



Starting strong

Choose the dental plan that's right for you
DMO® vs. PPO

Dental benefits and dental insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

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Great choices for your best smile

Your employer offers two dental plan options — a DMO* benefits plan or a preferred provider organization (PPO) insurance plan. Here's a guide to help you choose which plan is best for you. No matter which plan you choose, you'll be able to find providers, schedule appointments and get cost estimates online at **Aetna.com**.



DMO* plan

- With this plan, you'll need to choose a primary care dentist (PCD) who's in our network.
- Generally, your premiums are lower.
- There are no deductibles or yearly dollar limits.
- Referral is needed for specialists. No referral is needed for orthodontists.

Consider a DMO plan if ...

- Your dentist is in our network. Check out our provider search tool on **Aetna.com** to see if your dentist participates in our DMO plan.
- You expect major dental services, and your dentist is in network. The DMO has no lifetime limit for major services.
- The cost is most important — the DMO has lower premiums, and you can end up saving money.

PPO plan

- With this plan, you can choose any licensed dentist; they don't have to be in our network.
- If you visit a network dentist, your rates will be lower.
- Generally, you'll have higher premiums.
- There are deductibles and yearly dollar limits.
- No referral is needed for specialists.

Consider a PPO plan if ...

- The ability to visit any dentist is most important. You can see any licensed dentist with this plan, so the network is generally larger than the DMO network.
- You are looking to see a specialist without having to get a referral. You don't need a referral to see a specialist with this plan.

Visit **Aetna.com** and use our provider search tool to see if your dentist is in our network.

*For DMO plans, some states allow limited benefits when you go out of network for covered services. In Illinois, DMO plans provide limited out-of-network benefits, but to receive maximum benefits, members must select and have care coordinated by a participating PCD. In Illinois, the DMO plan is not a health maintenance organization (HMO). In Virginia, the DMO plan is known as the Dental Network Only plan (DNO). DNO in Virginia is not an HMO. In California, your dentist may refer you to out-of-network dentists for some services.

In Texas, the PPO plan is known as the Participating Dental Network (PDN).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain benefits. Dental benefits and insurance plans contain exclusions and limitations. Not all dental services are covered. Plan features and availability may vary by location and/or group size and are subject to change. Check your plan documents for details. 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. Information is believed to be accurate as of the production date; however, it is subject to change.

Policy forms issued in Idaho include: GR-9/GR-9N, GR-23, GR-29/GR-29N, AL HGrpPol-Dental 01.

Policy forms issued in Missouri include: AL HGrpPol-Dental 01, DM HGrpAg 01.

Policy forms issued in Oklahoma include: GR-9N, GR-23, GR-29N.