

Small Business Solutions

Dental Insurance Plan Options

North Carolina

Underwritten by Aetna Health of the Carolinas Inc. and/or Aetna Life Insurance Company.



We want you to know[®]



A Healthy Body Starts with a Healthy Smile.

When it comes to overall health, oral health may be pivotal. There is compelling research indicating a strong correlation between chronic, long-term health problems, such as diabetes, heart disease and pregnancy complications, with the presence of oral disease and infection*. That means the dentist can literally be the catalyst in the prevention, early detection and treatment of these diseases.



Dental insurance can go a long way in protecting overall health. Aetna offers dental benefits along with medical coverage in order to help combat diseases from multiple angles. Our goal is to offer a diverse portfolio of dental products to meet the needs of small business employers and employees.

Scheduled Indemnity Plan

Members can choose any licensed dentist for services and pay deductibles and coinsurance up to an annual maximum. Members can be balance billed and may be required to file claims.

PPO Plan

Members have the choice of using a dentist who participates in Aetna's network or choosing a licensed dentist who is not in the network. Participating dentists have agreed to offer members services at a negotiated rate and will not balance bill members.

Aetna DentalFund® Plan

The Aetna DentalFund® plan is one of the first dental plans to combine a dental fund benefit with a base dental plan. The paid premium covers both the fund benefit and the traditional benefits of the dental plan. The plan combines the Fund with a **PPO Max plan** where preventive care is paid through the dental plan. Members can use their funds to pay for

basic and major services received from any licensed dentist. If any dental fund dollars are not used during the year, they can be rolled over and added to the following year's dental fund balance.

The **PPO Max plan** uses the same PPO network. When members use out-of-network dentists, however, the service will be covered based on the PPO fee schedule in that geographic area, rather than the reasonable-and-customary charge. This means that the member will share in more of the costs and will be balance billed. This plan design enables your customer to offer members a quality plan with a significantly lower premium that encourages in-network usage.

Voluntary Dental Option

The Voluntary Dental options provide a solution to meet the individual needs of members in the face of rising health care costs. No matter what the budget is, employers can now afford to offer their employees the luxury of choice. Administration is easy and members benefit from low group rates and the convenience of payroll deductions. With the Voluntary Dental option, employers choose how the plan is funded. It can be entirely member paid or employers can contribute up to 50 percent.

Periodontal Disease

Periodontal disease is caused by bacteria in the mouth and includes gingivitis and periodontitis. It impacts the gums and can ultimately lead to tooth loss. Without regular visits to and proper treatment by the dentist, periodontal disease can go undetected and can lead to illnesses with serious, long-term health implications and a lifetime of significant medical costs. However, the good news is that periodontal disease is easily diagnosed and treated through routine dental care.



*The American Academy of Periodontology. The mouth body connection. Available at www.surgeongeneral.gov/topics/oralhealth/nationalcalltoaction.htm. Accessed May 26, 2004.

What can be done to fight periodontal disease?

Awareness.

Understand the connections between oral disease and systemic illness

1

Education.

Learn the importance of good oral health and contain the costs of medical benefits

2

Prevention.

Follow routine dental care and proper treatments

3

PERIODONTAL DISEASE AND SYSTEMIC ILLNESS — COUNTING THE COSTS

Health Issue	Oral Connection	The Human Toll	Medical Costs
Diabetes	Almost one-third of diabetics have severe periodontal disease. Among young adults, those with diabetes have about twice the risk of those without diabetes. ¹	More than 20 million Americans suffer from diabetes. It is the sixth leading cause of death in the United States. ¹	Direct and indirect medical expenses associated with diabetes in 2002 is estimated at \$132 billion. ¹
Heart Disease/Stroke	Patients with periodontal disease are nearly twice as likely to suffer from coronary artery disease. ²	Heart disease and stroke are the number-one and number-three causes of death in the United States. ³	The national health costs associated with heart disease for 2004 were estimated to reach \$368.4 billion. ³
Pregnancy	Pregnant women with periodontal disease may be seven times more likely to have a preterm, low-birth-weight baby. ²	In 2003, more than 12 percent of all births were considered preterm and more than 7 percent were considered low birth-weight. ⁴	In 2003, hospital charges for all infants totaled \$36.7 billion. Nearly 50 percent of these costs were for babies who were born too soon or too small. ⁴
Osteoporosis	Studies suggest that osteoporosis may lead to tooth loss because the density of the bone that supports the teeth may be decreased. ⁵	In the United States today, 10 million individuals already have osteoporosis and 34 million more have low bone mass, placing them at increased risk for this disease. ⁵	The estimated national direct expenditures for osteoporotic hip fractures was \$18 billion in 2002, and the cost is rising. ⁶
Respiratory Infection	Scientists have found that bacteria growing in the oral cavity can be aspirated into the lung to cause respiratory diseases, especially in people with periodontal disease. ²	Chronic lower respiratory disease was the fourth leading cause of death in 2002. ⁷	Costs of treating these types of conditions is still being determined.

