24/25 MSU GA Student Insurance Plan

Pediatric Dental Benefits*

*Pediatric Dental benefits are included in your student health medical plan and are not a full dental plan.

How to Use Your Benefits

Step 1	Use Aetna Find a Provider to locate a Dental Provider near you
Step 2	Print your Aetna ID card and have it available for the Dental Provider
Step 3	At the provider's office, present them with your Aetna ID Card
Step 4	Instruct the Dental Provider that pediatric benefits for dental care are covered under the MSU GA Aetna Student Medical Insurance Plan. The office can call Aetna Customer Service using the phone number on the ID card to confirm enrollment eligibility and benefits. The provider should bill Aetna Student Health for services using the billing address on the member ID Card.

Description	MSU Student Health Services at Olin Health Center	In-network coverage	Out-of-network coverage
Pediatric dental care (Limited to covered dependent through the end of the policyear in which the dependent turns age 19.)			
Pediatric dental deductible Deductible per policy year	Not applicable	Not applicable	$50 per individual $150 per contract
Pediatric dental out-of-pocket maximum	Not applicable	$350 per individual $700 per contract per policy year	Not applicable
Type A services – Diagnostic and preventive services such as oral exams, cleanings, X-rays	Available for Consult and Referral	100% (of the negotiated charge) per visit No deductible applies	70% (of the recognized charge) per visit
Type B services – Basic services such as fillings, endodontic treatments and oral surgery	Available for Consult and Referral	70% (of the negotiated charge) per visit	50% (of the recognized charge) after deductible per visit
Type C services – Major services such as crowns and bridges	Available for Consult and Referral	50% (of the negotiated charge) per visit	50% (of the recognized charge) after deductible per visit
Dental emergency services	Not available	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received.

Pediatric dental care exclusions

The following are not covered under this benefit:

- Any instruction for diet, plaque control and oral hygiene
- Cosmetic services and supplies including:
  - Plastic surgery, reconstructive surgery, cosmetic surgery, personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance
  - Augmentation and vestibuloplasty, and other substances to protect, clean, whiten, bleach or alter the appearance of teeth, whether or not for psychological or emotional reasons, except to the extent coverage is specifically provided in the *Eligible health services and exclusions* section
  - Facings on molar crowns and pontics will always be considered cosmetic
- Crown, inlays, onlays, and veneers unless:
  - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
  - The tooth is an abutment to a covered partial denture or fixed bridge
- Dental implants and braces (that are determined not to be medically necessary), mouth guards, and other devices to protect, replace or reposition teeth
- Dentures, crowns, inlays, onlays, bridges, or other appliances or services used:
  - For splinting
  - To alter vertical dimension
  - To restore occlusion
  - For correcting attrition, abrasion, abfraction or erosion
- Treatment of any jaw joint disorder and treatments to alter bite or the alignment or operation of the jaw, including temporomandibular joint dysfunction disorder (TMJ) and craniomandibular joint dysfunction disorder (CMJ) treatment, orthognathic surgery, and treatment of malocclusion or devices to alter bite or alignment, except as covered in the *Eligible health services and exclusions – Specific conditions* section

- General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another eligible health service
- Orthodontic treatment except as covered above and in the *Pediatric dental care* section of the schedule of benefits
- Pontics, crowns, cast or processed restorations made with high noble metals (gold)
- Prescribed drugs, pre-medication or analgesia (nitrous oxide)
- Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures
- Replacement of teeth beyond the normal complement of 32
- Routine dental exams and other preventive services and supplies, except as specifically provided in the *Pediatric dental care* section of the schedule of benefits
- Services and supplies:
  - Done where there is no evidence of pathology, dysfunction, or disease other than covered preventive services
  - Provided for your personal comfort or convenience or the convenience of another person, including a provider
  - Provided in connection with treatment or care that is not covered under your policy
- Surgical removal of impacted wisdom teeth only for orthodontic reasons
- Treatment by other than a dental provider that is legally qualified to furnish dental services and supplies
- Orthodontic services

For a list of specific covered services, please refer to the 2024 – 2025 Member Policy Contract Documents (PDF) located on the aetnastudenthealth.com website under Michigan State University - GA.