# Dental Benefits Summary

| | Active PPO With PPOII and Extend[SM] Networks | |
|---|---|---|
| | Participating | Non-participating |
| **Annual Deductible*** | | |
| **Individual** | **$50** | **$50** |
| **Family** | **$150** | **$150** |
| **Preventive Services** | **100%** | **100%** |
| **Basic Services** | **100%** | **80%** |
| **Major Services** | **60%** | **50%** |
| **Annual Benefit Maximum** | **$2000** | **$2000** |
| **Office Visit Copay** | **N/A** | **N/A** |
| **Orthodontic Services (Adult and Child)** | **50%** | **50%** |
| **Orthodontic Deductible** | **None** | **None** |
| **Orthodontic Lifetime Maximum** | **$1500** | **$1500** |
| ***The deductible applies to: Basic & Major services only** | | |

| **Partial List of Services** | Active PPO With PPOII and Extend[SM] Networks | |
|---|---|---|
| **Preventive** | Participating | Non-participating |
| **Oral examinations - 2 per year** | **100%** | **100%** |
| **Cleanings - Adult/Child - 2 per year** | **100%** | **100%** |
| **Fluoride - 1 per year, children under 16** | **100%** | **100%** |
| **Sealants (permanent molars only) - 1 per tooth every 3 years, children under 16** | **100%** | **100%** |
| **Bitewing Images - 1 set per year** | **100%** | **100%** |
| **Full mouth series Images - 1 set every 3 years** | **100%** | **100%** |
| **Space Maintainers** | **100%** | **100%** |
| **Basic** | | |
| **Root canal therapy, anterior teeth and bicuspid teeth** | **100%** | **80%** |
| **Root canal therapy, molar teeth** | **100%** | **80%** |
| **Scaling and root planing - 4 separate quads every 2 years** | **100%** | **80%** |
| **Gingivectomy *- 1 per quad/tooth every 3 years** | **100%** | **80%** |

# Dental Benefits Summary

| | | |
|---|---|---|
| **Amalgam (silver) fillings** | **100%** | **80%** |
| **Composite fillings (anterior teeth only)** | **100%** | **80%** |
| **Stainless steel crowns** | **100%** | **80%** |
| **Incision and drainage of abscess*** | **100%** | **80%** |
| **Uncomplicated extractions** | **100%** | **80%** |
| **Surgical removal of erupted tooth*** | **100%** | **80%** |
| **Surgical removal of impacted tooth (soft tissue)*** | **100%** | **80%** |
| **Osseous surgery * - 1 per quad every 3 years** | **100%** | **80%** |
| **Surgical removal of impacted tooth (partial bony/ full bony)*** | **100%** | **80%** |
| **General anesthesia/intravenous sedation*** | **100%** | **80%** |
| **Crown Lengthening** | **100%** | **80%** |
| **Major** | | |
| **Inlays - 1 every 8 years per tooth** | **60%** | **50%** |
| **Onlays - 1 every 8 years per tooth** | **60%** | **50%** |
| **Crowns - 1 every 8 years per tooth** | **60%** | **50%** |
| **Full & partial dentures - 1 every 8 years** | **60%** | **50%** |
| **Pontics - 1 every 8 years per tooth** | **60%** | **50%** |
| **Denture repairs** | **60%** | **50%** |
| **Crown Build-Ups** | **60%** | **50%** |
| **Implants - 1 every 8 years per tooth** | **60%** | **50%** |

***Certain services may be covered under the Medical Plan. Contact Member Services for more details.**

***Frequency and/or age limitations may apply to other services. 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 a PPO participating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates.

Out-of-Network plan payments are based on the 90th percentile of billed charges for the geographic area.

# Dental Benefits Summary

## 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 (unless otherwise noted in the member booklet):

1. Charges for services or supplies
- Provided by a network provider in excess of the negotiated charge.
- Provided by an out-of-network provider in excess of the recognized charge.
- Provided for your personal comfort or convenience, or the convenience of any other person, including a dental provider
- Provided in connection with treatment or care that is not covered under the plan
- Cancelled or missed appointment charges or charges to complete claim forms
- Charges for which you have no legal obligation to pay
- Charges that would not be made if you did not have coverage, including:
  - Care in charitable institutions
  - Care for conditions related to current or previous military service
  - Care while in the custody of a governmental authority

2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.(Does not apply to New Hampshire contract state)

3. Cosmetic services and supplies.

4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.

5. Acupuncture, acupressure and acupuncture therapy

6. Crown, inlays and onlays, and veneers unless for one of the following:
- It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
- The tooth is an abutment to a covered partial denture or fixed bridge.

7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants.

# Dental Benefits Summary

8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion.

9. Dental work that began before you were covered by the plan.(Does not apply to California contract state)

10. First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth, all of which were lost while you were not covered.(Does not apply to California contract state)

11. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service. Medically necessary services, such as anesthesia, may be covered for neurodiverse patients as needed.

