Aetna® DMO® plan

Simple, dependable dental coverage

Find DMO plan network dentists — fast

With the **Aetna Dental online directory**, members can quickly access a current list of in-network dental providers — anytime, anywhere.

Network dentists are independent contractors, not employees or agents of Aetna Dental or its affiliates. Provider availability may change. For help, call **877-238-6200**.

Comprehensive coverage, affordable care

Taking care of dental health should be straightforward. With an Aetna DMO plan, members get quality coverage from day one with no waiting periods for any services. You'll also benefit from:

- ✓ Comprehensive coverage
- ✓ Low monthly premiums
- ✓ Clear, predictable costs
- ✓ Access to a large network of dental providers

Choose your primary care dentist

Members choose a primary care dentist (PCD) from the DMO plan network. Your PCD gets to know you, provides routine dental care and helps coordinate additional services when needed.

When specialty care is required, your PCD refers you to in-network specialists — helping ensure you receive the right care at the right time.

Dental care on your terms

Member benefits include 24/7 digital tools that help you manage your care — when and where it's most convenient. From finding dentists to tracking claims, everything you need is in one place. Your member portal lets you:

- ✓ Find and book appointments with in-network dentists
- ✓ Track claims and understand your coverage
- ✓ Access digital ID card instantly
- ✓ View your dental health history

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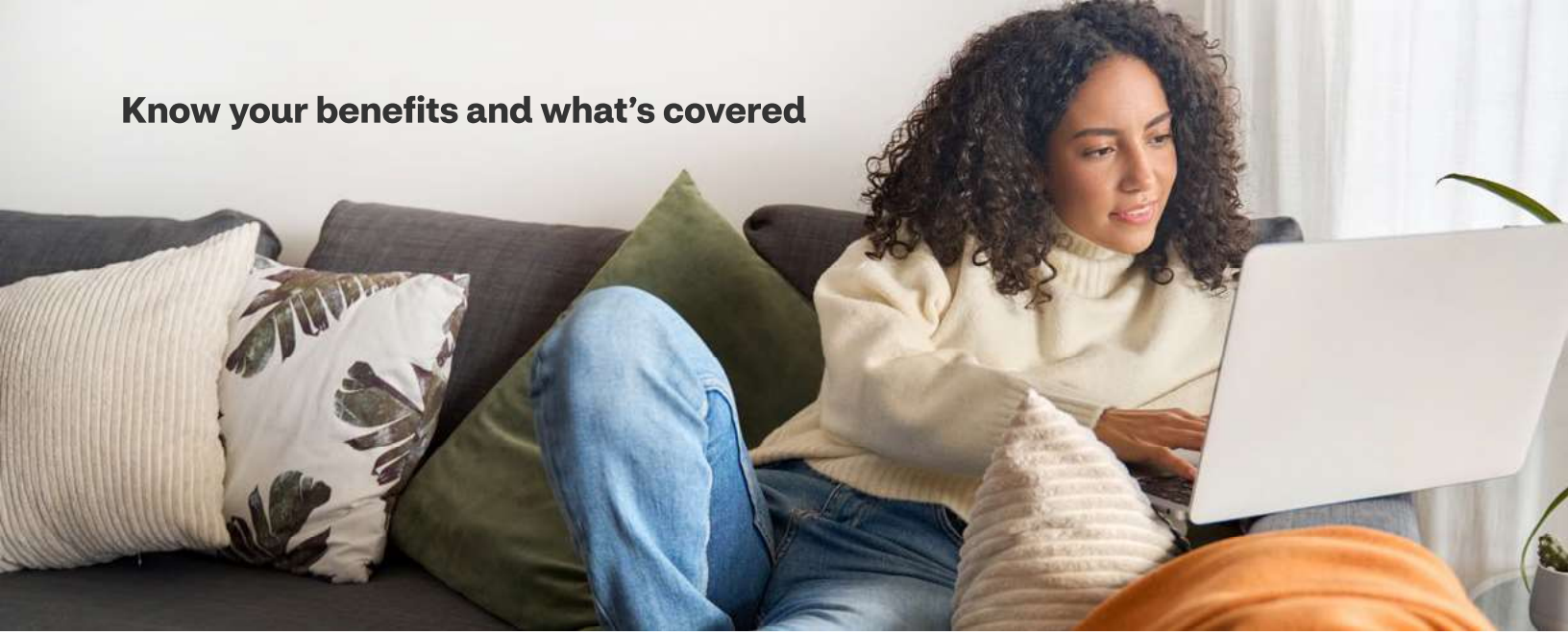
Know your benefits and what's covered



Preventive care
cleanings, exams, X-rays

Basic care
fillings, simple extractions, basic restorative services

Major services
crowns, bridges, dentures, root canals

To understand your coverage, we've outlined the most common dental procedures. For specifics about your plan, check your benefits summary or reach out to Member Services anytime.

