

# DENTAL PLAN OPTIONS

	Aetna Dental PPO (High Option)		Aetna Dental PPO (Low Option)	
Core Benefits	In-Network	Out- of-Network	In-Network	Out- of-Network
Annual Deductible (Individual)	\$50	\$50	\$50	\$50
Annual Deductible (Family)	\$150	\$150	\$150	\$150
Annual Maximum Coverage	\$1,500	\$1,500	\$1,500	\$1,500
<b>PREVENTATIVE/DIAGNOSTIC**</b>				
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%
<b>BASIC RESTORATIVE**</b>				
Silver/composite fillings, root canals, stainless steel crowns, some extractions, some oral surgery, general anesthesia, osseous surgery (a), etc.	90%	80%	80%	70%
<b>MAJOR RESTORATIVE**</b>				
Crowns, dentures, implants, inlays, onlays	50%	50%	Not covered	Not covered
<b>ORTHODONTICS</b>				
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.com](http://gwu.gpa.services.com).

(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	
<b>PREVENTATIVE/DIAGNOSTIC</b>		
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	
<b>BASIC PROCEDURES</b>		
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	
<b>MAJOR PROCEDURES</b>		
Crowns	50%	
Dentures	Varies up to \$1215 Copay	
<b>ORTHODONTICS</b>		
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)**