## Dental Benefits Summary

**Effective Date:** 01-01-2020

### Annual Deductible
- **Individual:** $50
- **Family:** $150

### Preventive Services
- **Basic Services:** 80%
- **Major Services:** 50%

### Annual Benefit Maximum
- **$1,250**

### Office Visit Copay
- **N/A**

### Orthodontic Services**
- **50%**

### Orthodontic Deductible
- **None**

### Orthodontic Lifetime Maximum
- **$1,000**

**Orthodontia is covered only for children (appliance must be placed prior to age 20). Comprehensive treatment.**

### Partial List of Services

#### Preventive

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral examinations (a)</td>
<td>100%</td>
</tr>
<tr>
<td>Cleanings (a) Adult/Child</td>
<td>100%</td>
</tr>
<tr>
<td>Fluoride (a)</td>
<td>100%</td>
</tr>
<tr>
<td>Bitewing images (a)</td>
<td>100%</td>
</tr>
<tr>
<td>Full mouth series images (a)</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Basic

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Maintainers</td>
<td>80%</td>
</tr>
<tr>
<td>Root canal therapy</td>
<td></td>
</tr>
<tr>
<td>Anterior teeth / Bicuspid teeth</td>
<td>80%</td>
</tr>
<tr>
<td>Root canal therapy, molar teeth</td>
<td>80%</td>
</tr>
<tr>
<td>Scaling and root planing (a)</td>
<td>80%</td>
</tr>
<tr>
<td>Gingivectomy (a)*</td>
<td>80%</td>
</tr>
<tr>
<td>Amalgam (silver) fillings</td>
<td>80%</td>
</tr>
<tr>
<td>Composite fillings (anterior teeth)</td>
<td>80%</td>
</tr>
<tr>
<td>Stainless steel crowns</td>
<td>80%</td>
</tr>
<tr>
<td>Incision and drainage of abscess*</td>
<td>80%</td>
</tr>
<tr>
<td>Uncomplicated extractions</td>
<td>80%</td>
</tr>
<tr>
<td>Surgical removal of erupted tooth*</td>
<td>80%</td>
</tr>
<tr>
<td>Surgical removal of impacted tooth (soft tissue)*</td>
<td>80%</td>
</tr>
<tr>
<td>Osseous surgery (a)*</td>
<td>80%</td>
</tr>
<tr>
<td>Surgical removal of impacted tooth (partial bony/ full bony)*</td>
<td>80%</td>
</tr>
<tr>
<td>General anesthesia/intravenous sedation*</td>
<td>80%</td>
</tr>
<tr>
<td>Denture repairs</td>
<td>80%</td>
</tr>
</tbody>
</table>

#### Major

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inlays</td>
<td>50%</td>
</tr>
<tr>
<td>Onlays</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns</td>
<td>50%</td>
</tr>
<tr>
<td>Full &amp; partial dentures</td>
<td>50%</td>
</tr>
<tr>
<td>Pontics</td>
<td>50%</td>
</tr>
<tr>
<td>Implants</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.

(a) **Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.**
Partial List of Exclusions and Limitations* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
   (a) under any other part of this Dental Care Plan; or
   (b) under any other plan of group benefits provided by or through your employer.

2. Services and supplies to diagnose or treat a disease or injury that is not:
   (a) a non-occupational disease; or
   (b) a non-occupational injury.

3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.

4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.

5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.

6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.

7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.

8. Those for any of the following services (Does not apply to the DMO plan in TX):
   (a) an appliance or modification of one if an impression for it was made before the person became a covered person; or
   (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
   (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.

9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.


11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.

12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.

13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.

14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.

15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
   (a) during the first 31 days the person is eligible for this coverage, or
   (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
      (i) after the end of the 12-month period starting on the date the person became a covered person; or
      (ii) as a result of accidental injuries sustained while the person was a covered person; or
      (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.

16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.

