

## Dental Benefits Summary

	<u>Active PPO</u> <u>With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
<b>Annual Deductible*</b>		
<b>Individual</b>	<b>\$50</b>	<b>\$75</b>
<b>Family</b>	<b>\$150</b>	<b>\$225</b>
<b>Preventive Services</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>	<b>50%</b>	<b>50%</b>
<b>Major Services</b>	<b>0%</b>	<b>0%</b>
<b>Annual Benefit Maximum*</b>	<b>\$750</b>	<b>\$750</b>
<b>Office Visit Copay</b>	<b>N/A</b>	<b>N/A</b>
<b>Orthodontic Services</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Orthodontic Deductible</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Orthodontic Lifetime Maximum</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>*Applies to: Basic services only</b>		
<b>Partial List of Services</b>	<u>Active PPO</u> <u>With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
<b>Preventive</b>		
<b>Oral examinations (a)</b>	<b>100%</b>	<b>100%</b>
<b>Cleanings (a) Adult/Child</b>	<b>100%</b>	<b>100%</b>
<b>Fluoride (a)</b>	<b>100%</b>	<b>100%</b>
<b>Sealants (permanent molars only) (a)</b>	<b>100%</b>	<b>100%</b>
<b>Bitewing Images (a)</b>	<b>100%</b>	<b>100%</b>
<b>Space Maintainers</b>	<b>100%</b>	<b>100%</b>
<b>Basic</b>		
<b>Denture repairs</b>	<b>50%</b>	<b>50%</b>
<b>Full mouth series Images (a)</b>	<b>50%</b>	<b>50%</b>
<b>Root canal therapy</b>		
<b>Anterior teeth / Bicuspid teeth</b>	<b>50%</b>	<b>50%</b>
<b>Root canal therapy, molar teeth</b>	<b>50%</b>	<b>50%</b>
<b>Scaling and root planing (a)</b>	<b>50%</b>	<b>50%</b>
<b>Gingivectomy (a)*</b>	<b>50%</b>	<b>50%</b>

## Dental Benefits Summary

<b>Amalgam (silver) fillings</b>	<b>50%</b>	<b>50%</b>
<b>Composite fillings</b>	<b>50%</b>	<b>50%</b>
<b>Uncomplicated extractions</b>	<b>50%</b>	<b>50%</b>
<b>Surgical removal of erupted tooth*</b>	<b>50%</b>	<b>50%</b>
<b>Surgical removal of impacted tooth (soft tissue)*</b>	<b>50%</b>	<b>50%</b>
<b>Osseous surgery (a)*</b>	<b>50%</b>	<b>50%</b>
<b>Surgical removal of impacted tooth (partial bony/ full bony)*</b>	<b>50%</b>	<b>50%</b>
<b>General anesthesia/intravenous sedation*</b>	<b>50%</b>	<b>50%</b>
<b>Crown Lengthening</b>	<b>50%</b>	<b>50%</b>
<b>Major</b>		
<b>Stainless steel crowns</b>	<b>0%</b>	<b>0%</b>
<b>Inlays</b>	<b>0%</b>	<b>0%</b>
<b>Onlays</b>	<b>0%</b>	<b>0%</b>
<b>Crowns</b>	<b>0%</b>	<b>0%</b>
<b>Full &amp; partial dentures</b>	<b>0%</b>	<b>0%</b>
<b>Pontics</b>	<b>0%</b>	<b>0%</b>
<b>Crown Build-Ups</b>	<b>0%</b>	<b>0%</b>
<b>*Certain services may be covered under the Medical Plan. Contact Member Services for more details.</b>		
<b><i>(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.</i></b>		

### Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures.

Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to recognized charge limits.

If you need a service that is not available from a network provider, your primary dentist may refer you to an out-of-network provider. You will receive the network level of coverage if you get approval from Aetna for this referral.

### Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

## Dental Benefits Summary

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When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

### **Partial List of Exclusions and Limitations\* - Coverage is not provided for the following:**

1. Services or supplies that are covered in whole or in part:
  - (a) under any other part of this Dental Care Plan; or
  - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
  - (a) a non-occupational disease; or
  - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
9. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
10. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
11. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
12. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
13. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.

## Dental Benefits Summary

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14. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
  15. Those for a crown, cast or processed restoration unless:
    - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
    - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
  16. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
  17. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
  18. Services needed solely in connection with non-covered services.
  19. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.
- Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

\*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

### Finding Participating Providers

Consult Aetna Dentals online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at [www.aetna.com](http://www.aetna.com).

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

## Dental Benefits Summary

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In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

## Dental Benefits Summary

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përktimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågü, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᄆᄂᄃ ᄇᄃᄂᄃ ᄃᄃᄃᄃᄃ ᄃ ᄃᄃᄃ ᄃᄃᄃᄃᄃ ᄃᄃ, ᄃᄃᄃᄃᄃ ᄃᄃᄃ ᄃᄃᄃᄃ ᄃᄃᄃᄃᄃ ᄃᄃᄃᄃᄃ ᄃᄃᄃᄃ ᄃᄃᄃᄃᄃ ᄃᄃᄃᄃᄃ ᄃᄃᄃᄃᄃ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kéeri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

## Dental Benefits Summary

Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်တၢ်မၤအတၢ်ဖိးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဖိးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ဂီၢ်:ဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလံၤန့ၢ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێرێت گەشتن بە خزمەتگۆزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelok wōñean nān kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាភាសាសេរីដោយគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo b'ááh ílínígóó naaltsoos bee atah níljigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tēnɔŋ yin. Ke yin col ran ye koc kuony nē namba de abac tō nē ID kard duön de tīit de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

## Dental Benefits Summary

Pennsylvanian-Dutch	Um Schprooch Services zu griegel mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para acessar aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se tologi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ﻟﯩﺴﺎﻧﯩﻲ ﺧﺪﻣﺎﺕ ﺗﻚ ﻣﻔﯩﺖ ﺭﺳﺎﺋﯩﻲ ﻛﻪ ﻟﯧﻲ، ﺍﭘﻨﻪ ﺑﯧﻤﻪ ﻛﻪ ﻛﺎﺭﺩﯗ ﭘﺮ ﺩﺭﺝ ﻧﻤﺒﺮ ﭘﺮ ﻛﺎﻝ ﻛﺮﯨﯩﻲ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న సంబంధం కాలి చేయండి.
Thai	หากท่านต้องการเข้าถึงบริการทางด้านภาษาโดยไม่เสียค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовно отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף איינער ID קארטל.
Yoruba	Láti ráyèsì àwọn iṣẹ̀ èdè fún ọ̀ lófẹ̀ẹ̀, pe nọmbà tó wà lóri káàdì idánimọ̀ rẹ.