Keep in mind that some covered services may have age- or frequency-based limitations. Review your policy for details on benefits and services covered.

Sample of covered services	In network, you pay*
Preventive oral examinations	No cost
Cleanings	$0 - $12
Full-mouth series images	No cost
Sealants (permanent molars only)	$0 - $10
Resin filling (1 surface)	$0 - $63
Periodontal maintenance cleanings	$15 - $65
Extraction (simple)	$0 - $30
Extraction (surgical)	$0 - $60
Crowns	$150 - $488
Root canal therapy	$0 - $435
Dentures	$185 - $500
Orthodontics	Optional

*Co-pay varies by plan

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Services not typically covered

The following services are generally not covered under standard plans. However, some member plans may include exceptions based on employer selections or state requirements.

Some plans do not cover dental services or supplies when they are:

- Provided by an out-of-network provider (unless required by state law) and cost more than your plan allows
- Provided for personal comfort or convenience (yours or anyone else's, including a dental provider's)
- Received before your coverage begins or after it ends — see your policy for details
- Due to missed or canceled appointments
- Services received but are not legally required to pay for
- Over any listed benefit, dollar, day, visit or supply limits in your schedule of benefits
- Items or services that would not have been provided if you didn't have coverage
- Cosmetic in nature (teeth whitening and facings on molar crowns and pontics are always considered cosmetic)
- Experimental or investigational
- Not medically necessary
- Prescribed drugs, pretreatments or analgesia
- Related to work-related injuries or conditions
- For conditions that began before your plan coverage started
- Acupuncture, acupressure and acupuncture therapy
- Crowns, inlays, on lays and veneers, unless:
  - They treat decay or traumatic injury, and the tooth cannot be restored with a filling
  - The tooth serves as an abutment for a covered partial denture or fixed bridge
- Dental implants, removal of implants, false teeth, prosthetic restorations of implants, dentures, braces, mouth guards or devices to protect, replace or reposition teeth
- Services or supplies made with high-noble metals (gold or titanium), unless listed as covered in your schedule of benefits
- Dentures, crowns, inlays, on lays, bridges, or appliances used to splint, change vertical dimension, restore occlusion, or correct attrition, abrasion or erosion
- General anesthesia or intravenous sedation, unless specifically covered and only when done with another covered dental service
- Instruction on diet, tobacco cessation, plaque control or oral hygiene
- Orthodontic treatment, unless listed as covered
- Replacement of appliances or devices that are lost, stolen, or damaged due to misuse, abuse or neglect, or extra sets of dentures
- Replacement of teeth beyond the normal adult number of 32
- Services or supplies provided when no pathology, dysfunction or disease is present (except covered preventive services)
- Surgical removal of impacted wisdom teeth when done solely for orthodontic reasons
- Treatment of temporomandibular joint (TMJ) dysfunction, unless your policy states it is covered

Additional plan feature details

Understanding replacement coverage

Services like replacing existing dentures, crowns, bridges and other restorations follow specific coverage rules, typically around how soon they can be replaced after your last procedure. These rules also apply to removable dentures, fixed bridgework and other prosthetic services. Member plan documents outline these timelines.

Alternate treatment rule — when treatment options are available

If your dental condition can be treated with more than one covered service, we'll typically cover the most cost-effective option. If a member chooses a more expensive covered service from a network dentist, the member is responsible for the copay associated with the approved, lower-cost service, plus the difference in cost between the approved service and the higher-cost service selected.

Getting started is easy

Visit **Aetna.com** and select **"Member login"** on the home page to access your account.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change.

This material is for information only. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to Aetna.com for more information about Aetna® plans.

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