



We've got you covered with great choices for dental insurance

Direct Preferred PPO

Direct Core PPO

[Aetna.com](https://www.aetna.com)

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Your future looks bright



Now you and your family can choose from great Aetna Dental® plans. Both cover preventive care, as well as basic and major dental services, so you can keep on smiling for years to come.

- Our **Direct Preferred PPO** plan has the highest level of coverage if you need more than routine dental care.
- Our **Direct Core PPO** plan is the same as the Preferred plan with a lower monthly premium, but you may pay more for services.

See dentists both in and out of our network

It's your choice. You can visit one of our network dentists or go outside the network. Just keep in mind that network dentists have agreed to provide covered services at a special rate. If you go outside the network, you won't get that special rate.

Check out our list of dentists at [Go.Aetna.com/dental](https://www.aetna.com/dental), or call us at **1-877-238-6200 (TTY: 711)**.

Dental plans and vision benefits are insured by Aetna Life Insurance Company (Aetna), 151 Farmington Avenue Hartford, CT 06156. Certain vision claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

We've got you covered for these important dental services

- ✓ **Preventive care** — cleanings, X-rays and more
- ✓ **Basic care** — fillings, simple extractions, basic restorative work and more
- ✓ **Major services** — bridges, crowns, dentures, root canals and more

Some covered services have limitations, based on your age or how often you use them. Members can start using their benefits right away for preventive care services. There's no waiting period for basic or major services if all enrolled family members had dental coverage within the past 90 days of enrollment. See the insurance policy for the plan you choose to learn more about covered services and benefit levels.

Concerned about your yearly coverage limit?

Dentists in our network have agreed to provide covered services at special rates. So smile — and see a network dentist to help keep your costs lower.



Feel good about your dental care decisions — our online services can help

With our dental PPO plans, you'll get the tools you need to manage your dental care. You'll also get the dental health information you need 24 hours a day, 7 days a week.

Manage your dental benefits online — it's a snap

Find a dentist. Track a claim. View or print your ID card and more. It's easy with your member website.

You can sign up at **Aetna.com** by clicking "Member login" on the homepage. After you register, you can:

- **Find a network dentist** through our provider search tool. Search for a dentist by name, specialty, ZIP code or distance from you. You can do it by city and state or county and state, too. You'll even find maps and directions to your dentist's office.
- **Get average costs** for cleanings, fillings, X-rays, crowns, dentures and more. It's a great tool to help you manage your dental expenses.
- **See what's covered** by your plan.



After you enroll, you can call us toll-free with any questions.

Benefits and claims:
1-877-238-6200 (TTY: 711)

Eligibility and billing:
1-855-837-6453 (TTY: 711)

CVS® CarePass® may be included in your plan.

We're giving you extra perks with the CarePass program.* It's included with Aetna Dental® Preferred and Core plans. Get easy access to medications and health products with:

- ✓ \$10 monthly reward**
- ✓ Free 1- to 2-day shipping from **CVS.com**®
- ✓ Free 1- to 2-day delivery on qualifying prescriptions
- ✓ Access to a 24/7 pharmacist helpline
- ✓ 20% off CVS Health® brand products



*ABOUT CAREPASS: Membership is \$5 per month or \$48 annually, plus any applicable taxes. Must have a valid ExtraCare® card to enroll. First month FREE promotion is valid on new monthly CarePass® memberships only. Valid in stores and online. Membership requires recurring charges to your payment card and automatically renews until canceled. To cancel, call **1-833-320-CARE (1-833-320-2273)** no later than 3 days before the renewal date, or cancel online anytime. No refunds for monthly or annual membership fees after the recurring charge is processed. Rewards are promotional, have no cash value and are not redeemable for cash. To enable certain digital, shipping and pharmacy delivery benefits, you must have an account at **CVS.com**® and complete your digital profile online. 20% discount applies only to non-sale and non-promo items labeled CVS Health® or Live Better™ by CVS Health; exclusions apply. Shipping is FREE on **CVS.com** when at least one CarePass-eligible item is added to your order. FREE prescription delivery is available for select prescriptions and health plans. Prescription delivery times vary. Most stores are eligible for same-day Rx delivery. 24/7 Pharmacist Helpline is not available in all locations. Check **CVS.com/store-locator/landing** to find out if your store is eligible. Other exclusions apply. Visit **CVS.com/content/carepass-terms** for full terms and conditions.

