



Dental Benefits Summary

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$0			
DIAGNOSTIC					
D0120-D0180	Oral Evaluations	No Charge	D0277	Vertical Bitewings - 7 to 8 Films	No Charge
D0210	Full mouth series X-rays	No Charge	D0330	Panoramic X-Ray	No Charge
D0220-D0230	Periapicals	No Charge	D0460	Pulp Vitality Test	No Charge
D0240	Intraoral, Occlusal X-Ray	No Charge	D0470	Diagnostic Casts	No Charge
D0250-D0260	Extraoral X-Rays	No Charge	D0472-D0474	Accession of Tissue	No Charge
D0270-D0274	Bitewings	No Charge			
PREVENTIVE					
D1110	Prophy - Adult	No Charge	D1510	Space Maintainer - Fixed Unilateral	\$65
D1120	Prophy - Child	No Charge	D1515	Space Maintainer - Fixed Bilateral	\$65
D1203	Fluoride - Child	No Charge	D1520	Space Maintainer - Removable Unilateral	\$80
D1206	Application of Topical Fluoride Varnish	No Charge	D1525	Space Maintainer - Removable Bilateral	\$80
D1330	Oral Hygiene Instruction	No Charge	D1550	Recent Space Maintainer	\$15
D1351	Sealant - Per tooth	\$10	D1555	Removal of Space Maintainer	\$15
Diagnostic and Preventive services may be subject to age and frequency limitations. See your booklet for details.					
RESTORATIVE					
PRIMARY OR PERMANENT TEETH					
D2140	Amalgam - 1 Surf Primary or Permanent	No Charge	D2390	Resin-Based Composite Crown, Anterior	\$60
D2150	Amalgam - 2 Surf Primary or Permanent	No Charge	D2391	Resin-Based Composite 1 Surf, Posterior	No Charge
D2160	Amalgam - 3 Surf Primary or Permanent	No Charge	D2392	Resin-Based Composite 2 Surf, Posterior	No Charge
D2161	Amalgam - 4+ Surf Primary or Permanent	No Charge	D2393	Resin-Based Composite 3 Surf, Posterior	No Charge
D2330	Resin-1 Surface, Anterior	No Charge	D2394	Resin-Based Composite 4+ Surf, Posterior	No Charge
D2331	Resin-2 Surfaces, Anterior	No Charge	D2940	Sedative Filling	\$8
D2332	Resin-3 Surfaces, Anterior	No Charge	D2951	Pin Retention - In Addition to Restoration	\$6
D2335	Resin - 4+ Surf; Anterior (or involving Incisal angle)	No Charge			
Charges for crown/bridge are per unit. There will be additional charges for the actual cost for gold/high noble metal.					
Charges for resin based posterior composites are equal to the amalgam fee. There may be additional charges for the actual cost for the resin based composite.					
CROWNS/BRIDGES					
D2510	Inlay - Metallic 1 Surf	\$220	D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$260
D2520	Inlay - Metallic 2 Surf	\$220	D6075	Implant Supported Retainer for Ceramic FPD	\$260
D2530	Inlay - Metallic 3 Surf	\$220	D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy or High Noble Metal)	\$260
D2542	Onlay - Metallic 2 Surf	\$220	D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy or High Noble Metal)	\$260
D2543	Onlay - Metallic 3 Surf	\$220	D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	\$300
D2544	Onlay, Metallic - 4 or More Surf	\$220	D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch	\$400
D2610	Inlay, Porcelain/Ceramic - 1 Surf	\$220	D6094	Abutment Supported Crown - (Titanium)	\$260
D2620	Inlay, Porcelain/Ceramic - 2 Surf	\$220	D6194	Abutment Sup Retainer Crown for FPD	\$260
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	\$220	D6205	Pontic - Indirect Resin Based Composite	\$260
D2642	Onlay, Porcelain/Ceramic - 2 Surf	\$220	D6210	Pontic - Cast High Noble Metal	\$260
D2643	Onlay, Porcelain/Ceramic - 3 Surf	\$220	D6211	Pontic - Cast Predominantly Base Metal	\$260
D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	\$220	D6212	Pontic - Cast Noble Metal	\$260
D2650	Inlay, Composite/Resin - 1 Surf (Lab Processed)	\$220	D6214	Pontic - Titanium	\$260
D2651	Inlay, Composite/Resin - 2 Surf (Lab Processed)	\$220	D6240	Pontic - Porcelain Fused to High Noble Metal	\$260

"Patient Pays" applies to procedures provided member's Primary Care Dentist or approved specialty dentist.



