PPO plans, you may choose at the time of service either a PPO network dentist or any out-of-network dentist. If you choose a network dentist, you may save money because our network dentists have agreed to provide care for covered services at special rates.



Emergency dental care

If you need emergency dental care to relieve or manage pain, you're covered 24 hours a day, 7 days a week.

If emergency services are provided by a network dentist, your copay and/or coinsurance amount will be based on a set fee schedule. When these services are provided by an out-of-network dentist, you will need to pay the difference between the plan payment and the dentist's usual charge. All of the above is subject to state requirements. Refer to your plan documents to learn more. Our dental experts may review any emergency dental care to make sure it's needed.

What is NOT covered

Keep reading ... just to be sure

This is only a summary. See your insurance policy for details.

Your plan does not cover dental services or supplies if they are:

- Provided by an out-of-network provider and cost more than what your plan covers
- Provided before your dental coverage starts or after it has ended — see your policy to learn more
- Due to you canceling or missing a dental visit
- Provided to you even though you are not required by law to pay them
- Over the benefit, dollar, day, visit or supply limits stated in your schedule of benefits
- Things that would not have been provided if you did not have coverage
- Cosmetic in nature (teeth whitening and facings on molar crowns and pontics are always considered cosmetic)
- Experimental or investigational
- Not medically needed
- Prescribed drugs, pre-treatments or analgesia
- Provided by a family member
- For work-related conditions
- Something that began before you were covered under the plan

Your plan also does not cover these dental services and supplies:

- Acupuncture, acupressure and acupuncture therapy
- Crowns, inlays and onlays, and veneers, unless:
 - It is a 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, 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 schedule of benefits
- Dentures, crowns, inlays, onlays, bridges, or other appliances or services used to splint, alter vertical dimension, restore occlusion, or correct attrition, abrasion or erosion
- General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another dental service for which you are covered
- Instruction for diet, tobacco counseling, plaque control and oral hygiene
- Orthodontic treatment unless it is covered in the schedule of benefits
- Replacement of a device or appliance that is lost, missing or stolen, the replacement of appliances that have been damaged due to abuse, misuse or neglect, or for an extra set of dentures
- Replacement of teeth beyond the normal number of 32
- Services and supplies provided when there is no sign of pathology, dysfunction or disease, other than covered preventive services

Other things you should know

What is NOT covered (continued)

- Surgical removal of impacted wisdom teeth when done only for orthodontic reasons
- Temporomandibular joint (TMJ) dysfunction, unless your policy says it is covered

Aetna Dental® Direct PPO plans have these rules

Replacement rule

You are covered for certain services only if specific conditions are met. These services include replacing, adding to or changing existing dentures, crowns, casts or processed restorations. Other services covered under this rule are removable dentures, fixed bridgework and other prosthetic services.

Tooth missing but not replaced rule

You will be covered for the first installation of removable dentures, fixed bridgework and other prosthetic services only if these services are both:

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

Alternate treatment rule

If your dental condition can be treated with more than one covered service, Aetna® may choose to cover only the less costly one.

If you're being treated by a network dentist and you ask for a more costly covered service than that for which coverage is approved, your copay will consist of:

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



Finding network dentists

See the Aetna Dental online directory at [Go.Aetna.com/dental](https://go.aetna.com/dental) for the most current list of dentists and other dental providers. Network dentists are

independent contractors in private practice. They are not employees or agents of Aetna Dental or its affiliates. Aetna does not guarantee that you will be able to see a network dentist at the time you wish. And our list of network providers can change without notice.

For the most current information, please contact the provider you would like to visit. You may also call Aetna Member Services at the toll-free number on your member ID card.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Insurance plans contain exclusions and limitations. See brochure and policy for a complete description of benefits, exclusions, limitations, and conditions of coverage.

In Texas, the dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN). 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.

The plan has these limitations on coverage: time limits on first installation or replacement of dentures, crowns or other prosthetics; least costly alternate treatment rule.

Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Plan features and availability may vary by location and are subject to change. Refer to DentalDirect.Aetna.com for more information about Aetna® dental plans.

Aetna.com