

Important disclosure information

Dental indemnity plans

Dental benefits and dental insurance plans are underwritten and/or administered by Aetna Life Insurance Company. Providers are independent contractors and are not agents of Aetna. 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.

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Understanding your plan of benefits

Aetna dental 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 Booklet-Certificate 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.

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. Just register once to create a user name and password.

Have your Aetna ID card handy to register. Then visit **aetna.com** and click “Log In.” Follow the prompts to complete the one-time registration.

Then you can log in any time to:

- Verify who’s covered and what’s covered.
- Access your “plan documents.”
- Track claims or view past copies of Explanation of Benefits statements.

(2) **Call Member Services at 1-877-238-6200.**

You can speak with a representative to:

- Understand how your plan works or what you will pay.
- Get information about how to file a claim.
- File a complaint or appeal.
- Get copies of your plan documents.
- Find dental health information.

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

If you require language assistance, please call Member Services at **1-877-238-6200**. 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 a Servicios al Miembro al **1-877-238-6200**. 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.

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.

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 fixed amount (for example, \$25) you pay for a covered dental care service.
- **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.

How we pay your dentist and other providers

Dental professionals are reimbursed on a fee-for-service basis, subject to plan terms and conditions that we determine. Ask your dentists and other providers how they are compensated for their 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 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 on your Aetna Dental ID card. 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 the appropriate address as follows:

Northeast Territory – includes Mid-Atlantic and Northeastern states (CT, DE, DC, IL, IN, KY, ME, MD, MA, MI, NH, NJ, NY, OH, PA, RI, VA, VT, WV, WI)

Aetna Dental Grievance and Appeals Unit
PO Box 14080
Lexington, KY 40512-4080

South Territory – (AL, AR, FL, GA, LA, MS, NC, OK, SC, TN, TX)

Aetna Dental Grievance and Appeals Unit
PO Box 14597
Lexington, KY 40512-4597

West Territory – (AK, AZ, CA, CO, HI, IA, ID, KS, MN, MO, MT, ND, NE, NV, NM, OR, SD, UT, WA, WY)

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.

Kentucky appeals process

- (1) As a member of Aetna, you have the right to file an appeal about service(s) you have received from your dental care provider or Aetna, when you are not satisfied with the outcome of the initial determination and the request is regarding a change in the decision for:
 - Certification of health care services
 - Claim payment
 - Plan interpretation
 - Benefit determination
 - Eligibility
- (2) You or your authorized representative may file an appeal within 180 days of an initial determination. You may contact Member Services at **1-877-238-6200**.
- (3) A Customer Resolution Consultant will acknowledge the appeal within five business days of receipt. A Customer Resolution Consultant may call you or your dental care provider for dental records and/or other pertinent information.
- (4) Our goal is to complete the appeal process within 30 days of receipt of your appeal. An appeal file is reviewed by an individual who was neither involved in any prior coverage determinations related to the appeal nor a subordinate of the person who rendered a prior coverage determination. A dentist or other appropriate clinical peer will review clinical appeals. A letter of resolution will be sent to you upon completion of the appeal. It is important to note that it is a covered member's right to submit new clinical information at any time during the appeal of an adverse determination or coverage denial to an insurer or provider.
- (5) If the appeal is for a decision not to certify urgent or ongoing services, it should be requested as an expedited appeal. An example of an expedited appeal is a case where a delay in making a decision might seriously jeopardize the life or health of the member or jeopardizes the member's ability to regain maximum function. An expedited appeal will be resolved within 72 hours. If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.
- (6) If you are dissatisfied with the outcome of a clinical appeal and the amount of the treatment or service would cost the covered individual at least \$100.00 if they had no insurance, you may request a review by an external review organization (ERO). The request must be made within 60 days of the final internal review. A request form will be included in your final determination letter. It can also be obtained by calling Member Services. A decision will be rendered by the ERO within 21 calendar days of your request. An expedited process is available to address clinical urgency. If you disagree with the decision regarding your right to an external review, you may file a complaint with the Kentucky Department of Insurance.
- (7) As a member, you may, at any time, contact your local state agency that regulates health care service plans for complaint and appeal issues, which Aetna has not resolved or has not resolved to your satisfaction. Requests may be submitted to:

Kentucky Department of Insurance
PO Box 517
Frankfort, KY 40602-0517
- (8) You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your plan administrator, your local U.S. Department of Labor Office and your state insurance regulatory agency.

