Important disclosure information

Dental Maintenance Organization (DMO®)

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Understanding your plan of benefits

Aetna DMO plans cover many dental services. However, they do not cover everything. Your "plan documents" list all the details for the plan you choose. This includes what's covered, what's not covered and the specific amounts you will pay for services.

Plan document names vary. They may include a Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Group Insurance Policy and/or any riders and updates that are included.

If you can't find your plan documents, call Member Services at **1-877-238-6200** to ask for a copy. You can also get a copy of the Certificate of Coverage by contacting your employer directly.

Get plan information online and by phone

If you're already enrolled in an Aetna dental plan

You have two convenient ways to get plan information anytime, day or night:

(1) **Register and log in to your secure member website.**

You can get coverage information for your plan online. You can also get details about any programs, tools and other services that come with your plan.

Visit **aetna.com** and click "Log In." Follow the prompts to create a user name and password.

Then you can log in any time to:

- Print your Aetna Dental ID card.
- Verify who's covered and what's covered.
- Access your "plan documents."
- Track claims or view past copies of Explanation of Benefits statements.
- Use the online provider search tool to find in-network care.

(2) **Call Customer Service at the toll-free number on your Aetna ID card or toll free at 1-877-238-6200.**

You can speak with a representative to:

- Understand how your plan works or what you will pay.
- Get a referral.
- Find care outside your area.
- File a complaint or appeal.
- Get copies of your plan documents.
- Find dental health information.

Not yet a member?

For help understanding how a particular dental plan works, you should review your plan documents or contact your employer or benefits administrator.

Dental Maintenance Organization (DMO) plan is provided by Aetna Health Inc.

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Search our network for dental care providers

Use our online provider search tool for the most up-to-date list of dental care professionals. You can get a list of available dentists by ZIP code, or enter a specific dentist's name in the search field.

Existing members: Visit **aetna.com** and log in. From your secure member website home page, select "Find a doctor" from the top menu bar and start your search.

Considering enrollment: Visit **aetna.com** and select "Find a doctor" on top of the home page. Then follow the steps under "Not a member yet?" to search for providers.

Our online search tool is more than just a list of dentists' names and addresses. It also includes information about:

- Where the dentist attended school
- Board certification status
- Language spoken
- Gender
- Driving directions

Costs and rules for using your plan

What you pay

You will share in the cost of your dental care. These are called "out-of-pocket" costs. Your plan documents show the amounts that apply to your specific plan. Those costs may include:

- **Copay –** A set amount (for example, $25) you pay for a covered dental care service. For example, the copay for your primary care dentist's office visit may be different than a specialist's office visit.
- **Coinsurance –** Your share of the costs for a covered service. This is usually a percentage (for example, 20 percent) of the allowed amount for the service.
- **Deductible –** This is the amount you owe for dental care services before your dental plan begins to pay.

Notice: You must personally bear all costs if you use health care not authorized by this plan or purchase drugs that are not authorized by this plan.

Help for those who speak another language and for the hearing impaired

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial **711** for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Ayuda para las personas que hablan otro idioma y para personas con impedimentos auditivos

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Miembro que figura en su tarjeta de identificación de Aetna, y un representante de Aetna le conectará con un intérprete. También puede recibir asistencia de interpretación para asuntos de administración de la utilización o para registrar una queja o apelación. Si usted es sordo o tiene problemas de audición, use su TTY y marcar **711** para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

Your costs when you go outside the network

Aetna DMO is a network-only plan.* That means the plan covers dental care services only when you see a dentist who participates in the Aetna network. When you see an out-of-network dentist, you will have to pay all of the costs for the services.

See "Emergency and urgent care" to learn more.

Get a FREE printed directory

To get a free printed list of dental care providers, call the toll-free number at **1-877-238-6200**.

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How we pay your dentist and how we calculate your copay

This does not apply to "fixed copayments" that are for a specified dollar amount.

Primary Care Services – A copayment applies to covered primary care services rendered by your PCD. Subject to any applicable state laws, your copayment is a percent of the PCD's usual fee for that service. We review those fees to check that it is reasonable.

