



Dental 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.

Aetna Dental HMO

Core Benefits	In-Network
Annual Deductible	None
Annual Benefit Maximum	Unlimited
<u>Preventive/Diagnostic Care</u>	
Routine Exams	No Charge
Teeth Cleanings (Prophylaxis)	No Charge
X-rays	No Charge
<u>Basic Procedures</u>	
Fillings	\$10 - \$90 Copay
Endodontics	\$4 - \$380 Copay
Periodontics	\$10 - \$300 Copay
Oral Surgery	\$4 - \$117 Copay
<u>Major Procedures</u>	
Crowns	\$255 Copay
Bridgework	\$275 Copay
Dentures	\$10 - \$330 Copay
<u>Orthodontia</u>	
Adolescent	\$1,945 Copay
Adult	\$1,945 Copay

Aetna Dental PPO

\$1,500 Annual Max Benefit

Core Benefits	In-Network	Out-of-Network (MAX Plan)
Annual Deductible	\$0 per individual /\$0 per family	\$50 per individual / \$150 per family
<u>Preventive/Diagnostic Care</u>		
Routine Exams	0%	30%
Teeth Cleanings (Prophylaxis)	0%	30%
X-rays	0%	30%
<u>Basic Procedures</u>		
Fillings	20%	40%
Endodontics	20%	40%
Periodontics	20%	40%
Oral Surgery	20%	40%
<u>Major Procedures</u>		
Crowns	50%	50%
Bridgework	50%	50%
Dentures	50%	50%
<u>Orthodontia (child only)</u>		
Adolescent (to age 20)	50%	50%
Adult	Not Covered	Not Covered

Accessing the Out-of-Network Tier

An example of how seeking Out-of-Network services can impact your out-of-pocket costs:

- Porcelain Crown on a molar - We will estimate that the usual, customary and reasonable charge that Aetna allows is \$800
- Per the out-of-network benefit structure, you will pay 50% (your coinsurance) toward that crown, which would be \$400
- In addition, if the out-of-network dentist performing your crown services charges more than what is considered usual, customary and reasonable, you will pay the \$400 **plus** any additional amount that the dentist wishes to charge. So, if the dentist charged \$900 for the crown in total, you would pay a total of \$500 for the crown, which includes the extra \$100 that the dentist charged above what is considered usual, customary and reasonable
- Using the out-of-network tier costs you more because the dentists do not discount their services per a provider contract, whereas those contracts do reduce your out-of-pocket costs in the In-Network PPO tier