

Summary of Benefits

This Aetna Dental® Preferred Provider Organization (PPO) insurance benefits summary is provided by Aetna Life Insurance Company (Aetna) for some of the more frequently performed dental procedures. In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company. Under this plan, you may choose at the time of service either a PPO participating dentist or any 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 usually significantly less than the providers' standard billed charges. PPO providers can not bill beyond the negotiated rate.

Nonparticipating benefits are also subject to reasonable charge limits.

	<u>Participating Provider</u>	<u>Nonparticipating Provider</u>
Annual Deductible (Applies to Basic and Major services only)		
Individual	\$25	\$25
Family	\$75	\$75
Annual Benefit Maximum (Combined for Participating & Nonparticipating)	\$500	\$500
Office Visit Copay	N/A	N/A
Partial List of Plan Provisions:		
Preventive/Diagnosis	<u>Participating Provider</u>	<u>Nonparticipating Provider</u>
Oral examinations (a)		
Cleanings, including scaling and polishing (a) Adult/Child	Two Routine	Two Routine
Fluoride (a)	cleanings/exams per	cleanings/exams per
Sealants (permanent molars only) (a)	policy year at 100%	policy year at R&C limit
Bitewing X-rays (a)	(Not subject to the deductible)	(Not subject to the deductible)
Full mouth series X-rays (a)		
Space maintainers		
Basic		
Root canal therapy, with X-rays and cultures		
Anterior teeth / Bicuspid teeth		
Amalgam (silver) fillings		
Composite fillings (anterior teeth only)		
Stainless steel crowns	50% of covered charges	50% of R&C
Scaling and root planing (a)	(Subject to the deductible)	(Subject to the deductible)
Gingivectomy		
Incision and drainage of abscess		
Uncomplicated extractions		
Surgical removal of erupted tooth		
Surgical removal of impacted tooth (soft tissue)		

Major

Root canal therapy, molar teeth, with X-rays and cultures

Osseous surgery (a)

Surgical removal of impacted tooth (partial bony/full bony)

General anesthesia/intravenous sedation

Inlays

Onlays

Crowns

Full & partial dentures

Denture repairs

Pontics

50% of covered charges

(Subject to the deductible)

50% of R&C

(Subject to the deductible)

(a) Frequency and/or age limitations may apply to these services. These limits are described in the Master Policy.

Orthodontic

Orthodontic Services

Not Covered

Not Covered