

## Aetna Dental® PPO — Summary of Benefits

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under this plan, you may choose at the time of service either a PPO participating or nonparticipating dentist. With the PPO plan, savings are possible because the PPO participating dentists have agreed to provide care at a negotiated fee schedule. Payment made to a PPO provider is based on a negotiated fee, which is generally less than the Reasonable Charge. PPO providers can not bill beyond the negotiated rate. Nonparticipating benefits are subject to Reasonable and Customary limits.

	Participating Provider	Nonparticipating Provider
<b>Annual Deductible</b> (Deductible applies to Basic & Major services only.) <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$25 \$75  (Does not apply to Preventive services)	\$25 \$75  (Does not apply to Preventive services)
<b>Maximum Covered Charges</b>	Billed charges up to negotiated fee schedule. No "balance billing" other than the applicable deductible and copays.	Billed charges up to Reasonable and Customary (R&C). Member is responsible for any "balance billing" by the dentist.
<b>Annual Benefit Limit per Calendar Year</b>	\$500 (combined Participating & Nonparticipating)	
<b>Diagnosis/Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral examinations*</li> <li>• Cleanings, including scaling and polishing*</li> <li>• Fluoride*</li> <li>• Sealants (permanent molars only)*</li> <li>• Bitewing x-rays*</li> <li>• Full mouth series x-rays*</li> <li>• Space maintainers</li> </ul>	Two routine cleanings/exams per calendar year at 100%. (Not subject to deductible)	Two routine cleanings/exams per calendar year at R&C limit. (Not subject to deductible)
<b>Basic Dental Services</b> <ul style="list-style-type: none"> <li>• Root canal therapy, with x-rays and cultures</li> <li>• Anterior teeth/Bicuspid teeth</li> <li>• Amalgam (silver) fillings</li> <li>• Composite fillings (anterior teeth only)</li> <li>• Stainless steel crowns</li> <li>• Scaling and root planning*</li> <li>• Gingivectomy</li> <li>• Incision and drainage of abscess</li> <li>• Uncomplicated extractions</li> <li>• Surgical removal of erupted tooth</li> <li>• Surgical removal of impacted tooth (soft tissue)</li> </ul>	50% of covered charges. (Subject to deductible)	50% of R&C. (Subject to deductible)
<b>Major Dental Services</b> <ul style="list-style-type: none"> <li>• Root canal therapy, molar teeth, with x-rays and cultures</li> <li>• Osseous surgery*</li> <li>• Surgical removal of impacted teeth (partial/full bony)</li> <li>• General anesthesia/intravenous sedation</li> <li>• Inlays</li> <li>• Onlays</li> <li>• Crowns</li> <li>• Full &amp; partial dentures</li> <li>• Denture repairs</li> <li>• Pontics</li> </ul>	50% of covered charges. (Subject to deductible)	50% of R&C. (Subject to deductible)
<b>Orthodontic Services</b>	Not Covered	

\* Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.