

Optional supplemental benefit

Aetna Medicare Advantage Dental Rider — PPO

Dental rider provisions

EFFECTIVE JANUARY 1, 2011

PPO premium:

An additional \$14 per month with Aetna MedicareSM Plan (PPO)

Members pay a \$5.00 copayment per person per visit for the services listed in the table on the right, when rendered by their primary care dentist.

Noncovered services

Services not listed or covered by the plan are available at a reduced fee when performed by a participating in-network dentist. Discounts are not available at out-of-network providers.

	In-Network	Out-of-Network
Diagnostic care		
Office visit for oral examinations (limited to 2 visits per calendar year)	Covered in full	50%
Emergency exam	Covered in full	50%
Diagnostic casts & photographs	Covered in full	50%
Bitewing X-rays (not more than twice every year)	Covered in full	50%
Entire X-ray series or panoramic equivalent (limited to once every 3 years)	Covered in full	50%
Periapical X-rays (individual tooth) and other dental X-rays as necessary	Covered in full	50%
Pulp vitality tests	Covered in full	50%
Consultation with primary dentist	Covered in full	50%
Preventive care		
Prophylaxis, including scaling and polishing (limited to 2 treatments every calendar year)	Covered in full	50%
Oral hygiene instruction	Covered in full	50%
Dietary advice and counseling	Covered in full	50%
Minor occlusal (bite) adjustments	Covered in full	50%
Restorative care		
Amalgam restorations (fillings) & related medication	Covered in full	50%
Composite restorations & related medication	Covered in full	50%
Retention pins (as necessary)	Covered in full	50%
Sedative fillings	Covered in full	50%
Minor denture adjustment	Covered in full	50%
Peridontic care		
Scaling & root planning	Covered in full	50%
Oral surgery		
Nonsurgical extractions & related medications	Covered in full	50%

ALL BENEFITS ARE SUBJECT TO APPLICABLE LIMITATIONS, EXCLUSIONS AND COPAYMENTS.

Other important information

This Benefit summary of the Aetna Advantage Dental Rider provides information on benefits provided when services are rendered by a participating dentist and for those services covered by a nonparticipating dentist.

Emergency dental care

If you are covered under the Advantage Dental Rider and 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 (PCD) to receive treatment. If you are unable to contact your PCD, or you are more than 50 miles from PCD's office, you should contact Member Services for assistance in locating a dentist. If you receive treatment from a non-participating dentist more than 50 miles from your PCD's office, then the emergency services will be covered up to a maximum of \$50. You must submit a claim to Aetna in order to receive benefits.

Refer to your plan documents for details. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Some of the services not covered under the plan are:

1. Those for services or supplies which are covered in whole or in part:(a) Under any other part of this Dental Care Rider; or (b) Under any other plan of group benefits provided by or through your Employer.
2. Those for 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. Those for services not listed in the Covered Dental Expenses.
4. Those for services and supplies not furnished by a participating dental provider, except if provided as out-of-area emergency dental care.
5. Those for: plastic, reconstructive, cosmetic surgery, or other dental services or supplies which are to improve, alter, or enhance appearance whether or not the services and supplies are for psychological or emotional reasons.
6. Those for or in connection with: services or supplies that are, as determined by Aetna to be experimental or investigational.
7. Those for services which Aetna defines as not necessary for the diagnosis, care, or treatment of the condition involved.
8. Those for services intended for treatment of any Jaw Joint Disorder.
9. Those for Space Maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
10. Those for replacement of lost or stolen appliances.
11. Those for orthodontic treatment.
12. Those for general anesthesia and intravenous sedation.
13. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services to increase vertical dimension.
14. Those for topical application of fluoride except when given to children under age 18. Advantage Dental Plan coverage is limited to two treatments in any one calendar year.
15. Those for sealants except when given to children under age 18 for permanent bicuspid and molars only. Advantage Dental Plan coverage is limited to one application in any three year period.
16. Those for more than two office visits for an oral exam in any one calendar year.
17. Those for more than two sets of bitewing X-rays in any one calendar year.
18. Those for more than one entire X-ray series or panoramic equivalent, not to exceed one series in any three year period.
19. Those for more than two prophylaxis treatments, including cleaning and polishing in any one calendar year.
20. Those for dental services given after the person's coverage in the Advantage Dental Plan ends.
21. Those for out-of-area charges that Aetna determines are not reasonable charges.
22. Those for out-of-area charges that are made only because coverage exists.
23. To the extent allowed by the law of the jurisdiction where the group contract is delivered, those for services and supplies:(a) Furnished, paid for, or for which benefits are provided or required by reason of the past or present service of any individual in the armed forces of government.(b) Furnished, paid for, or for which benefits are provided or required under any law of a government (this does not include a plan established by a government for its own employees or their dependents or Medicaid).

Any exclusion above will not apply to the extent that:

(a) coverage is specifically provided by name in your Booklet-Certificate; or

(b) coverage of the charges is required under any law that applies to the coverage.

Finding participating providers

Consult Aetna's online provider directory for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna 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 has identified providers who were not accepting patients in our Advantage Dental Rider as known to Aetna at the time this 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 member services at the toll-free number on your ID card or use our Internet based provider directory DocFind®.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract or any part of one. For a complete description of the benefits available to you, including procedures, exclusions and limitations, please request a copy of your specific plan documents, which may include the Group Insurance Certificate or Booklet, Evidence of Coverage, Group Insurance Policy and any applicable riders to your plan. All the terms and conditions of your plan or program are subject to and governed by applicable contracts, laws, regulations and policies. The availability of a plan or program may vary by geographic service area, and not all plans or programs are available in all areas. All benefits are subject to coordination of benefits.

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 does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Benefits coverage is provided by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Life Insurance Company, which are Medicare Advantage organizations with a Medicare contract. Plans contain exclusions and limitations. Plan features and availability may vary by location and are subject to change.