¹Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

²Mouth-Body Connection: Health Risks of Gum Disease [online]. Academy of Periodontology. June 2004. Available at: www.perio.org/consumer.

³American Heart Association. Heart Disease and Stroke Statistics — 2004 Update. Dallas, Texas: American Heart Association, 2003.

⁴March of Dimes Birth Defects Foundation. "Born Too Soon and Too Small in the United States." March of Dimes. 2005. 24 March 2006 www.marchofdimes.com/peristats/pdflib/195/99.pdf.

⁵National Institutes of Health Osteoporosis and Related Bone Diseases National Resource Center. "Oral Health and Bone Disease." NIAMS 2005. 24 March 2006 www.niams.nih.gov/bone/hio/oralhealth_bone.htm.

⁶National Osteoporosis Foundation. "Fast Facts on Osteoporosis." NOF 2006. 24 March 2006 www.nof.org/osteoporosis/diseasefacts.htm.

⁷National Center for Health Statistics Health, United States, 2005 With Chartbook on Trends in the Health of Americans Hyattsville, Maryland: 2005.

PLAN OPTIONS

Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees Available without an Aetna Medical Plan (Dental Standalone) to Groups with 3 – 50 Eligible Employees	Option 1	Option 2	Option 3	Option 4 Consumer Directed	Voluntary Option
MEMBER BENEFITS	Per schedule	PPO Plan 100/80/50	PPO 1500 Plan 100/80/50	DentalFund/PPO Max 100/0/0	PPO Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A	N/A
Dental Fund	N/A	N/A	N/A	\$50 Single; \$100 Family	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	\$75; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum	None	\$75; 3x Family Maximum
Annual Maximum Benefit	\$1,000	\$1,000	\$1,500	Unlimited	\$1,000
DIAGNOSTIC SERVICES					
Oral Exams					
Periodic oral exam	\$13	100%	100%	100%	100%
Comprehensive oral exam	\$22	100%	100%	100%	100%
Problem-focused oral exam	\$43	100%	100%	100%	100%
X-rays					
Bitewing — single film	\$7	100%	100%	100%	100%
Complete series	\$41	100%	100%	100%	100%
PREVENTIVE SERVICES					
Adult cleaning	\$29	100%	100%	100%	100%
Child cleaning	\$22	100%	100%	100%	100%
Sealants — per tooth	\$18	100%	100%	100%	100%
Fluoride application — with cleaning	\$27	100%	100%	100%	100%
Space maintainers	\$60	100%	100%	100%	100%
BASIC SERVICES					
Amalgam filling — 2 surfaces	\$29	80%	80%	Discounted Fee	80%
Resin filling — 2 surfaces, anterior	\$33	80%	80%	Discounted Fee	80%
Oral Surgery					
Extraction — exposed root or erupted tooth	\$19	80%	80%	Discounted Fee	80%
Extraction of impacted tooth — soft tissue	\$51	80%	80%	Discounted Fee	80%
MAJOR SERVICES*					
Complete upper denture	\$220	50%	50%	Discounted Fee	50%
Partial upper denture (resin base)	\$180	50%	50%	Discounted Fee	50%
Crown — Porcelain with noble metal	\$180	50%	50%	Discounted Fee	50%
Pontic — Porcelain with noble metal	\$170	50%	50%	Discounted Fee	50%
Inlay — Metallic (3 or more surfaces)	\$177	50%	50%	Discounted Fee	50%
Oral Surgery					
Removal of impacted tooth — partially bony	\$66	50%	50%	Discounted Fee	50%
Endodontic Services					
Bicuspid root canal therapy	\$140	50%	80%	Discounted Fee	50%
Molar root canal therapy	\$167	50%	50%	Discounted Fee	50%
Periodontic Services					
Scaling & root planing — per quadrant	\$39	50%	80%	Discounted Fee	50%
Osseous surgery — per quadrant	\$183	50%	50%	Discounted Fee	50%
ORTHODONTIC SERVICES*					
Orthodontic Lifetime Maximum	Does not apply	\$1,000	\$1,000	Does not apply	\$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DentalFund in Plan Option 4.

