25/26 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

- Prescribed oral medications whose primary purpose is to influence blood sugar
  - Alcohol swabs
  - Injectable glucagons
  - Glucagon emergency kits
- Equipment
  - External insulin pumps
  - Blood glucose meters without special features, unless required due to blindness
- Training
  - Self-management training provided by a health care **provider** certified in diabetes self-management training

The following are not covered under this benefit:

- Services and supplies for:
  - The treatment of calluses, bunions, toenails, flat feet, hammertoes, fallen arches
  - The treatment of weak feet, chronic foot pain or conditions caused by routine activities, such as walking, running, working or wearing shoes
  - Supplies (including orthopedic shoes), arch supports, shoe inserts, ankle braces, guards, protectors, creams, ointments and other equipment, devices and supplies
  - Routine pedicure services, such as cutting of nails, corns and calluses when there is no illness or injury of the feet

For a list of specific covered services, please refer to the 2025 – 2026 Member Policy Contract Documents (PDF) located on the aetnastudenthealth.com website under Michigan State University - GA.