Dental Benefits Summary

D2652	Inlay, Composite/Resin - 3 Surf (Lab Processed)	\$220	D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$260
D2662	Onlay, Composite/Resin - 2 Surf (Lab Processed)	\$220	D6242	Pontic - Porcelain Fused to Noble Metal	\$260
D2663	Onlay, Composite/Resin - 3 Surf (Lab Processed)	\$220	D6245	Pontic - Porcelain/Ceramic	\$260
D2664	Onlay, Composite/Resin - 4or More Surf (Lab Processed)	\$220	D6250	Pontic - Resin With High Noble Metal	\$260
D2710	Crown - Resin-Based Composite, Indirect	\$260	D6251	Pontic - Resin With Predominantly Base Metal	\$260
D2712	Crown - 3/4 Resin-Based Composite, Indirect	\$200	D6252	Pontic - Resin With Noble Metal	\$260
D2720	Crown - Resin With High Noble Metal	\$260	D6545	Retainer - Cast Metal for Resin-Bonded Fixed	\$220
D2721	Crown - Resin With Predominantly Base Metal	\$260	D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	\$220
D2722	Crown - Resin With Noble Metal	\$260	D6600	Inlay - Porcelain/Ceramic, 2 Surf	\$220
D2740	Crown - Porcelain/Ceramic Substrate	\$260	D6601	Inlay - Porcelain/Ceramic, 3+ Surf	\$220
D2750	Crown - Porcelain Fused to High Noble Metal	\$260	D6602	Inlay - Cast High Noble Metal, 2 Surf	\$250
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$260	D6603	Inlay - Cast High Noble Metal, 3+ Surf	\$250
D2752	Crown - Porcelain Fused to Noble Metal	\$260	D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	\$220
D2780	Crown - 3/4 Cast High Noble Metal	\$250	D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	\$220
D2781	Crown - 3/4 Cast Predominantly Based Metal	\$250	D6606	Inlay - Cast Noble Metal, 2 Surf	\$240
D2782	Crown - 3/4 Cast Noble Metal	\$250	D6607	Inlay - Cast Noble Metal, 3+ Surf	\$240
D2783	Crown - 3/4 Porcelain/Ceramic	\$250	D6608	Onlay - Porcelain/Ceramic, 2 Surf	\$220
D2790	Crown - Full Cast High Noble Metal	\$260	D6609	Onlay - Porcelain/Ceramic, 3+ Surf	\$220
D2791	Crown - Full Cast High Predominantly Base Metal	\$260	D6610	Onlay - Cast High Noble Metal, 2 Surf	\$250
D2792	Crown - Full Cast Noble Metal	\$260	D6611	Onlay - Cast High Noble Metal, 3+ Surf	\$250
D2794	Crown - Titanium	\$260	D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	\$220
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	\$15	D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	\$220
D2915	Recement Cast or Prefab Post and Core	\$8	D6614	Onlay - Cast Noble Metal, 2 Surf	\$240
D2920	Recement Crown	\$15	D6615	Onlay - Cast Noble Metal, 3+ Surf	\$240
D2930	Prefab, Stainless Steel Crown - Primary Tooth	\$45	D6624	Inlay - Titanium	\$250
D2931	Prefab, Stainless Steel Crown - PermanentTooth	\$60			
D2932	Prefabricate Resin Crown	Alternate Benefit D2930 or D2931	D6710	Crown - Indirect Resin Based Composite	\$260
D2933	Prefabricated Stainless Steel Crown With Resin Window	Alternate Benefit D2930 or D2931	D6720	Crown - Resin With High Noble Metal	\$260
D2934	Prefabricated Stainless Steel Crown - Primary Tooth	\$45	D6721	Crown - Resin With Predominantly Base Metal	\$260
D2950	Core Buildup, Including Any Pins	\$45	D6722	Crown - Resin With Noble Metal	\$260
D2952	Cast Post & Core in Addition to Crown	\$80	D6740	Crown - Porcelain/Ceramic	\$260
D2953	Each Additional Cast Post - Same Tooth	\$80	D6750	Crown - Porcelain Fused to High Noble Metal	\$260
D2954	Prefabricated Post & Core in Addition to Crown	\$71	D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$260
D2957	Each Additional Cast Prefabricated Post - Same Tooth	\$71	D6752	Crown - Porcelain Fused to Noble Metal	\$260
D2971	Additional Procedures - New Crown Under Partial	\$39	D6780	Crown - 3/4 Cast High Noble Metal	\$260

"Patient Pays" applies to procedures provided member's Primary Care Dentist or approved specialty dentist.



