

## Quick Guide – Traditional Dental (Aetna)

The Aetna Traditional Dental plan offers the largest number of in-network providers, and the highest reimbursements for most out-of-network claims, but also has the highest employee contribution. You pay nothing out of pocket for Preventive Services such as routine cleaning and x-rays if you utilize in-network providers. You pay 10% for services after the deductible is met for Basic Services such as Fillings and root canals In-Network. Out Of Network for Basic Services is 20% after deductible. For In-Network for Major Restorative such as crowns, you pay 50% for services after the deductible is met. Deep Cleaning (full mouth debridement, CPT 4355) will be covered under preventive services as a replacement for one of your routine cleanings once in a 24 month period of time.

**There is an annual benefit maximum of \$1,500. There is also a \$50 annual deductible for basic and major service per person, \$150 for family.** This program also includes a \$1500 lifetime orthodontic benefit for children and adults.

**The tables below provide a brief outline of the Dental Access plan reflecting a participant's responsibility. For more specific information about coverage or cost of a particular service, please contact Aetna directly or review the SPD for the plan.**

PLAN	Traditional Dental (Aetna)	
	In-Network	Out-of-Network
<b>Preventive Services</b> (routine cleanings, x-rays, sealant, etc.)	\$0	0%
<b>Basic Services</b> (fillings, root canal, etc.)	10% <sup>1</sup>	20% <sup>1</sup>
<b>Major Restorative</b> (crown, bridges, etc.)	50% <sup>1</sup>	50% <sup>1</sup>
<b>Calendar Year Deductible</b> <sup>2</sup>	\$50/person \$150/family	\$50/person \$150/person
<b>Annual Maximum</b>	\$1,500/person	\$1,500/person
<b>Orthodontia (Children &amp; Adults)</b>		
Coinsurance	50% R&C	50% R&C
Lifetime Maximum	\$1,500	\$1,500

PLAN	Traditional Dental (Aetna)	
	Monthly	Bi-Weekly
<b>Your Contributions</b>		
Single	\$23.00	\$11.50
2-Person	\$50.00	\$25.00
Family	\$78.00	\$39.00

<sup>1</sup> After Deductible

<sup>2</sup> Waived for Preventive Care