Important information about your dental benefits – Maine

For the Dental Preferred Provider Organization (PPO) plans

Understanding your plan of benefits

Your plan of benefits will be determined by your employer and underwritten and/or administered by Aetna Life Insurance Company (Aetna*), 151 Farmington Avenue, Hartford, CT 06156.

Aetna dental benefits plans cover a variety of dental services. But they do not cover everything. Your “plan documents” list all the details for the plan you chose. Such as, 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, Booklet, Booklet-certificate, Group Agreement, Group Insurance Certificate, Group Insurance Policy and/or any riders and updates that come with them.

If you can’t find your plan documents, call Member Services to ask for a copy. Use the toll-free number on your Aetna Dental ID card. You may also get a copy of your Booklet-certificate by contacting your employer directly.

Covered services may include dental care provided by general dentists and specialist dentists. However, certain limitations may apply. For example, the dental plan excludes or limits coverage for some services, including, but not limited to, cosmetic and experimental procedures. The information that follows provides general information about Aetna dental PPO plans. Members should consult their plan documents for a complete description of what dental services are covered and any applicable exclusions and limitations.

Not all of the information in this booklet applies to your specific plan

State-specific information throughout this booklet does not apply to all plans. To be sure, review your plan documents, ask your benefits administrator or call Aetna Member Services.

Getting help

Contact us

Member Services can help with your questions. To contact Member Services, call the toll-free number on your Aetna Dental ID card. You can also send Member Services an email. Just go to your secure member website at www.aetna.com. Click on “Contact Us” after you log on.

Member Services can help you:
- 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 specific dental health information
- And more

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

Do you need help in another language? Member Services representatives can connect you to a special line where you can talk to someone in your own language. You can also get interpretation assistance for registering a complaint or appeal.

Language hotline: 1-877-238-6200 (140 languages are available. You must ask for an interpreter.)

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

¿Necesita ayuda en otro idioma? Los representantes de Servicios al Miembro le pueden conectar a una línea especial donde puede hablar con alguien en su propio idioma. También puede obtener asistencia de un intérprete para presentar una queja o apelación.

Línea directa: 1-877-238-6200 (Tenemos 140 idomas disponibles. Debe pedir un intérprete.)

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Dental benefits and dental insurance plans are underwritten and/or administered by Aetna Life Insurance Company.
The Aetna network of dental care providers

You can choose to visit a dentist that participates in the Aetna Dental PPO network. Or you may visit any licensed dental care provider. The choice is yours. To find dental care providers in our network, visit www.aetna.com and click on Find a Doctor.

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 fixed amount (for example, $15) you pay for a covered dental care service. You usually pay this when you receive the service. The amount can vary by the type of service. For example, the copay for your primary dentist’s office visit may be different than a specialist’s office visit.

- Coinsurance – Your share of the costs of a covered service. Coinsurance is calculated as a percent (for example, 20%) of the allowed amount for the service. For example, if the plan’s allowed amount for an office visit is $100 and you’ve met your deductible, your coinsurance payment of 20% would be $20. The plan pays the rest of the allowed amount.

- Deductible – Some plans include a deductible. This is the amount you owe for dental care services before your dental plan begins to pay. For example, if your deductible is $100, your plan won’t pay anything until you have paid $100 for any covered dental care services that are subject to the deductible.

Your costs when you go outside the network

You may choose a dentist in our network. You may choose to visit an out-of-network dentist. We cover the cost of care based on if the dentist is “in network” or “out of network.” We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this care.

If you choose a dentist who is out of network, your Aetna dental plan may pay some of that dentist’s bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network dentist.

“In network” – This means we have a contract with that dentist. He agrees to how much he will charge you for covered services. That amount is often less than what he would charge if he was not in our network. Most of the time it costs you less to use doctors in our network. Many plans pay a higher percentage of the bill if you stay in network. The dentist agrees he won’t bill you for any amount over his contract rate. All you have to pay is your coinsurance or copayments, along with any deductible.

“Out of network” means that we do not have a contract for discounted rates with that dentist. We don’t know exactly what an out-of-network dentist will charge you. If you choose a dentist who is out of network, your Aetna dental plan may pay some of that dentist’s bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network dentist.

Your out-of-network dentist sets the rate to charge you. It may be higher — sometimes much higher — than what your Aetna plan “recognizes” or “allows.” Your dentist may bill you for the dollar amount that Aetna doesn’t “recognize.”

You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the “recognized charge” counts toward your deductible or out-of-pocket limits. This means that you are fully responsible for paying everything above the amount that Aetna allows for a service or procedure.

