

INDIVIDUAL DENTAL PPO MAX PLAN

PENNSYLVANIA

AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	Preferred	Non-Preferred
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	Not covered*	Not covered
Fluoride application — with cleaning	100% deductible waived	50% deductible waived
Space maintainers	Not covered*	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after deductible	50% after deductible
Resin fillings — 2 surfaces	Not covered*	Not covered
Oral Surgery		
Extraction — exposed root or erupted tooth	Not covered*	Not covered
Extraction of impacted tooth — soft tissue	Not covered*	Not covered
MAJOR SERVICES		
Complete upper denture	Not covered*	Not covered
Partial upper denture (resin based)	Not covered*	Not covered
Crown — Porcelain with noble metal	Not covered*	Not covered
Pontic — Porcelain with noble metal	Not covered*	Not covered
Inlay — Metallic (3 or more surfaces)	Not covered*	Not covered
Oral Surgery		
Removal of impacted tooth — partially bony	Not covered*	Not covered
Endodontic Services		
Bicuspid root canal therapy	Not covered*	Not covered
Molar root canal therapy	Not covered*	Not covered
Periodontic Services		
Scaling & root planing — per quadrant	Not covered*	Not covered
Osseous surgery — per quadrant	Not covered*	Not covered
ORTHODONTIC SERVICES	Not covered*	Not covered

Participating dentists may offer discounted rates on additional services such as tooth whitening. Discounts for non-covered services may not be available in all states.

Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

Above list of covered services is representative. A summary of exclusions is listed in the Aetna Advantage Plan brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties.

This material is for information only. Dental insurance plans contain exclusions and limitations. Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) through a blanket trust in Delaware. This means that the plan benefits are based on Delaware requirements, and benefits and rates are filed with the Delaware Insurance Department. Aetna Advantage Plans (HMO) are underwritten by Aetna Health Inc. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

* Discounts for non-covered services may not be available in all states.

