

**Dental Benefits Summary**

	<u>Indemnity</u>
Annual Deductible*	
Individual	\$100
Family	\$300
Preventive Services	80%
Basic Services	See below Schedule
Major Services	See below Schedule
Annual Benefit Maximum	\$1,000
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)**	Not Covered
Orthodontic Deductible	Not Covered
Orthodontic Lifetime Maximum	Not Covered
*The deductible applies to: Preventive, Basic & Major services	

Partial List of Services	<u>Indemnity</u>
Preventive	
Periodic Oral Exam (a)	80%
Comprehensive Oral Exam (a)	80%
Problem-focused Oral Exam (a)	80%
Fluoride - child (a)	80%
Cleanings, including scaling and polishing (a) Adult	80%
Bitewing X-rays – 2 films (a)	80%
Full mouth series X-rays (a)	80%
Basic	
General anesthesia – first 30 minutes	\$58
Space maintainers	\$113
Root canal therapy	
Bicuspid teeth	\$257
Root canal therapy, molar teeth	\$323
Amalgam (silver) fillings - 2 surfaces permanent	\$43
Resin filling – 2 surfaces permanent - posterior	\$53
Scaling and root planning - quadrant (a)	\$49
Osseous surgery - quadrant (a)	\$322
Extractions, erupted tooth or exposed root	\$32
Surgical removal of impacted tooth (soft tissue)	\$80
Surgical removal of impacted tooth (partial bony)	\$117
Major	
Crowns – full cast noble metal	\$175
Full Upper Denture	\$263
Pontic - Resin with Noble metal	\$146
<i>(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.</i>	

Other Important Information

This Benefit summary of the Aetna Dental® Indemnity Dental coverage is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under this plan, you may choose at the time of service any Indemnity dentist.

Preventive benefits under the Indemnity dental plan are subject to reasonable and customary charge limits.

Emergency Dental Care

Benefits payable are limited to the reasonable and customary charges, as determined by Aetna Dental®. Covered emergency services may vary, based on state law.

Some of the Services Not Covered Under the Plan are:

- Services or supplies that are covered in whole or in part:
 - under any other part of this Dental Care Plan; or
 - under any other plan of group benefits provided by or through your employer.
- Services and supplies to diagnose or treat a disease or injury that is not:
 - 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. 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 services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
- 11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
- 12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
- 13. 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.
- 14. 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.
- 15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than: (a) during the first 31 days the person is eligible for this coverage, or (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
 - (i) after the end of the 12-month period starting on the date the person became a covered person; or
 - (ii) as a result of accidental injuries sustained while the person was a covered person; or
 - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
- 16. 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.
- 17. 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.
- 18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
- 19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.

20. Services needed solely in connection with non-covered services.

21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

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

Replacement Rule

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 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.

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

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.

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.

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.

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,

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 ụgwọ obụla, kpọọ nọmba nọ 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	vXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtd.'D;tyShRvXeub.[h.tDRt*D*<ud;b.vDwJpdeD.*H>vXttt.vXecd.*DR A (ID) tvdRM.wuh>l
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	بۆ دەسپێراگە یێشێب بە خەزەمە تێگوزاری زمان بەی تێچوون بۆ تۆ، پە یۆهەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ ໃຫ້ໃບຫາເປັນໃບຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ñan bök jipañ kōn kajin ilo an ejjeļok wōñean ñan kwe, kwōn kallok nōñba 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	ដើម្បីទទួលបានសេវាភាសាដោយឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្តាញសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehji bee níká a'doowoł doo bááh ilinígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dólzinígíí béésh bee hane'i biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yin ran de wëër de thokic ke cîn wëu kɔr keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duòn de tiīt de nyin de panakim k̄ou.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griegie 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 aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕੋਸ਼ਿ ਕੀ ਮਤ ਵਲੋਂ ਆਪਣੀ 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 totogi, 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 ñerowol maada.

Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܡܐ ܙܐ ܠܘܒܐ ܒܝܠܐ ܡܠܝܦܐ ܩܘܩܘܟܐ, ܦܝܓܐ ܢܡܒܪܝ ܝܠܝܘ ܩܘܦܝܐ ܕܝܟܐ ܝܐ ܩܝܬܡܒܘܠܝܫܐ.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భిషి సేవలను మీకు ఖరీచ లెకుండు అడుకునందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కలె చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย 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	لساڀي خدمات تک مفت رساڀي کے لیے، اڀي بيمه کے 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 ráyèsí àwọn iṣẹ̀ èdè fún ọ̀ lọ́fẹ́ẹ̀, pe nọmbà tò wà lóri káàdì ìdánimọ̀ rẹ̀.