

# Aetna Dental HMO

Product Name: Dental HMO Plan  
Member Services: 1-877-238-6200  
Web Address: [www.aetna.com](http://www.aetna.com)



| Benefits                     | Coverage <sup>1</sup>                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Annual deductible            | None                                                                                                                               |
| Preventive/Diagnostic        | Covered at 100%                                                                                                                    |
| Basic                        | You pay a pre-set reduced patient charge when you use your network dentist. <b>Obtain the schedule of charges by calling Aetna</b> |
| Major                        |                                                                                                                                    |
| Orthodontia                  |                                                                                                                                    |
| Annual maximum               | None                                                                                                                               |
| Lifetime orthodontia maximum | Limited lifetime maximum of 24 months <sup>2</sup>                                                                                 |

<sup>1</sup> If you elect the Aetna Dental HMO, you must receive all services from a provider who participates in the Aetna Dental HMO network including services from dental specialists. Except emergency palliative treatment, you will not be covered for any services you receive outside the dental HMO network. You must select a primary dentist and receive all services from that dentist. If a specialist is needed, your primary dentist must provide a referral. You can change your primary dentist at any time. Specialty dental services may be covered out of network if network specialists are not available. Please call Member Services to receive information and/or approval prior to receiving any out of network services.

<sup>2</sup> There is a maximum lifetime benefit of 24 months for comprehensive treatment. A typical case lasting longer than 24 months requires additional payment by the patient. A referral is not required to receive services from an Orthodontist (Orthodontist must participate in Aetna's Dental HMO network).

## Covered Services

### Preventive/Diagnostic Services

- Routine oral exam
- Routine cleanings – limit 2 per calendar year at \$0 copay
- Enrolled children may see a pediatric dentist through age 7
- Fluoride treatments (topical gel and fluoride varnish) – limit 1 per year, under age 16
- Space maintainers – fixed
- X-rays – limit 1 full mouth series every 3 years
- Sealants – limit once per tooth (permanent molars) every 3 years, under age 16
- Specialist consultation

### Basic Services

- Restorative (fillings)
- Endodontic treatment
- Oral surgery (extractions)
- Periodontal treatment
- Dentures – limit 1 relining or rebasing every 3 years

### Major Services

- Inlays, onlays, and crowns limited to 1 every 5 years
- Removable dentures – replacement limited to 1 every 5 years
- Fixed bridgework – replacement limited to every 5 years
- Molar Root Canal therapy
- Partial/Full Boney Impacted Extractions
- Periodontal Surgical therapy

### Orthodontia Services

- Orthodontic evaluation, treatment plan and records
- Banding for comprehensive orthodontic treatment
- Comprehensive orthodontic treatment (children and adults)

### Emergency Services (Pain Relief Treatment)

- Palliative treatment – emergency treatment only.

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.

This is a sample overview. The complete Patient Charge Schedule will be sent to you after you enroll. In case of any discrepancy between this sample and your Patient Charge Schedule sent to you after you enroll, the Patient Charge Schedule will prevail.