Dental Benefits Summary

D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	\$320	D6781	Crown - 3/4 Cast Predominantly Base Metal	\$260
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	\$300	D6782	Crown - 3/4 Cast Noble Metal	\$260
D6058	Abutment Supported Porcelain/Ceramic Crown	\$260	D6783	Crown - 3/4 Porcelain/Ceramic	\$260
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$260	D6790	Crown - Full Cast High Noble Metal	\$260
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$260	D6791	Crown - Full Cast Predominantly Base Metal	\$260
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$260	D6792	Crown - Full Cast Noble Metal	\$260
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$260	D6794	Crown - Titanium	\$260
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$260	D6930	Recement Fixed Partial Denture	\$20
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$260	D6970	Cast Post and Core in Addition to Fixed Partial Denture Retainer	\$80
D6065	Implant Supported Porcelain/Ceramic Crown	\$260	D6971	Cast Post as Part of Fixed Partial Denture Retainer	\$80
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$260	D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	\$71
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$260	D6973	Core Buildup for Retainer, including Any Pins	\$45
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$260	D6976	Each Additional Cast Post - Same Tooth	\$80
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$260	D6977	Each Additional Prefabricated Post - Same Tooth	\$71
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$260	D6985	Pediatric Partial Denture, Fixed	\$95
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$260			
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$260	Additional Charge per Unit for Full Mouth Rehabilitation.		\$125
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$260	Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.		
ENDODONTICS					
D3110	Pulp Cap - Direct (excluding final restoration)	No Charge	D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$70
D3120	Pulp Cap - Indirect (excluding final restoration)	No Charge	D3333	Internal Root Repair of Perforation Defects	\$90
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$35	D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$220
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$10	D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$240
D3222	Partial Pulpotomy	\$32	D3348	Retreatment of Previous Root Canal Therapy - Molar	\$380
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	\$35	D3410	Apicoectomy/Periradicular Surgery - Anterior	\$130
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	\$35	D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$130
D3310	Root Canal Therapy - Anterior (excluding final restoration)	\$120	D3425	Apicoectomy - Molar (First Root)	\$150
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	\$140	D3426	Apicoectomy - Each Additional Root	\$90
D3330	Root Canal Therapy - Molar (excluding final restoration)	\$280	D3430	Retrograde Filling - Per Root	\$65

"Patient Pays" applies to procedures provided member's Primary Care Dentist or approved specialty dentist.



Dental Benefits Summary

D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	\$120	D3450	Root Amputation - Per Root	\$80
-------	--	-------	-------	----------------------------	------

Dental Benefits Summary

PERIODONTICS					
D4210	Gingivectomy or Gingivoplasty - 4 or More Contiguous Teeth of Bounded Teeth Spaces - Per Quadrant	\$120	D4270	Pedicle Soft Tissue Graft Procedure	\$250
D4211	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant	\$40	D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$265
D4240	Gingival Flap Procedure, Including Root Planing 4 or More Contiguous Teeth of Bounded Teeth Spaces - Per Quadrant	\$140	D4273	Subepithelial Connective Tissue Graft, Per Tooth	\$150
D4241	Gingival Flap Procedure, Including Root Planing 1-3 Teeth - Per Quadrant	\$84	D4275	Soft Tissue Allograft	\$300
D4245	Apically Positioned Flap	\$140	D4276	Connective Tissue/Pedicle Graft, Per Tooth	\$248
D4249	Clinical Crown Lengthening, Hard Tissue	\$195	D4341	Periodontal Scaling and Root Planing - 4 or More Contiguous Teeth of Bounded Teeth Spaces - Per Quadrant	\$60
D4260	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Contiguous Teeth of Bounded Teeth Spaces - Per Quadrant	\$325	D4342	Periodontal Scaling and Root Planing - 1-3 Teeth Per Quadrant	\$36
D4261	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant	\$195	D4910	Periodontal Maintenance	\$40
D4268	Surgical Revision Procedure, Per Tooth	\$130	D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	\$10
PROSTHODONTICS-REMOVABLE*					
D5110	Complete Denture - Maxillary	\$320	D5225	Maxillary Partial Denture - Flexible Base	\$360
D5120	Complete Denture - Mandibular	\$320	D5226	Mandibular Partial Denture - Flexible Base	\$360
D5130	Immediate Denture - Maxillary	\$330	D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth)	\$300
D5140	Immediate Denture - Mandibular	\$330	D5410	Adjust Complete Denture - Maxillary	\$10
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$300	D5411	Adjust Complete Denture - Mandibular	\$10
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$300	D5421	Adjust Partial Denture - Maxillary	\$10
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$400	D5422	Adjust Partial Denture - Mandibular	\$10
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$400			
*Includes relines, adjustments, rebases within the 1st six months. Adjustments to dentures that are done within six months of placement of the denture, are limited to no more than four adjustments.					
REPAIRS TO PROSTHETICS					
D5510	Repair Broken Complete Denture Base	\$30	D5730	Reline Complete Maxillary Denture (Chairside)	\$50
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$25	D5731	Reline Complete Mandibular Denture (Chairside)	\$50
D5610	Repair Resin Denture Base	\$35	D5740	Reline Maxillary Partial Denture (Chairside)	\$50
D5620	Repair Cast Framework	\$35	D5741	Reline Mandibular Partial Denture (Chairside)	\$50
D5630	Repair or Replace Broken Clasp	\$35	D5750	Reline Complete Maxillary Denture (Lab)	\$95
D5640	Replace Broken Teeth - Per Tooth	\$35	D5751	Reline Complete Mandibular Denture (Lab)	\$95
D5650	Add Tooth to Existing Partial Denture	\$35	D5760	Reline Maxillary Partial Denture (Lab)	\$95
D5660	Add Clasp to Existing Partial Denture	\$45	D5761	Reline Mandibular Partial Denture (Lab)	\$95
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$86	D5820	Interim Partial Denture (Maxillary)	\$95



