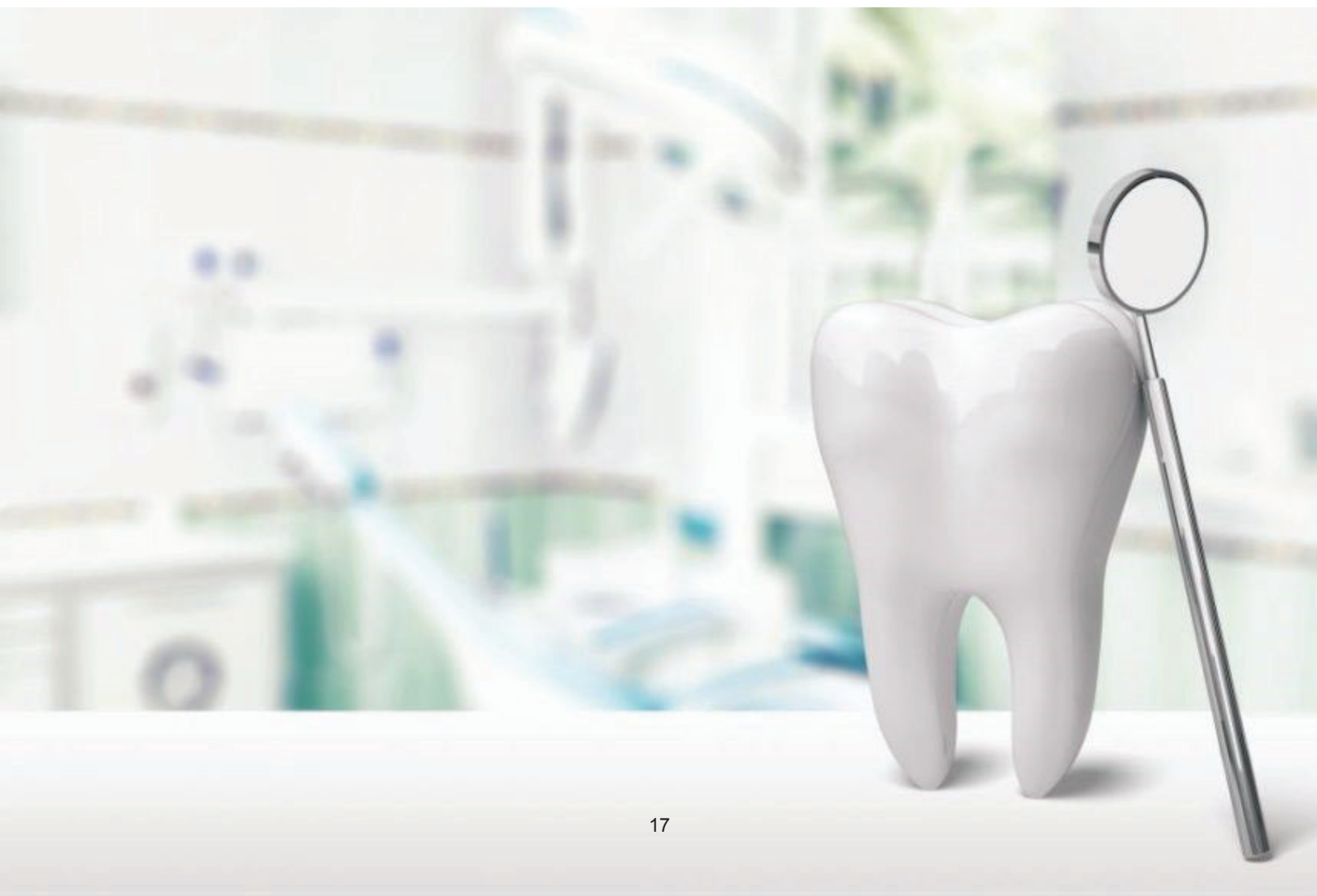


DENTAL PLAN OPTIONS

All GW Postdoc Associates, Scholars and their eligible dependents can choose from **three voluntary dental plan options powered through Aetna**.

- Aetna Dental PPO (High)
- Aetna Dental PPO (Low)
- Aetna Dental DMO (Dental Maintenance Organization). You must choose a Primary care Dentist with this option. Note: If you are currently enrolled in the GW Staff Aetna DMO and do not wish to change your PCP, Aetna will keep your current PCD selection on file.

The GW dental plans are “stand-alone” plans, so you can enroll in dental coverage whether or not you have medical coverage through GW. Take a look at the tables on following pages to evaluate which of the options may be right for you.



DENTAL PLAN OPTIONS



	Aetna Dental PPO (High Option)		Aetna Dental PPO (Low Option)	
Core Benefits	In-Network	Out-Network	In-Network	Out-Network
Annual Deductible (Individual)	\$50	\$50	\$50	\$50
Annual Deductible (Family)	\$150	\$150	\$150	\$150
Annual Maximum Coverage	\$1,500	\$1,500	\$1,000	\$1,000
PREVENTATIVE/DIAGNOSTIC **				
Oral Exam(a)	100%	100%	100%	100%
Cleaning(a) Adult/Child	100%	100%	100%	100%
Flouride (a)	100%	100%	100%	100%
Sealants (permanent molars) (a)	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
Bitewing x-rays*	100%	100%	100%	100%
Full mouth series*	100%	100%	100%	100%
BASIC RESTORATIVE ** silver/composite fillings, root canals, stainless steel crowns, some extractions, some oral surgery, general anesthesia, osseous surgery (a), etc.	90%	80%	80%	70%
MAJOR RESTORATIVE** crowns, dentures, implants, inlays, onlays,	50%	50%	Not covered	Not covered
Orthodontics				
Child	50% (\$1,500 Lifetime Max)	50% (\$1,500 Lifetime Max)	Not covered	Not covered
Adult	50% (\$1,500 Lifetime Max)	50% (\$1,500 Lifetime Max)	Not covered	Not covered

*Not all are covered as preventative and may incur a cost

**Services shown are a partial list. For a complete list, see your Dental Plan Benefit Summary, available at gwu.gpa.services

(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate

DENTAL PLAN OPTIONS



	DMO
	In-Network
Core Benefits	Participant Pays
Annual Deductible	None
Annual Benefit Maximums	Unlimited
<u>PREVENTIVE/DIAGNOSTIC</u>	
Office Visit	\$5
Routine Exam	\$0
Teeth Cleanings (Prophylaxis)	\$0
Fluoride—Child	\$0
Sealants	Up to \$10 Copay
Space Maintainers	Varies Copay up to \$80
X-rays	\$0
<u>BASIC PROCEDURES</u>	
Amalgam Fillings (silver)	No Charge
Resin/Composite Filings (white)	Varies Copay up to \$75
Endodontics	Varies up to \$400 Copay
Periodontics	Varies up to \$375 Copay
Oral Surgery	Varies up to \$120 Copay
<u>MAJOR PROCEDURES</u>	
Crowns	Varies up to \$315 Copay
Dentures	Varies up to \$1215 Copay
Implants	Varies up to \$ 320 Copay
<u>ORTHODONTIA</u>	
Child	\$2300*
Adult	\$2300*

*Once complete comprehensive orthodontic treatment per lifetime (excludes dentition)

**Resin/composite (white) anterior teeth only)

Disclaimer: Certain services have specific restrictions. Contact Aetna member services for more details (877-238-6200)