



	<b>Active PPO</b>	
	<b>With PPOII Network</b>	
	<b>Participating</b>	<b>Non-participating</b>
<b>Annual Deductible*</b>		
Individual	None	\$50
Family	None	\$150
<b>Preventive Services</b>	<b>100%</b>	<b>90%</b>
<b>Basic Services</b>	<b>80%</b>	<b>70%</b>
<b>Major Services</b>	<b>50%</b>	<b>40%</b>
<b>Annual Benefit Maximum***</b>	<b>\$1,500</b>	<b>\$1,200</b>
<b>Orthodontic Services**</b>	<b>50%</b>	<b>40%</b>
<b>Orthodontic Deductible</b>	<b>None</b>	<b>\$50</b>
<b>Orthodontic Lifetime Maximum***</b>	<b>\$1,500</b>	<b>\$1,000</b>

\*The deductible applies to: Basic & Major services only  
 \*\*Orthodontia is covered only for children (appliance must be placed prior to age 20).  
 \*\*\* Annual and lifetime benefit maximums are combined for in-network and out-of-network

Partial List of Services	<b>Active PPO</b>	
	<b>With PPOII Network</b>	
	<b>Participating</b>	<b>Non-participating</b>
<b>Preventive</b>		
Oral examinations	100%	90%
Cleanings Adult/Child	100%	90%
Fluoride	100%	90%
Sealants (permanent molars only)	100%	90%
Bitewing Images	100%	90%
Full mouth series Images	100%	90%
Space Maintainers	100%	90%
<b>Basic</b>		
Root canal therapy		
Anterior teeth / Bicuspid teeth	80%	70%
Scaling and root planing	80%	70%
Gingivectomy	80%	70%
Amalgam (silver) fillings	80%	70%
Composite fillings	80%	70%
Stainless steel crowns	80%	70%
Incision and drainage of abscess	80%	70%
Uncomplicated extractions	80%	70%
Surgical removal of erupted tooth	80%	70%
Surgical removal of impacted tooth (soft tissue)	80%	70%
Re-cement of crowns, inlays, post and core	80%	70%
Re-cement of implant/abutment supported crown or denture	80%	70%
Re-cement of fixed partial	80%	70%
<b>Major</b>		
Inlays	50%	40%
Onlays	50%	40%
Crowns	50%	40%
Crown lengthening	50%	40%
Full & partial dentures	50%	40%
Pontics	50%	40%
Root canal therapy, molar teeth	50%	40%
Osseous surgery (a)	50%	40%
Surgical removal of impacted tooth (partial bony/ full bony)	50%	40%
Denture repairs	50%	40%
Crown Build-Ups	50%	40%
Implants	50%	40%

Certain services may be covered under the Medical Plan. Contact Member Services for more details.  
 (a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

## 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 usual and prevailing charge limits, as determined by Aetna.

## 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.

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 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. Those for any of the following services:
  - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
  - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
  - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. 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.
10. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
11. 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.
12. 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.
13. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
14. Services needed solely in connection with non-covered services.
15. 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.

## Your Dental Care Plan Coverage Is Subject to the Following Rules:

### Replacement Rule

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The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least **5 years** before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

### **Finding Participating Providers**

Consult Aetna Dentals online provider directory, DocFind®, 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 ID card, or use our Internet-based provider directory (DocFind) available at [www.aetna.com](http://www.aetna.com).

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