

Aetna Dental® PPO plan

Freedom to choose

High Plan with Ortho

	Maximum	Deductible	
Calendar-Year Maximums & Deductibles (cumulative of in- and out-of-network)	\$1,000	\$50/\$150 excludes Diagnostic/Preventive	
Benefit Category	Aetna PPO Dental		
	Plan Pays*	You Pay In-Network	You Pay Out-of-Network
Diagnostic/Preventive Services (not subject to deductible)			
Oral examinations	100% of allowed amount	0%	Any charges in excess of allowed amount
Cleanings (a) Adult/Child			
Fluoride			
Sealants (permanent molars only) (a)			
Basic Services			
Composite fillings (anterior teeth only)	80% of allowed amount	20% of allowed amount plus deductible	20% of allowed amount plus any charges in excess of allowed amount
Stainless Steel Crowns			
Surgical removal of erupted tooth			
Surgical removal of impacted tooth (soft tissue)			
Osseous surgery			
Surgical removal of impacted tooth (partial bony/ full bony)			
General anesthesia/intravenous sedation			
Surgical removal of erupted tooth*			
Major Services (12-month waiting period for new hires only)			
Inlays, Onlays, Crowns	50% of allowed amount	50% of allowed amount plus deductible	50% of allowed amount plus any charges in excess of allowed amount
Removable partial or complete dentures			
Orthodontics			
Children & Adults (Lifetime Max \$1,000 per patient)	50%	50%	50%

*In Texas, the preferred provider organization (PPO) plan is known as the participating dental network (PDN).

** Out-of-network benefits are paid based on usual and prevailing charges or recognized charge levels, as determined by Aetna and specified in your plan documents.

1-877-238-6200 www.aetna.com **Plan Name:** Dental PPO/PDN with PPO II

Bi-Weekly rates:

Employee Only:	\$13.12
Employee + 1:	\$27.86
Employee + 2 or more:	\$49.88

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Benefit Category	Aetna PPO Dental		
	Plan Pays*	You Pay In-Network	You Pay Out-of-Network
Diagnostic/Preventive Services (not subject to deductible)			
Oral examinations	100% of allowed amount	0%	Any charges in excess of allowed amount
Cleanings (a) Adult/Child			
Fluoride			
Sealants (permanent molars only) (a)			
Bitewing Images			
Basic Services			
Composite fillings (anterior teeth only)	80% of allowed amount	20% of allowed amount plus deductible	20% of allowed amount plus any charges in excess of allowed amount
Stainless Steel Crowns			
Surgical removal of erupted tooth			
Surgical removal of impacted tooth (soft tissue)			
Osseous surgery			
Surgical removal of impacted tooth (partial bony/ full bony)			
General anesthesia/intravenous sedation			
Surgical removal of erupted tooth*			
Major Services (12-month waiting period for new hires only)			
Inlays, Onlays, Crowns	50% of allowed amount	50% of allowed amount plus deductible	50% of allowed amount plus any charges in excess of allowed amount
Removable partial or complete dentures			

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1-877-238-6200 www.aetna.com Plan Name: Dental PPO/PDN with PPO II

Bi-Weekly rates:

Employee Only:	\$12.50
Employee + 1:	\$27.34
Employee + 2 or more:	\$41.70