

**Dental Benefits Summary**

<b>DMO<sup>®</sup></b>	
<b>Member Responsibility</b>	
<b>Annual Deductible</b>	
Individual	None
Family	None
<b>Preventive Services</b>	0%
<b>Basic Services</b>	0%
<b>Major Services</b>	40%
<b>Annual Benefit Maximum</b>	None
<b>Office Visit Copay</b>	\$0
<b>Orthodontic Services (Adult and Child)</b>	\$2,000 copay
<b>Orthodontic Deductible</b>	None
<b>Orthodontic Lifetime Maximum</b>	***
*** 24 months of comprehensive orthodontic treatment plus 24 months of retention. Comprehensive treatment; excludes transitional dentition.	

<b>DMO<sup>®</sup></b>	
<b>Member Responsibility</b>	
<b>Partial List of Services</b>	
<b>Preventive</b>	
Oral examinations (a)	0%
Cleanings (a) Adult/Child	0%
Fluoride (a)	0%
Sealants (permanent molars only) (a)	0%
Bitewing Images (a)	0%
Full mouth series Images (a)	0%
<b>Basic</b>	
Root canal therapy, anterior teeth and bicuspid teeth	0%
Scaling and root planing (a)	0%
Gingivectomy (a)*	0%
Amalgam (silver) fillings	0%
Composite fillings	0%
Stainless steel crowns	0%
Incision and drainage of abscess*	0%
Uncomplicated extractions	0%
Surgical removal of erupted tooth*	0%
Surgical removal of impacted tooth (soft tissue)*	0%
<b>Major</b>	
Inlays	40%
Onlays	40%
Crowns	40%
Full & partial dentures	40%
Pontics	40%
Root canal therapy, molar teeth	40%
Osseous surgery (a)*	40%
Surgical removal of impacted tooth (partial bony/ full	40%
General anesthesia/intravenous sedation*	40%
Space Maintainers	40%
Denture repairs	40%
Crown Lengthening	40%
Crown Build-Ups	40%

\*Certain services may be covered under the Medical Plan. Contact Member Services for more details.

(a) Frequency and/or age limitations may apply. Limits are described in the booklet/certificate.



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### Other Important Information

This benefits summary of the Aetna Dental DMO (Dental Maintenance Organization) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO® service area to be eligible to enroll in the DMO®.

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).

**Attention Massachusetts residents:** Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-

### Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee.
2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

### Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

### A partial list of what your plan doesn't cover\* – some eligible dental service exceptions and exclusions

1. Charges for services or supplies
2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.
3. Cosmetic services and supplies including:
4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a
5. Acupuncture, acupressure and acupuncture therapy
6. Crown, inlays and onlays, and veneers unless for one of the following:
7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards,
8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of
9. Dental work that began before you were covered by the plan. This means that the following dental work is not
10. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another
11. Instruction for diet, tobacco counseling and oral hygiene.
12. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.
13. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible
14. Services and supplies provided in connection with treatment or care that is not covered under the plan.
15. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that
16. Replacement of teeth beyond the normal complement of 32.
17. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than
18. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.



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- 19. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.
  - 20. Temporomandibular joint dysfunction/disorder
  - 21. Dental services and supplies that are covered in whole or in part:
  - 22. Experimental or investigational drugs, devices, treatments or procedures. (Does not apply to Texas residents)
  - 24. Payment for a portion of the charge that another party is responsible for as the primary payer.
  - 25. Prescribed drugs, pre-medication or analgesia.
  - 26. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental
  - 27. Work related illness or injuries.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that  
\*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

### **Your Dental Care Plan Coverage Is Subject to the Following Rules:**

Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide

- . If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide
- . If a charge is made for an eligible dental service but another eligible dental service that would provide an
- . You should review the differences in the cost of alternate treatment with your dental provider. Of course, you

Replacement rule: Some eligible dental services are subject to your plan's replacement rule. The replacement rule

- . Crowns
- . Inlays
- . Onlays
- . Veneers
- . Complete dentures
- . Removable partial dentures
- . Fixed partial dentures (bridges)
- . Other prosthetic services

These eligible dental services are covered only when you give us proof that:

- . The present item cannot be made serviceable, and is:
- . While you were covered by the plan:

Late entrant rule (Does not apply to Maine contract state and Maine residents): The plan does not cover services

- . The first 31 days the person is eligible for this coverage or
- . Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:

- . After the person has been covered by the plan for 12 months
- . As a result of injuries sustained while covered by the plan
- . Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to

Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients.

Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at  
Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this

information, the plan documents will govern.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.



## Dental Benefits Summary

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO, Advantage Dental, Basic Dental and Family Preventive Dental Plans are provided or administered by Aetna Health Inc.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine existing contractual provisions, including

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

Aetna provides 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 877-238-

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](mailto: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).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates*

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.





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Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	vXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtd.'D;tyShRvXeub.[h.tDRt*D><ud;b.vDwJpdeD.*H>vXttd.vXecd.*DR A (ID) tvdRM.wuh>I
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیراکەیشتن بە خزمەتگوزاری زمان بەبێ تیچوون بۆ تۆ، پەڕیوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ ໃຫ້ໃບຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nān bōk jipāñ kōn kajin ilo an ejjeļok wōñean nān kwe, kwōn kallok nōmba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណាល័យសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehji bee níká a'doowol doo bááh ilínígóó naaltsoos bee atah niljigo nanitinígíí bee néého'dólzínígíí béésh bee hane'i biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kôr keek tënɔŋ yîn. Ke yîn cɔl ran ye kɔc kuony në namba de abac tö në ID kard duŋn de tiit de nyin de panakim kôu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvania n-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.



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Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܡܐ ܙܐ ܠܘܒܗܐ ܒܝܠܐ ܡܠܝܡܐ ܩܘܟܐ, ܩܝܓܐ ܢܡܒܪܝ ܝܠܝܘ ܩܘܢܝܝܐ ܟܕܝ ܝܐܟܐ ܝܐ ܟܝܬܡܒܘܠܝܫܐ.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף איינער ID קארטל.
Yoruba	Láti ráyèsí àwọn isẹ̀ èdè fún ọ lófẹ́ẹ́, pe nọmbà tò wà lóri káàdì ìdánimọ̀ rẹ.