

# SUMMARY OF DENTAL BENEFITS

AUGUST 1, 2020 – JULY 31, 2021

	AETNA DMO	AETNA PPO	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
	YOU PAY	YOU PAY	YOU PAY
	You <b>must</b> use an Aetna DMO provider or you won't be covered (except in an emergency, in which case you must first call Aetna for authorization. If you do, you'll receive up to a \$100 reimbursement).	You may see any dental provider when you need care. However, you'll pay less when you see an Aetna PPO network provider.	If you go to a dentist who isn't part of the Aetna network, the plan will pay benefits based on the reasonable and customary (R&C) charge for a particular service in your area. <sup>1</sup>
<b>You may be required to meet a calendar-year deductible first before the plan pays benefits</b>			
<b>Annual Deductible</b>			
Individual	None	\$50 <sup>2</sup>	\$75 <sup>2</sup>
Family	None	\$150 <sup>2</sup>	\$225 <sup>2</sup>
<b>Once you meet your calendar-year deductible, your care will be covered at no charge, or you'll pay a copay or coinsurance for covered services</b>			
<b>Diagnostic and Preventive Services</b>	Covered in full	Covered in full	20%
<ul style="list-style-type: none"> <li>• Routine Exams, Cleanings</li> <li>• Fluoride Treatments</li> <li>• Diagnostic X-rays</li> </ul>			
<b>Basic Restorative Services</b>	Corresponding copay (see schedule for details)	20%	30%
<ul style="list-style-type: none"> <li>• Amalgam fillings</li> <li>• Endodontics (including root canal therapy)</li> <li>• Periodontics</li> </ul>			
<b>Major Restorative Services and Prosthodontics</b> (including crowns, bridges and dentures)	Corresponding copay (see schedule for details)	50%	60%
<b>Orthodontics<sup>3</sup></b>	You pay a \$1,545 copay	Not Covered	Not Covered
<b>Then, if you meet the calendar year maximum, you'll be responsible for 100% of the cost for the remainder of the calendar year</b>			
<b>Calendar-Year Maximum</b>	None	\$1,500	\$1,000



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- <sup>1</sup> *If your out-of-network dentist charges more than the R&C amount, you'll also pay the difference.*
- <sup>2</sup> *Applies only to basic restorative services and major restorative services.*
- <sup>3</sup> *Additional copays apply for Orthodontic Screening Exams, Diagnostic Records, etc. Please refer to the Dental Benefits Summary for greater detail on your benefits schedule.*

*This is a brief review of benefits. Additional copays may apply for specific procedures. It is always recommended to ask the dentist about their billed charges before you receive care. Please refer to the Certificate of Coverage posted on the benefits website which explains these benefits in more detail.*

