

Dental Coverage

PLANS	Aetna Traditional Dental (PPO)		Aetna DMO*	Humana Dental Access	
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network
Preventive Services (routine and deep cleanings, X-rays, sealant, etc.)	\$0	\$0 ¹	\$0	\$10 co-pay	Scheduled
Basic Services (filling, root canal, etc.)	10% ²	20% ²	Scheduled	Scheduled	Scheduled
Major Restorative (crown, bridge, etc.)	50% ²	50% ²	Scheduled	Scheduled	Scheduled
Calendar Year Deductible³	\$50/person \$150/family	\$50/person \$150/family	None	None	None
Annual Maximums	\$1,500/person	\$1,500/person	None	\$1,000/person	\$1,000/person
Orthodontia (to age 19)					
Deductible	None	None	\$2,000 co-pay, limited to one treatment per lifetime	\$2,585 co-pay, limited to one treatment per lifetime	\$365 reimbursement
Co-insurance	50%	50% R&C ¹			
Lifetime Maximum	\$1,500	\$1,500			
Orthodontia (age 19+)	Same as above	Same as above	Same as above	\$2,785 co-pay	\$165 reimbursement

1 R&C applies, refer to the Glossary for definition

2 After deductible

3 Waived for preventive services

* There is no Out-of-Network coverage in the Aetna DMO plan.

Disclaimer: Every attempt has been made to ensure the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.