FOR \$10 MONTHLY PROMO REWARD: May take up to 72 hours to load to ExtraCare® account. Reward expires on stated expiration date. Cannot be used toward renewal of CarePass® membership. Only redeemable in participating CVS Pharmacy® locations or online at **CVS.com® for merchandise. Minimum \$10 purchase (excluding taxes and fees) for **CVS.com** purchases. Rewards are promotional, have no cash value and are not redeemable for cash. Promo rewards and coupons may be processed in any order. Sales tax may be charged pre-coupon. Cannot be exchanged for cash or gift card and may not be reissued or prorated for refund. Exclusions apply. Visit **CVS.com/content/carepass-terms** for full terms and conditions.

CarePass is not available in GA, MN, MO, NJ, NY, OK, TX and VA.

Two reasons to smile

A side-by-side comparison of your dental plan options

Here is a sample of covered services:	Aetna Dental Direct Preferred PPO		Aetna Dental Direct Core PPO	
	In network, you pay	Out of network, you pay*	In network, you pay	Out of network, you pay*
Preventive services — Waiting period: none				
Preventive oral examinations	No cost	20%	No cost	20%
Cleanings	No cost	20%	No cost	20%
Full-mouth series images	No cost	20%	No cost	20%
Sealants (permanent molars only)	No cost	20%	No cost	20%
Basic services — Waiting period: 6 months**				
Resin filling (1 surface)	20%	40%	50%	50%
Periodontal maintenance cleanings	20%	40%	50%	50%
Extraction (uncomplicated)	20%	40%	50%	50%
Major services — Waiting period: 12 months**				
Oral surgery	50%	60%	50%	70%
Crowns	50%	60%	50%	70%
Root canal therapy	50%	60%	50%	70%
Dentures	50%	60%	50%	70%
Orthodontics	Not covered		Not covered	
Deductible (calendar year)***	\$50 (individual); \$150 (family)		\$50 (individual); \$150 (family)	
Annual maximum benefit***	\$1,250	\$1,000	\$1,000	\$750

*Out-of-network benefits are subject to certain charge limits. You may be balance billed by out-of-network dentists — up to the dentist's standard fee.

**Waiting period is waived if all enrolled family members had dental coverage within the past 90 days.

***Deductible and annual maximum amounts cross-apply between in network and out of network. Deductible applies to basic and major services only.

Other things you should know

This benefits summary describes the most common dental procedures. With the Aetna Dental Direct PPO plans, you may choose at the time of service either a PPO network dentist or any out-of-network dentist. If you choose a network dentist, you may save money because our network dentists have agreed to provide care for covered services at special rates.



Emergency dental care

If you need emergency dental care to relieve or manage pain, you're covered 24 hours a day, 7 days a week.

If emergency services are provided by a network dentist, your copay and/or coinsurance amount will be based on a set fee schedule. When these services are provided by an out-of-network dentist, you will need to pay the difference between the plan payment and the dentist's usual charge. All of the above is subject to state requirements. Refer to your plan documents to learn more. Our dental experts may review any emergency dental care to make sure it's needed.

What is NOT covered

Keep reading ... just to be sure

This is only a summary. See your insurance policy for details.