The "usual fee" means the fee that the PCD charges to their patients in general. You can ask your PCD for a copy of the usual fee schedule. This usual fee schedule may be changed from time to time. It is used only for the purpose of calculating a copayment and is not the basis for compensation to the PCD.

We compensate PCDs based on separate negotiated agreements that may be less than or unrelated to the PCD's usual and customary charges. (These agreements may vary among PCDs and may include per member per month payments, chair hour rates, discounted fee-for-service arrangements and/or other payment mechanisms.)

Specialty Services – A copayment also applies to covered specialty services. Your copayment is a percent of the participating specialist dentist's fee for that service. The "fee" may be a fee negotiated with the participating specialist dentist and approved by the plan. In that case, your copayment will be based on the actual, negotiated fee.

However, if we compensate the specialist dentist on another basis, the "fee" will be the participating specialist dentist's usual fee. We review that fee to check that it is reasonable.

The "usual fee" means the fee that the specialist charges to their patients in general and may be changed from time to time. You can ask your specialist dentist for a copy of the usual fee schedule. The usual fee is used only for the purpose of calculating your copayment and is not the basis for compensation to the participating specialist dentist.

We compensate participating specialist dentists based on separate, negotiated agreements that may be less than or unrelated to the dentist's usual and customary charges. These agreements may vary among participating specialist dentists.

Emergency and urgent care

In the event of an emergency, call **911** or go to the nearest emergency room. If a delay would not risk your health, call your dentist or PCD. You are covered for emergency treatment outside your service area. Examples of an emergency include severe pain, bleeding or infection. Pay the charges to the dentist and submit a claim to the plan for reimbursement.

If the dentist was more than a specified distance away from your PCD, then you will receive emergency benefits coverage up to a maximum of $100.*

Choose a primary care dentist (PCD)

You should pick a primary care dentist, or "PCD," who can get to know your dental care needs and help you better manage your dental care. You can designate any primary care dentist who participates in the Aetna DMO network and who is available to accept you or your family members. If you do not pick a PCD, your benefits may be limited or we may select a PCD for you. A PCD is the dentist you go to for checkups, cleanings and when you need dental care. If it's an emergency, you don't have to call your PCD first. This one dentist can coordinate all your care. Your PCD will refer you to a specialist when needed.

Tell us who you choose to be your PCD

You may choose a different PCD from the Aetna DMO network for each member of your family. Enter the name of the PCD you have chosen on your enrollment form. Or call Member Services after you enroll to tell us your selection. You may change your selected PCD at any time.

*Refer to your plan documents. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Referrals: Your PCD will refer you to a specialty dentist when needed

If you need specialty dental care, your PCD will give you a referral to a specialist who participates in the Aetna network. A "referral" is a written request for you to see another dentist. Some dentists can send the referral electronically to your specialist. There's no paper involved. Talk to your dentist to understand why you need to see a specialist.

Remember these points about referrals:

- Always get the referral before you receive the care.
- You do not need a referral for emergency care.
- If you do not get a referral when required, you may have to pay the bill yourself.
- Your specialist might recommend treatment or tests that were not on the original referral. In that case, you may need to get another referral from your PCD for those services.
- Referrals are valid for one year as long as you are still a member of the plan. Your first visit must be within 90 days of the referral issue date.
- You can get a special referral to go outside the network if a network specialist is not available.

Prior authorization, precertification and other review processes

For those services that do not allow direct access, you must first obtain a referral from your PCD as described above. Your dentist may be required to obtain prior approval of coverage for certain services. This is called "precertification." Network providers are responsible for obtaining preauthorization from the plan for certain services. You should ask your PCD or Member Services to find out if precertification is necessary for any covered services.

If you do not obtain precertification where required you may have to pay for those services. We also review certain services at the time of delivery (concurrent review) or after the service has concluded (retrospective review). This function is the responsibility of the dental plan and the provider.

Knowing what is covered

You can avoid unexpected bills with a simple call to Member Services (**1-877-238-6200)** to find out what's covered before you receive the care.