How we pay dentists who are not in our network

PPO: When you choose to see an out-of-network dentist, Aetna pays for your health care using “prevailing or reasonable” charge that we get from an industry database; a rate based on what Medicare would pay for that service; or a local market fee set by Aetna. Your plan will state which method is used. This way of paying out-of-network dentists applies when you choose to get care out of network.

PPO MAX plans:

We use a fee schedule to pay both in-network and out-of-network dentists. In-network dentists have agreed to accept this fee. When you choose to see an out-of-network dentist, your coinsurance share of the bill is calculated based on the fee schedule (allowed amount) instead of the dentist’s actual charge.

Dentists will charge you the difference between what the plan allows and the actual charge for the service. You would owe this in addition to your normal share of the costs.
**Going in network just makes sense!**
- We have negotiated discounted rates for you.
- In-network dentists won’t bill you for costs above our rates for covered services.
- You are in great hands with access to quality care from our national network.

To learn more about how we pay out-of-network benefits visit [www.aetna.com](http://www.aetna.com). Type “how Aetna pays” in the search box.

**Emergency and urgent care**
If you need emergency dental care, you are covered 24 hours a day, 7 days a week, anywhere in the world. When emergency services are provided by a participating PPO/PDN dentist, your copayment/coinsurance amount will be based on a negotiated fee schedule.

**Knowing what is covered**
You can avoid receiving an unexpected bill with a simple call to Member Services. You can find out if a service is a covered benefit — before you receive care — just by calling the toll-free number on your Aetna Dental ID card.

We have developed a dental clinical review program to help 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 received the care. Only dental consultants who are licensed dentists make clinical determinations. We will notify you and your dentist if we deny coverage for any reason. The reason is stated on our notification. For more information about Clinical Reviews or any other topic, please call the number on your Aetna Dental ID card.

**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.

Call Member Services to file a verbal complaint or to ask for the appropriate address to mail a written complaint. The phone number is on your Aetna Dental ID card. You can also e-mail Member Services through the secure member website. If you’re not satisfied after talking to a Member Services representative, you can ask that your issue be sent to the appropriate 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
P.O. Box 14080
Lexington, KY 40512-4080

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

**We protect your privacy**
We consider your personal information to be private. Our policies help us protect your privacy. By “personal information,” we mean information about your physical condition, the health care you receive and what your health care costs. Personal information does not include what is available to the public. For example, anyone can find out what your health plan covers or how it works. It also does not include summarized reports that do not identify you.

Below is a summary of our privacy policy. For a copy of our actual policy, go to [www.aetna.com](http://www.aetna.com). You’ll find the “Privacy Notices” link at the bottom of the page. You can also write to:
Aetna Legal Support Services Department
151 Farmington Avenue, W121
Hartford, CT 06156

**Summary of the Aetna privacy policy**
We have policies and procedures in place to protect your personal information from unlawful use and disclosure. We may share your information to help with your care or treatment and administer our health plans and programs.

We use your information internally, share it with our affiliates, and we may disclose it to:
- Your doctors, dentists, pharmacies, hospitals and other caregivers
- Those who pay for your health care services. That can include health care provider organizations and employers who fund their own health plans or who share the costs.
- Other insurers
- Third-party administrators
- Vendors
- Consultants
- Government authorities and their respective agents

* 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.

[www.aetna.com](http://www.aetna.com)
These parties must also keep your information private. Doctors in the Aetna network must allow you to see your medical records within a reasonable time after you ask for them.

Some of the ways we use your personal information include:

- Claims payment;
- Utilization review and management;
- Medical necessity reviews;
- Coordination of care and benefits;
- Preventive health, early detection, and disease and case management;
- Quality assessment and improvement activities;
- Auditing and anti-fraud activities;
- Performance measurement and outcomes assessment;
- Health claims analysis and reporting;
- Health services research;
- Data and information systems management;
- Compliance with legal and regulatory requirements;
- Formulary management; litigation proceedings;
- Transfer of policies or contracts to and from other insurers, HMOs and third party administrators; underwriting activities;
- And due diligence activities in connection with the purchase or sale of some or all of our business.

We consider these activities key for the operation of our health plans. We usually will not ask if it’s okay to share your information unless the law requires us to. We will ask your permission to disclose personal information if it is for marketing purposes. Our policies include how to handle requests for your information if you are unable to give consent.

**Member Rights**

We publish a list of rights and responsibilities on our website. Visit [www.aetna.com/individuals-familieshealthinsurance/member-guidelines/memberrights.html](http://www.aetna.com/individuals-familieshealthinsurance/member-guidelines/memberrights.html) to view the list. You can also call Member Services at the number on your ID card to ask for a printed copy.