

# Emeriti Dental Benefits

Underwritten by Aetna

## Dental Plan Features

Annual Deductible*	You pay \$100
Preventive Services	Plan pays 100%
Basic Services	Plan pays 50%
Major Services	Plan pays 50%
Annual Benefit Maximum Paid by Plan	\$1,500
Office Visit Copay	\$0
Orthodontic Services	Not Covered

## Partial List of Plan Provisions

## Dental Plan Pays:

### Preventive

Oral examinations**	100%
Cleanings, including scaling and polishing, adult/child**	100%
Fluoride**	100%
Sealants (permanent molars only)**	100%
Bitewing X-rays**	100%
Full mouth series X-rays**	100%
Space maintainers	100%

### Basic

Amalgam (silver) fillings	50%
Composite fillings (anterior teeth only)	50%
Stainless steel crowns	50%
Scaling and root planning**	50%
Gingivectomy	50%
Incision and drainage of abscess	50%
Uncomplicated extractions	50%
Surgical removal of erupted tooth	50%
Surgical removal of impacted tooth (soft tissue)	50%

### Major\*\*\*

Root canal therapy, anterior/bicuspid teeth, with X-rays and cultures	50%
Root canal therapy, molar teeth, with X-rays and cultures	50%
Osseous surgery**	50%
Surgical removal of impacted tooth (partial bony/ full bony)	50%
General anesthesia/intravenous sedation	50%
Inlays	50%
Onlays	50%
Crowns	50%
Full and partial dentures	50%
Denture repairs	50%
Pontics	50%

\* The deductible applies to basic & major services only

\*\* Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.

\*\*\* Twelve month waiting period applies, but may be waived with evidence of continuing coverage.

Note: One-time only opt-in opportunity. Dental plan is community rated. Dental is only available when you enroll in a combination Medical/Rx coverage, or elect the stand-alone Rx Standard Plan.

## Important Dental PPO Information

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 PPO participating dentists have agreed to provide care at negotiated rates. Nonparticipating dentists will only be paid based on the standard negotiated rate provided to participating general dentists in the same geographical area.

## Emergency Dental Care

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. Covered emergency services may vary, based on state law.

## Some Services Not Covered Under the Plan Are:

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 plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. 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.
7. 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.
8. Those for any of the following services:
  - (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.
9. 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.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. 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.
14. 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.
15. Those in connection with a service given to a dependent age 5 or older if that dependent becomes a covered dependent other than:
  - (a) during the first 31 days the dependent 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 dependent became a covered dependent; or
    - (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; 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.
16. 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.
17. Those for a crown, cast or processed restoration unless:
  - (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.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

### Disclaimers

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

*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 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.*

*In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and Indemnity Dental plans are provided or 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.*