Our dental clinical review program helps us determine what dental services are covered under the dental plan and the extent of that coverage. Some services may be subject to a review after you receive the care. Only licensed dentists make clinical determinations. We will notify you and your dentist if we deny coverage for any reason. We will state the reason when we notify you of the coverage denial. For more information about clinical reviews, call Member Services.

No coverage based on U.S. sanctions

If U.S. trade sanctions consider you a blocked person, the plan cannot provide benefits or coverage to you. If you travel to a country sanctioned by the United States, the plan in most cases cannot provide benefits or coverage to you. Also, if your health care provider is a blocked person or is in a sanctioned country, we cannot pay for services from that provider. For example, if you receive care while traveling in another country and the health care provider is a blocked person or is in a sanctioned country, the plan cannot pay for those services. For more information on U.S. trade sanctions, visit **https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

What to do if you disagree with us

Complaints, appeals and external review

Please tell us if you are not satisfied with a response you received from us or with how we do business.

The complaint and appeal processes can be different depending on your plan and where you live. Some states have laws that include their own appeal processes. So it's best to check your plan documents or talk to someone in Member Services to see how it works for you.

Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. The phone number is **1-877-238-6200**. You can also send us an email through our secure member website, **aetna.com**.

If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate complaint department.

If you don't agree with a denied claim, you can file an appeal. To file an appeal, write to us at:

Aetna Dental Grievance and Appeals Unit
PO Box 10462
Van Nuys, CA 91410

Link to your state insurance department website
Visit the National Association of Insurance Commissioners (NAIC) at **www.naic.org**.

We protect your privacy

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information" we mean information that can identify you as a person, as well as your financial and health information.

Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

Summary of the Aetna Privacy Policy

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to:

- Your doctors, dentists, pharmacies, hospitals and other caregivers
- Other insurers
- Vendors
- Government departments
- Third-party administrators (TPAs) (this includes plan sponsors and/or employers)

These parties are required to keep your information private as required by law.

Some of the ways in which we may use your information include:

- Paying claims
- Making decisions about what the plan covers
- Coordination of payments with other insurers
- Quality assessment
- Activities to improve our plans
- Audits

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

For more information about our privacy notice or if you'd like a copy, call the toll-free number on your ID card or visit us at **aetna.com**.

Member rights

We publish a list of rights and responsibilities on our website. Visit **aetna.com/individuals-families/member-rights-resources.html** to view the list. You can also call Member Services at **1-877-238-6200** to ask for a printed copy.

Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. While this information is believed to be accurate as of the publication date, it is subject to change.

If you need this material translated into another language, please call Member Services at 1-877-238-6200.
Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-877-238-6200.

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide 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 **1-877-238-6200**.

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**,
Fax: **859-425-3379** (CA HMO customers: **860-262-7705**), **CRCoordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019**, **800-537-7697** (TDD).

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TTY: 711

To access language services at no cost to you, call 1-877-238-6200.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-238-6200. (Spanish)

T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ąh ílínígóó kojį’ hólne’ 1-877-238-6200.
(Navajo)

如欲使用免費語言服務，請致電 1-877-238-6200。(Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-877-238-6200.
(Vietnamese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-877-238-6200 . (Arabic)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa
1-877-238-6200. (Tagalog)

무료 언어 서비스를 이용하려면 1-877-238-6200 번으로 전화해 주십시오. (Korean)

Afin d'accéder aux services langagiers sans frais, composez le 1-877-238-6200. (French)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-877-238-6200 an.
(German)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону
1-877-238-6200. (Russian)

言語サービスを無料でご利用いただくには、1-877-238-6200 までお電話ください。
(Japanese)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-877-238-6200 تماس بگیرید. (Persian-Farsi)

ܐܢ ܣܢܝܩܐ ܝܬܘܢ ܚܠ ܒܝܠܦܢܘܬܐ ܕܬܘܪܓܡܐ ܕܠܫܢܐ ܡܓܢܐܝܬ، ܡܩܪܘܢ:
1-877-238-6200 (Syriac-Assyrian)

Za besplatne prevodilačke usluge pozovite 1-877-238-6200. (Serbo-Croatian)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-877-238-6200 (Thai)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

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