

## OHIO AETNA ADVANTAGE PLAN OPTIONS

INDIVIDUAL DENTAL PPO MAX PLAN		
MEMBER BENEFITS	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
<b>DIAGNOSTIC SERVICES</b>		
<b>Oral Exams</b>		
Periodic oral exam	100% not subject to deductible	100% not subject to deductible
Comprehensive oral exam	100% not subject to deductible	100% not subject to deductible
Problem-focused oral exam	100% not subject to deductible	100% not subject to deductible
<b>X-rays</b>		
Bitewing — single film	100% not subject to deductible	100% not subject to deductible
Complete series	100% not subject to deductible	100% not subject to deductible
<b>PREVENTIVE SERVICES</b>		
Adult cleaning	100% not subject to deductible	100% not subject to deductible
Child cleaning	100% not subject to deductible	100% not subject to deductible
Sealants — per tooth	Discount	Not Covered
Fluoride application — with cleaning	100% not subject to deductible	100% not subject to deductible
Space maintainers	Discount	Not Covered
<b>BASIC SERVICES</b>		
Amalgam filling — 2 surfaces	100% after deductible	100% after deductible
Resin filling — 2 surfaces anterior	Discount	Not Covered
<b>Oral Surgery</b>		
Extraction – exposed root or erupted tooth	Discount	Not Covered
Extraction of impacted tooth —soft tissue	Discount	Not Covered
<b>MAJOR SERVICES</b>		
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
<b>Oral Surgery</b>		
Removal of impacted tooth — partially bony	Discount	Not Covered
<b>Endodontic Services</b>		
Bicuspid root canal therapy	Discount	Not Covered
Molar root canal therapy	Discount	Not Covered
<b>Periodontic Services</b>		
Scaling & root planing — per quadrant	Discount	Not Covered
Osseous surgery — per quadrant	Discount	Not Covered
<b>ORTHODONTIC SERVICES</b>		
	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.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate.

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

A summary of exclusions is listed on page 17 of the Aetna Advantage brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna Advantage plans for individuals and families are offered by Aetna Life Insurance Company through an out-of-state blanket trust.