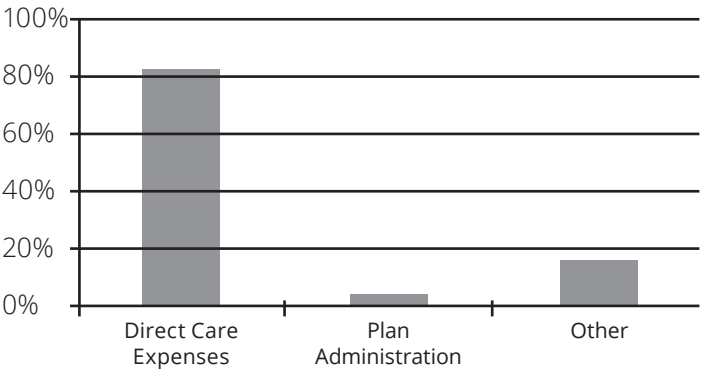
Maryland Dental Indemnity Plan Disclosure

How we pay providers

Terms	These examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.	Percentage of dentists paid by each method
Salary	<p>A physician is an employee of Aetna and is paid compensation (monetary wages) for providing specific health care services. Since Dr. Jones is an employee of Aetna, she receives her usual biweekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing prenatal care to Mrs. Smith, who is a member of Aetna, Dr. Jones' salary is unchanged.</p> <p>Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have any effect upon Dr. Jones' salary.</p>	0%
Capitation	<p>A physician (or group of physicians) is paid a fixed amount of money per month by Aetna for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services an individual patient requires. Under this type of contractual arrangement, Dr. Jones participates in an Aetna network. She is not employed by Aetna. Her contract with Aetna stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of Aetna, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.</p>	0%
Fee-for-service	<p>A physician charges a fee for each patient visit, medical procedure or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder. Dr. Jones' contract with the insurer or Aetna states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for some portion of the bill.</p>	100%
Discounted fee-for-service	<p>Payment is less than the rate usually received by the physician for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician, who usually gets an increased volume of patients. Like fee-for-service, this type of contractual arrangement involves Aetna paying Dr. Jones for each patient visit and each delivery; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure she performs, Aetna will pay Dr. Jones a discounted rate.</p>	0%

Terms	These examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.	Percentage of dentists paid by each method
Bonus	A physician is paid an additional amount over what he or she is paid under salary, capitation, fee-for- service or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services. Aetna rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.	0%
Case rate	Aetna and the physician agree in advance that payment will cover a combination of services provided by both the physician and hospital for an episode of care. This type of arrangement stipulates how much Aetna will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from Aetna for the care provided to Mrs. Smith.	0%

Premium dollar distribution



The cost of providing dental services in the State of Maryland did not exceed the premium revenue per \$100.

*Dental Expenses includes the costs of dental services, other professional services, referrals, emergency room visits, hospitalization and pharmacy

**Administrative Expenses include, but may not be limited to: occupancy, depreciation and amortization, marketing, salaries, interest expense and accounting and corporate expenses.

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)

We obtain information from many different sources — particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

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**.

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).



TTY: 711

To access language services at no cost to you, call 1-888-982-3862 .

Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)

如欲使用免費語言服務，請致電 1-888-982-3862 。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog)

T'áá ni nizaad k'éhjí bee níká a'doowoł doo búáh ílínígóó koji' hólne' 1-888-982-3862 . (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)

የድንድ አገልግሎት ለማግኘት፣ በ 1-888-982-3862 ይደውሉ። (Amharic)

(Arabic) . 1-888-982-3862 للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-888-982-3862 । (Bengali)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ 1-888-982-3862 . (Ibo)

무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)

M̄ dyi wuḍu-dù kà kò dò b̄ě dyi móuñ ni Pídyi ní, níí, d̄á nòbà nià ke:1-888-982-3862. (Kru-Bassa)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید.

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)

(Urdu) بلا قیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، 1-888-982-3862 پر بات کریں۔

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)

Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862 . (Yoruba)

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