



Dental HMO Insurance

Provided by

aetnaSM

Disclaimer: This benefit plan information shown in this benefits plan overview is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance ; the underlying insurance documents will govern in all cases.

Trainee & Affiliate Benefits Program

Aetna Dental HMO Plan

Annual Maximum: Unlimited

Calendar Year Deductible

In-Network
Member Pays
None

Diagnostic and Preventive Care

- Routine Exams
- Teeth Cleanings
- X-Rays

No Charge
No Charge
No Charge

Basic Procedures

- Fillings
- Endodontics
- Periodontics
- Oral Surgery

No Charge
\$0- \$225 Copay
\$10- \$140 Copay
\$0- \$60 Copay

Major Procedures

- Crowns
- Bridgework
- Dentures

\$150- \$170 Copay
\$150-\$170 Copay
\$185- \$200 Copay

Orthodontia

- Adolescent
- Adult

\$2,300 Copay
\$2,300 Copay

For more detailed plan design information please visit the Plan Documents Library

Trainee & Affiliate Benefits Program

Aetna Dental PPO Plan

<u>Annual Maximum \$1,500 per person</u>	<u>PPO Network Member Pays</u>	<u>Out-of-Network Member Pays</u>
<u>Calendar Year Deductible</u>	\$ 50 per individual \$150 per family	\$ 75 per individual \$225 per family
<u>Diagnostic and Preventive Care</u>	0% (no deductible)	20%
-Routine Exams -Teeth Cleanings -X-Rays		
<u>Basic Procedures</u>	20%	60%
-Fillings -Endodontics -Periodontics -Oral Surgery		
<u>Major Procedures</u>	50%	70%
-Crowns -Bridgework -Dentures		
<u>Orthodontia</u>	50%	70%
-\$1,500 Lifetime Maximum		

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