Access to negotiated discounts; On the PPO plans, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic Services are covered as Basic Services in Plan Option 3.

Plan Option 4; PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's

payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Orthodontic coverage is available only to groups with 10 or more eligibles and to dependent children only. Voluntary Plan Option 1; If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including but not limited to the Coverage Waiting Period.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 6.

DENTAL PLANS

OUT-OF-STATE PPO PLAN DESIGNS

Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees
 Available without an Aetna Medical Plan (Dental Standalone) to Groups with 3 – 50 Eligible Employees

	Low Option No Ortho	Low Option Ortho	Medium Option No Ortho	Medium Option Ortho	Voluntary Option
MEMBER BENEFITS	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$75; 3X Family Maximum
Annual Maximum Benefit	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000
DIAGNOSTIC SERVICES					
Oral Exams					
Periodic oral exam	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%
X-rays					
Bitewing — single film	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%
PREVENTIVE SERVICES					
Adult cleaning	100%	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%	100%
Sealants — per tooth	100%	100%	100%	100%	100%
Fluoride application — with cleaning	100%	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%	100%
BASIC SERVICES					
Amalgam filling — 2 surfaces	80%	80%	80%	80%	80%
Resin filling — 2 surfaces, anterior	80%	80%	80%	80%	80%
Oral Surgery					
Extraction — exposed root or erupted tooth	80%	80%	80%	80%	80%
Extraction of impacted tooth — soft tissue	80%	80%	80%	80%	80%
MAJOR SERVICES*					
Complete upper denture	50%	50%	50%	50%	50%
Partial upper denture	50%	50%	50%	50%	50%
Crown — Porcelain with noble metal	50%	50%	50%	50%	50%
Pontic — Porcelain with noble metal	50%	50%	50%	50%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%	50%	50%	50%
Oral Surgery					
Removal of impacted tooth — partially bony	50%	50%	50%	50%	50%
Endodontic Services					
Bicuspid root canal therapy	50%	50%	50%	50%	50%
Molar root canal therapy	50%	50%	50%	50%	50%
Periodontic Services					
Scaling & root planing — per quadrant	50%	50%	50%	50%	50%
Osseous surgery — per quadrant	50%	50%	50%	50%	50%
ORTHODONTIC SERVICES*					
Orthodontic Lifetime Maximum	Does not apply	\$1,000	Does not apply	\$1,000	\$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services.
 PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Voluntary Plans: If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the Coverage Waiting Period.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 6.

For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Montana, North Dakota, New Hampshire, New Mexico, South Dakota, Wyoming.

Simple Steps To Better Dental Health® Website

This site for dental health information is an important Internet resource. It features a Parents' Guide for information on oral health for babies and children; information on more than 55 dental conditions and treatments; an "Ask the Dentist" feature; information on orthodontics, periodontics, oral surgery and other dental specialties; and more.

Limitations and Exclusions

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to the plan documents.

- Dental services or supplies that are primarily used to alter, improve or enhance appearance.
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Replacement of lost, missing or stolen appliances and certain damaged appliances.
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.

Specific service limitations

- PPO Plans: Oral exams (2 routine and 2 problem-focused per year)
- All Plans:
 - > Bitewing X-rays (1 set per year)
 - > Complete series X-rays (1 set every 3 years)
 - > Cleanings (2 per year)
 - > Fluoride (1 per year; children under 16)
 - > Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)
 - > Scaling & root planing (4 quadrants every 2 years)
 - > Osseous surgery (1 per quadrant every 3 years)
- All other limitations and exclusions in the plan documents.



Learn More

To learn more about integrating medical and dental benefits, contact your Small Group Account Executive or Southeast Region Small Group Sales at 1-888-422-2128.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health benefits and health insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Programs provide access to discounted prices and are NOT insured benefits. PlanForYourHealth is a public education program from Aetna and The Financial Planning Association. Providers are independent contractors and not agents of Aetna. provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change.

