



# PPO DENTAL INSURANCE

**Provided by** 

aetnas



Insurance | Risk Management | Consulting



## Postdoctoral Trainee Benefits Program

#### **Aetna Dental PPO - \$1500 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
Preventive/Diagnostic Care Routine Exams Teeth Cleanings (Prophylaxis) X-rays	0% 0% 0%	30% 30% 30%
Basic Procedures Fillings Endodontics Periodontics Oral Surgery	20% 20% 20% 20%	40% 40% 40% 40%
Major Procedures Crowns Bridgework Dentures	50% 50% 50%	50% 50% 50%
Orthodontia (child only) Adolescent (to age 20) Adult	50% (\$1,500 Lifetime Limit) Not Covered	50% (\$1,500 Lifetime Limit) Not Covered

For more detailed plan design information go to: https://clients.garnett-powers.com/pd/vume/documents/





### 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
- When you access care out-of-network, you and the insurance carrier incur more costs, consequently affecting the
  overall pricing of the plan