

# Aetna Dental® PPO plan

## Freedom to choose

Low Plan without 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
<b>Diagnostic/Preventive Services</b> (not subject to deductible)			
Oral examinations Cleanings (a) Adult/Child Fluoride Sealants (permanent molars only) (a) Bitewing Images	100% of allowed amount	0%	Any charges in excess of allowed amount
<b>Basic Services</b>			
Composite fillings (anterior teeth only) 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*	80% of allowed amount	20% of allowed amount plus deductible	20% of allowed amount plus any charges in excess of allowed amount
<b>Major Services (12-month waiting period for new hires only)</b>			
Inlays, Onlays, Crowns Removable partial or complete dentures	50% of allowed amount	50% of allowed amount plus deductible	50% of allowed amount plus any charges in excess of allowed amount

\*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](http://www.aetna.com) Plan Name: Dental PPO/PDN with PPO II

**Bi-Weekly rates:**

Employee Only:	\$8.53
Employee + 1:	\$17.56
Employee + 2 or more:	\$28.45