12. Instruction for diet, tobacco counseling and oral hygiene.

13. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.

14. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.

15. Services and supplies provided in connection with treatment or care that is not covered under the plan.

16. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.

17. Replacement of teeth beyond the normal complement of 32.

18. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services.

19. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.

20. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.

21. Temporomandibular joint dysfunction/disorder

# Dental Benefits Summary

22. Dental services and supplies that are covered in whole or in part:
- Under any other part of this plan
- Under any other plan of group benefits provided by the policyholder

23. Experimental or investigational drugs, devices, treatments or procedures.

24. Services, including but not limited to, treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna)

25. Payment for a portion of the charge that another party is responsible for as the primary payer.

26. Prescribed drugs, pre-medication or analgesia.

27. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are:
- Scaling of teeth
- Cleaning of teeth
- Topical application of fluoride.

28. Work related illness or injuries.

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:

Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

- If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.

- If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.(Does not apply to New Hampshire contract state)

# Dental Benefits Summary

• You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

Replacement rule: Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:
· Crowns
· Inlays
· Onlays
· Veneers
· Complete dentures
· Removable partial dentures
· Fixed partial dentures (bridges)
· Other prosthetic services

These eligible dental services are covered only when you give us proof that:
• While you were covered by the plan (Does not apply to California contract state):
- You had a tooth (or teeth) extracted after the existing denture or bridge was installed.
- As a result, you need to replace or add teeth to your denture or bridge.

• The present item cannot be made serviceable, and is:
- A crown installed at least 8 years before its replacement.
- An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 8 years before its replacement.

• While you were covered by the plan:
- You had a tooth (or teeth) extracted.
- Your present denture is an immediate temporary one that replaces that tooth (or teeth).
- A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

Tooth missing but not replaced rule (Does not apply to California contract state) :

The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:

• The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth that were removed while you were covered by the plan. (The extraction of a third molar tooth does not qualify.)

• The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 8 years

Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

# Dental Benefits Summary

Late entrant rule (May not apply in certain states and group sizes. Refer to plan document for details): The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:
· The first 31 days the person is eligible for this coverage or
· Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:
· After the person has been covered by the plan for 12 months
· As a result of injuries sustained while covered by the plan
· Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

**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.

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.

Members have access to virtual dental care. Log in to www.aetna.com to access virtual dental providers.

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

# Dental Benefits Summary

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 Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Civil Rights Coordinator**
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

**U.S. Department of Health and Human Services**

# Dental Benefits Summary

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
This notice is available at Aetna Inc.'s website:https://www.aetna.com/

*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.** |
| Amharic | የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ። |
| Arabic | للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الصال على الرقم الموجود على بطاقة اشتراكك. |
| Armenian | Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով հէրախոսահամարով |
| Carolinian (Kapasal Falawasch) | Ngir mëna am sarwis lakk yi te doo fay, woo nimero bi am ci sa kàrt. |
| Chamorro | Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. |
| 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 |
| Cushitic-Oromo | Tajaajiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. |
| 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 તના ખર્ચ ના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇ કાડપર રહેલ નંબર પર કોલ કરવો. |
| Hindi | बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, अपने आइड काडर् पर दए नंबर पर कॉल कर। |
| Hmong | Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. |
| 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 | လၢကမၤန့ၣ် ကျိာတ်မၤစၢၤတ်မၤ လၢတလိၣ်လာ်ဘူၣ်လာ်စ့ၢ် လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ် ဖဲန ID အဖီခိၣ်နှၣ်တကွၢ်. |
| Korean | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. |
| Laotian | ເພື່ເຂົ້າເຖິງບໍລິການພາສາທີ່ບເສຍຄ່າ, ໃຫ້ໂທຫາເບີ້ໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. |
| Mon-Khmer, Cambodian | ដើម្បីទទួលបនសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមរទូរសព្ទកាន់លេខដែលមាននលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ |
| Navajo | T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílį́go nanitinígíí bee néého'dólzinígíí béésh bee hane'í bíká'ígíí áají' hóine'. |
| Pennsylvanian-Dutch | Um Schprooch Services zu griege 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 ਬਿਨਾ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆ ਪੰਜਾਬੀ ਸੇਵਾਵਾ ਦੀ ਵਰਤੋ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। |
| 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. |
| Syriac-Assyrian | ܠܡܬܚܫܒ ܒܫܘܬܐ ܕܠܫܢܐ ܕܒܠܐ ܟܠ ܡܕܡ ܠܡܬܚܫܒ ،ܐܢܬ ܒܥܐ ܠܡܠܬܐ ܕܒܫܘܬܐ ܕܒܛܦܣ ܥܠ ܟܪܛܝܣ ܕܗܘܝܬ ܟ. |
| Tagalog | Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card. |
| Thai | **หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน** |
| Ukrainian | Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій iдентифікайній картці. |
| Vietnamese | Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị. |