Your plan does not cover dental services or supplies if they are:

- Provided by an out-of-network provider and cost more than what your plan covers
- Provided for your personal comfort or ease, or that of any other person, including a dental provider
- Provided before your dental coverage starts or after it has ended — see your policy to learn more
- Due to you cancelling or missing a dental visit
- Provided to you even though you are not required by law to pay them
- Over the benefit, dollar, day, visit or supply limits stated in your schedule of benefits
- Things that would not have been provided if you did not have coverage
- Cosmetic in nature (teeth whitening and facings on molar crowns and pontics are always considered cosmetic)

- Experimental or investigational
- Not medically needed
- Prescribed drugs, pre-treatments or analgesia
- Provided by a family member
- For work-related conditions
- Something that began before you were covered under the plan

Your plan also does not cover these dental services and supplies:

- Acupuncture, acupressure and acupuncture therapy
- Crowns, inlays and onlays, and veneers, unless:
 - It is a treatment for decay or traumatic injury, and teeth cannot be restored with a filling material
 - The tooth is an abutment to a covered partial denture or fixed bridge
- Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, other devices to protect, replace or reposition teeth, and removal of implants
- Dental services and supplies made with high-noble metals (gold or titanium), except as covered in the schedule of benefits



Other things you should know

What is NOT covered (continued)

- Dentures, crowns, inlays, onlays, bridges, or other appliances or services used to splint, alter vertical dimension, restore occlusion, or correct attrition, abrasion or erosion
- General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another dental service for which you are covered
- Instruction for diet, tobacco counseling, plaque control and oral hygiene
- Orthodontic treatment unless it is covered in the schedule of benefits
- Replacement of a device or appliance that is lost, missing or stolen, the replacement of appliances that have been damaged due to abuse, misuse or neglect, or for an extra set of dentures
- Replacement of teeth beyond the normal number of 32
- Services and supplies provided when there is no sign of pathology, dysfunction or disease, other than covered preventive services
- Surgical removal of impacted wisdom teeth when done only for orthodontic reasons
- Temporomandibular joint (TMJ) dysfunction, unless your policy says it is covered

Aetna Dental® Direct PPO plans have these rules

Replacement rule

You are covered for certain services only if specific conditions are met. These services include replacing, adding to or changing existing dentures, crowns, casts or processed restorations. Other services covered under this rule are removable dentures, fixed bridgework and other prosthetic services.

Tooth missing but not replaced rule

You will be covered for the first installation of removable dentures, fixed bridgework and other prosthetic services only if these services are both:

- Needed to replace one or more natural teeth that were removed while this policy was in force for you
- Not abutments to a partial denture, a removable bridge or a fixed bridge installed during the prior eight years

Alternate treatment rule

If your dental condition can be treated with more than one covered service, Aetna® may choose to cover only the less costly one.

If you're being treated by a network dentist and you ask for a more costly covered service than that for which coverage is approved, your copay will consist of:

- The copay for the approved less costly service, plus
- The difference in cost between the approved service and the more costly covered service



Finding network dentists

See the Aetna Dental online directory at Go.Aetna.com/dental for the most current list of dentists and other dental

providers. Network dentists are independent contractors in private practice. They are not employees or agents of Aetna Dental or its affiliates. Aetna does not guarantee that you will be able to see a network dentist at the time you wish. And our list of network providers can change without notice.

For the most current information, please contact the provider you would like to visit. You may also call Aetna Member Services at the toll-free number on your member ID card.

Want to find a network dentist?

Visit Go.Aetna.com/dental to learn more.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Insurance plans contain exclusions and limitations. See brochure and policy for a complete description of benefits, exclusions, limitations and conditions of coverage. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care. Plan features and availability may vary by location and are subject to change. Refer to **DentalDirect.Aetna.com** for more information about Aetna® dental plans.

Aetna Dental® PPO service area in Massachusetts includes Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties. Members residing outside of the service area seeking in-network level of care would need to seek services within the approved service area.

Policy forms issued in Idaho include AL IVL HPol-PPODental_WP 01 and AL IVL HPol-PPODental_NWP 01.

Policy forms issued in Missouri, Oklahoma, Washington and Wyoming include AL IVL HPol-PPODental 01.

DISCOUNT OFFERS ARE NOT INSURANCE. They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts.

[Aetna.com](https://www.aetna.com)

