



Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Aetna Navigator[®] Member Website

The edge you need to make the most of your dental plan

When you're an Aetna member, you get tools and resources to help you easily manage your dental benefits. All of your plan information and cost-savings tools are in one place — your Aetna Navigator member website.

When you sign up and use it, you're not just a member, you're **a navigator**.

Navigators have know-how

Navigators are smart about their dental care. Once you're a navigator, you can easily:

- **Find a dentist near you — and save money.** Locate in-network dentists who accept your plan.
- **See what you owe.** Look up claims to see how much the plan paid and what you may have to pay.

- **Know your plan.** Check who is covered by your plan and what it covers.
- **Get costs *before* you go.** See estimates for common dental procedures based on your dental insurance plan before your visit.*
- **Check your spending account.** Easily look up your flexible spending account status, account balance(s), payment details.

Smart tools and technology to help you make better choices about your dental health.

*For Dental PPO/PDN members only.

Get health information from expert sources

- Visit Simple Steps To Better Dental Health® at **www.simplestepsdental.com**. We developed it along with Columbia University College of Dental Medicine. It can help you prevent problems, understand conditions and learn about dental treatments.
- Search the Healthwise® Knowledgebase for information about thousands of health topics (in English and Spanish). You'll find it under Health Programs on your member website.

Peace of mind is a password away

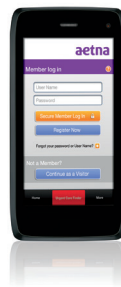
It's easy to be a navigator. (You don't need any special technical skills, we promise.) Just sign up at **www.aetna.com** once you are an Aetna member. Then you can start using Aetna Navigator's valuable features and tools.

Meet Ann, your virtual assistant

She can help you sign up for Aetna Navigator. She can even help you find a dentist, estimate the cost of services, answer questions about claims, ID cards and more. Ann never sleeps, so chat with her anytime.

Go to **www.aetnatools.com** to see a preview of what Aetna Navigator has to offer once you're an Aetna member.

Find what you need — wherever, whenever



The Aetna Mobile app puts our most popular online features at your fingertips. It's available for iPhone® and Android™ mobile devices.

Scan this code now to download.
Or visit **www.aetna.com/mobile**.



Dental benefits and 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.

This material is for information only and is not an offer or invitation to contract. Dental information programs provide general dental information and are not a substitute for diagnosis or treatment by a physician or other health care professional. 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. Dental benefits and dental insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

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

www.aetna.com

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Dental Benefits Summary

Passive PPO With PPOII Network	
Annual Deductible*	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Annual Benefit Maximum	\$1,750
Office Visit Copay	N/A
Orthodontic Services (Adult and Child)	50%
Orthodontic Deductible	None
Orthodontic Annual Maximum	\$1,000
*The deductible applies to: Basic & Major services only	

Passive PPO With PPOII Network	
Partial List of Services	
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
Basic	
Root canal therapy	
Anterior teeth / Bicuspid teeth	80%
Root canal therapy, molar teeth	80%
Scaling and root planing (a)	80%
Gingivectomy*	80%
Amalgam (silver) fillings	80%
Composite fillings	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
Osseous surgery (a)*	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%
General anesthesia/intravenous sedation*	80%
Crown Lengthening	80%
Major	
Inlays	50%
Onlays	50%
Crowns	50%
Full & partial dentures	50%
Pontics	50%
Denture repairs	50%
Crown Build-Ups	50%
Implants	50%

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

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

Dental Benefits Summary

Other Important Information

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 the Dental Preferred Provider Organization (PPO) 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 participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to usual and prevailing charge limits, as determined by Aetna.

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.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. 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.

Partial List of Exclusions and Limitations* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
 - (a) under any other part of this Dental Care Plan; or
 - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
 - (a) a non-occupational disease; or
 - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
6. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
7. Those for any of the following services (Does not apply to the DMO plan in TX):
 - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
 - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
 - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
8. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
9. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
10. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
11. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
12. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
13. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
14. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
 - (a) during the first 31 days the person is eligible for this coverage, or
 - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
 - (i) after the end of the 12-month period starting on the date the person became a covered person; or
 - (ii) as a result of accidental injuries sustained while the person was a covered person; or
 - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
15. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
16. Those for a crown, cast or processed restoration unless:

Dental Benefits Summary

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- (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
 - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
17. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
18. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
19. Services needed solely in connection with non-covered services.
20. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*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:

Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

Finding Participating Providers

Consult Aetna Dentals online provider directory, DocFind®, 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. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at www.aetna.com.

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.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

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



Dental Benefits Summary

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

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. 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 governing contractual provisions, including procedures, exclusions and limitations relating to your plan.