



# Smile on

We've got you and your family covered with two great choices for dental insurance.

- Direct Preferred PPO
- Direct Core PPO



## Your future looks bright

Now you and your family can choose from two great Aetna Dental® plans. Both cover preventive care, as well as basic and major dental services, so you can keep on smiling for years to come.

- Our **Direct Preferred PPO** plan lets you pay less for some common services.
- Our **Direct Core PPO** plan lets you pay a lower monthly premium.

### 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 [Aetna.com](https://www.aetna.com), or call us at **1-877-238-6200 (TTY: 711)**.

Dental policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna® plans.

## You'll be 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. Coverage for basic services does not start until you have been in the Preferred Provider Organization (PPO) plan for six straight months. For major services, you must have been in the PPO plan for 12 straight months. See the insurance policy for the plan you choose to learn more about covered services and benefits 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.

### Other important discounts

You can enjoy exclusive Aetna discounts on eye care, hearing aids, gym memberships, acupuncture and more. These are discounts — not insurance — so there is no extra paperwork. And you pay the discounted price directly to the vendor.



## 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** by clicking "Login" 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.
- **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 with any questions.

- Benefits and Claims – **1-877-238-6200 (TTY: 711)**
- Eligibility and Billing – **1-855-837-6453 (TTY: 711)**

## Need emergency dental care?

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

# Two 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
<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: 6 months</b>				
Resin filling (1 surface)	20%	40%	50%	50%
Periodontal maintenance cleanings	20%	40%	50%	50%
Extraction (uncomplicated)	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

\*Deductible and annual maximum 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. Out-of-network benefits are subject to certain charge limits. You may be balance billed by out-of-network dentists — up to the dentist's standard fee.

## 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 for your personal comfort or ease, or that of any other person, including a dental provider.
- Provided before your dental coverage starts or after it has ended. See your policy to learn more.
- Due to you cancelling or missing a dental visit.
- Provided to you even though you are not required by law to pay them.
- Are 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

## What is NOT covered (continued)

- Services and supplies provided when there is no sign of pathology, dysfunction or disease, other than covered preventive services
- Surgical removal of impacted wisdom teeth when done only for orthodontic reasons
- Temporomandibular joint dysfunction (TMJ) 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 Aetna Dental's online directory at **Aetna.com** 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. You can find our provider search tool at **Aetna.com**.

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To learn more, visit **Aetna.com**.

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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 card 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.

Policy forms issued in Idaho include AL IVL HPOI-PPODental\_WP 01 and AL IVL HPOI-PPODental\_NWP 01.

Policy forms issued in Missouri, Oklahoma, Washington, and Wyoming include AL IVL HPOI-PPODental 01

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