



This Plan Includes:		Plan Features:
Network	Aetna Dental Administrators	<p>Receiving regular dental care is key to identifying minor problems before major issues develop.</p> <p>Preventive Services are covered 100%</p> <p>Reduce costs by utilizing in-network doctors</p> <p>Access to a National Network. Visit www.aetna.com/dse/custom/aetnadentalaccess to locate a Participating Provider.</p> <p>After plan effective date, a waiting period of 30 consecutive days applies before benefits are available for covered services.</p>
Out of Network Coverage	No	
Individual Deductible	\$50	
Family Deductible	\$150	
Calendar Year Maximum	\$1,500	
Waiting Period	30 days	
Class I Preventive & Diagnostic Care	100% After Deductible	
Oral Exams		
Routine Cleanings		
Full Mouth & Bitewing X-Rays		
Fluoride Application		
Sealants		
Histopathologic Exams		
Class II Basic Restorative Care	80% After Deductible	
Fillings		
Emergency Care for Pain		
Root Canal Therapy		
Periapical X-rays		
Oral Surgery		
Space Maintainers		
Class III Major Restorative Care	50% After Deductible	
Crowns		
Dentures		
Bridges		
Inlays/Onlays		
Repairs to Bridges, Crowns & Inlays Denture Repairs		
Class IV Orthodontia <i>Dependent children to age 19</i>	50% After Deductible	
Lifetime Maximum	\$1,000	

Please see plan specification document for more details

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues.

Benefits	In-Network		Out-Of-Network	
Network	Aetna Dental Administrators (ADA)		Not Applicable	
Calendar Year Maximum	\$1,500		Not Applicable	
Annual Deductible Individual Family	\$50 per person \$150 per family		Not Applicable Not Applicable	
Reimbursement Level	Based on Reduced Contracted Fees*		Not Applicable	
Waiting Period	A period of 30 consecutive days after the plans effective date of the plan before benefits will be available for covered services.		Not Applicable	
	Plan Pays	You Pay	Plan Pays	You Pay
Class I - Preventive & Diagnostic Care Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-Ray Panoramic X-ray Fluoride Application Sealants Histopathologic Exams	100%	No Charge	Not Covered	100% of Billed Charges
Class II - Basic Restorative Care Fillings Emergency Care to Relieve Pain Root Canal Therapy/Endodontics Periapical X-rays Periodontal Scaling and Root Planing Oral Surgery – Simple Extractions Oral Surgery – all except simple Extractions Anesthetics Space Maintainers Surgical Extractions of Impacted Teeth	80% Deductible Applies	20% Deductible Applies	Not Covered	100% of Billed Charges
Class III - Major Restorative Care Crowns Dentures Bridges Inlays/Onlays Prosthesis Over Implant Repairs to Bridges, Crowns and Inlays Denture Adjustments and Repairs	50% Deductible Applies	50% Deductible Applies	Not Covered	100% of Billed Charges
Class IV – Orthodontia	50% Deductible Applies	50% Deductible Applies	Not Covered	100% of Billed Charges
Lifetime Maximum	\$1,000 Dependent children to age 19		Not Covered	100% of Billed Charges

Dental Pro Benefit Limitations

Procedure	Limitations
Exams	Two per Calendar year
Prophylaxis (Cleanings)	Two per Calendar year
Fluoride	1 per Calendar year for people under 20
X-Rays (routine)	Bitewings: 2 per Calendar year
X-Rays (non-routine)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months
Surgeries (ALL)	Limited to removal of teeth, preparation of the mouth for dentures and removal of tooth-generated cysts.
Crowns and Inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment
Prosthesis Over Implant	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non- precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Missing Tooth Limitation	Teeth missing prior to coverage under the Dental plan are not covered. Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

Dental Pro Benefit Exclusions:

- Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan.
- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.