Dental Benefits Summary

D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$86	D5821	Interim Partial Denture (Mandibular)	\$95
D5710	Rebase Complete Maxillary Denture	\$86	D5850	Tissue Conditioning, Maxillary	\$25
D5711	Rebase Complete Mandibular Denture	\$86	D5851	Tissue Conditioning, Mandibular	\$25
D5720	Rebase Maxillary Partial Denture	\$86	D5860	Overdenture - Complete, by Report	\$300
D5721	Rebase Mandibular Partial Denture	\$86	D5861	Overdenture - Partial, by Report	\$400
ORAL SURGERY					
D7111	Extract, Coronal Remnants - Deciduous Tooth	No Charge	D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$80
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge	D7286	Biopsy of Oral Tissue - Soft (All Others)	\$80
D7210	Surgical Removal of Erupted Tooth	\$36	D7287	Cytology Sample Collection	\$40
D7220	Removal of Impacted Tooth - Soft Tissue	\$60	D7310	Alveoloplasty in Conjunction With Extractions - Per Quadrant	\$35
D7230	Removal of Impacted Tooth - Partially Bony	\$72	D7311	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth	\$18
D7240	Removal of Impacted Tooth - Completely Bony	\$110	D7320	Alveoloplasty Not in Conjunction With Extractions - Per Quadrant	\$60
D7241	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$110	D7321	Alveoloplasty Not in Conjunction With Extractions - 1 to 3 Teeth	\$30
D7250	Surgical Removal of Residual Tooth Roots	\$35	D7511	Incision and Drainage - Intraoral Complex	\$33
D7280	Surgical Access of an Erupted Tooth	\$60	D7960	Frenulectomy (Frenectomy, Frenotomy) Separate Procedure	\$90
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$70	D7963	Frenuloplasty	\$95
D7283	Placement of Device to Aid Eruption of Impacted Tooth	\$14			
OTHER (ADJUNCTIVE) SERVICES					
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedures	\$10	D9310	Consultation (Diagnostic Service Provided by Dentist of Physician Other Than Practitioner)	No Charge
D9220	Deep sedation/general anesthesia – first 30 minutes	\$165	D9940	Occlusal Guard	\$70
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$70	D9942	Repair and/or Reline of Occlusal Guard	\$18
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$165	D9951	Occlusal Adjustment - limited	\$10
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$70	D9952	Occlusal Adjustment - complete	\$60
"Patient Pays" applies to those procedures provided by the member's primary care dentist or approved specialty dentist.					
ORTHODONTICS					
	Orthodontic Screening Exam	\$30			
	Diagnostic Records	\$150			
	Comprehensive Orthodontic Treatment				
	Adolescent	\$1,545			
	Adult	\$1,545			
	Orthodontic Retention	\$275			

"Patient Pays" applies to procedures provided member's Primary Care Dentist or approved specialty dentist.

Dental Benefits Summary

PLAN EXCLUSIONS AND LIMITATIONS
Some Services Not Covered Under the Plan Are:
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. 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; (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 dependent age 5 or older if that dependent becomes a covered dependent other than: (a) during the first 31 days the dependent 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 dependent became a covered dependent; or (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; 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.
Other Important Information
This benefits summary of the Aetna Dental DMO (Dental Maintenance Organization) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. In some states, limited coverage may be available for non-emergency services referred by a nonparticipating provider.



Dental Benefits Summary

Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee. If Aetna's payment is on another basis, then the copayment will be based on the dentist's usual fee for the service, reviewed by Aetna for reasonableness.
2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

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. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, or you are more than 50 miles from your home address, you should contact Member Services for assistance in locating a dentist. If you receive treatment from a non-participating dentist more than 50 miles away from your home, then the emergency services will be covered up to a maximum of \$100. You must submit a claim to Aetna in order to receive benefits. 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.

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, 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.

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.



Dental Benefits Summary

Finding Participating Providers

Consult Aetna Dental's 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. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. 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.

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 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.

In Arizona, DMO, Advantage Plus Dental, Advantage Dental, Basic Dental and Family Preventive Dental Plans are provided or administered by Aetna Health Inc.

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. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. 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.