

Individual Dental PPO Max		
	Preferred	Nonpreferred
Annual Deductible per Member (does not apply to Diagnostic and Preventive Services)	\$25; \$75 Family maximum	\$25; \$75 family maximum
Annual maximum benefit	Unlimited	Unlimited
Diagnostic Services		
Oral Exams		
Periodic oral exam	100% deductible waived	50% deductible waived
Comprehensive oral exam	100% deductible waived	50% deductible waived
Problem-focused oral exam	100% deductible waived	50% deductible waived
X-rays		
Bitewing - single film	100% deductible waived	50% deductible waived
Complete series	100% deductible waived	50% deductible waived
Preventive Services		
Adult Cleaning	100% deductible waived	50% deductible waived
Child Cleaning	100% deductible waived	50% deductible waived
Sealants - per tooth	Discount	Not Covered
Flouride Application - with cleaning	100% deductible waived	50% deductible waived
Space Maintainers	Discount	Not Covered
Basic Services		
Amalgam Filling - 2 surfaces	100% after deductible	50% after deductible
Resin filling - 2 surfaces anterior	Discount	Not Covered
Oral Surgery	Discount	Not Covered
Extraction-exposed root or erupted tooth	Discount	Not Covered
Extraction of impacted tooth - soft tissue	Discount	Not Covered
Major Services		
Complete upper denture	Discount	Not Covered
Partial Upper Denture (resin base)	Discount	Not Covered
Crown - porcelain with noble metal	Discount	Not Covered
Pontic - porcelain with noble metal	Discount	Not Covered
Inlay - metallic (3 or more surfaces)	Discount	Not Covered
Oral Surgery		
Removal of impacted tooth-partially bony	Discount	Not Covered
Endodontic Services		
Bicuspid root canal therapy	Discount	Not Covered
Molar root canal therapy	Discount	Not Covered
Periodontic Services		
Scaling & Root planing - per quadrant	Discount	Not Covered
Osseous surgery - per quadrant	Discount	Not Covered
Orthodontic Services		
	Discount	Not Covered

Access to negotiated discounts: members are eligible to receive non covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist at any time.

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

This list of covered services is representative. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the county list located on page 2 of the Aetna Advantage Brochure.

For help or questions call 1-866-508-0618

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

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