17. Those for a crown, cast or processed restoration unless:
   (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
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(8) the tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Replacement Rule
The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Tooth Missing But Not Replaced Rule
Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person’s dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:
(a) the service must be listed on the Dental Care Schedule;
(b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
(c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:
(a) the copayment for the approved less costly service; plus
(b) the difference in cost between the approved less costly service and the more costly covered service.

Finding Participating Providers
Consult Aetna Dental’s online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY:711

<table>
<thead>
<tr>
<th>Language</th>
<th>To access language services at no cost to you, call the number on your ID card.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanian</td>
<td>Për shërbitë ku nuk duhet ndihma, më shënohet, nuk duhet ndihma me gëzimin e tij.</td>
</tr>
<tr>
<td>Amharic</td>
<td>የቋንቋ ከአገልግሎችን ከላይ ከማስተካከል ከተገኝ ከማስተካከል ከላይ ከማስተካከል ከላይ ከማስተካከል ከላይ ከማስተካከል ከላይ</td>
</tr>
<tr>
<td>Arabic</td>
<td>للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك</td>
</tr>
<tr>
<td>Armenian</td>
<td>Հերթականության ցանցի անդամին համար միավորների համար գնահատականներ են պետք են մասնակցելու պատճառով մասնակցելու պատճառով մասնակցելու պատճառով մասնակցելու պատճառով մասնակցելու պատճառով</td>
</tr>
<tr>
<td>Bantu-Kirundi</td>
<td>Kugira uringi servisi z’indimi ata kiguzi, hamagara inomeri iri ku karangamuntu kawe</td>
</tr>
<tr>
<td>Bengali</td>
<td>অজ্ঞাতকে নিম্নলিখিত ভাষা পরিষেবা প্রাপ্ত হলে অন্তর্নিহিত পরিচয়পত্র নথিভুক্ত টেলিফোন করুন।</td>
</tr>
<tr>
<td>Burmese</td>
<td>အာဟိုးများသာ သိချင်သော နိုင်ငံအစိတ်အားလုံးကို ရိုက်ပေးပါ၀င်ပါသည်။</td>
</tr>
<tr>
<td>Catalan</td>
<td>Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d’identificació.</td>
</tr>
<tr>
<td>Cebuano</td>
<td>Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.</td>
</tr>
<tr>
<td>Language</td>
<td>Background Information</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chamorro</td>
<td>Para un hago' i setbision lengguahi ni dibatde para hagu, agang i numiru gi iyo-mu kard aidentifikasion.</td>
</tr>
<tr>
<td>Cherokee</td>
<td>ဗိုလ် သောစဉ် လုပ်ကိုင်လိုက် လျော်စေရန် ရယ်စိုး၍ သည် မိမိ အမည် ID သတ်မှတ်ရန် CUSC.</td>
</tr>
<tr>
<td>Chinese Traditional</td>
<td>如欲 使用 免 费 语 言 服 务，請 聯 綫 您 健 康 保 險 卡 上 所 列 的 電 話 號 碼</td>
</tr>
<tr>
<td>Choctaw</td>
<td>Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena thananki ma i payah</td>
</tr>
<tr>
<td>Chuukese</td>
<td>Ren omw kopwe angei aninisin eman chon awewei (ese kemé), kopwe kéerì ewe nampa mei mak won noum ena katen ID</td>
</tr>
<tr>
<td>Cushitic-Oromo</td>
<td>Tajaajiloota afaanii gati billisa ati argaachuuf, lakkoofsa fuula waraqaqa eeneryumaa (ID) kee irraa jiruun bilibili.</td>
</tr>
<tr>
<td>Dutch</td>
<td>Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.</td>
</tr>
<tr>
<td>French</td>
<td>Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.</td>
</tr>
<tr>
<td>French Creole (Haitian)</td>
<td>Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefon ki sou kat identifikasyon asirans sante ou.</td>
</tr>
<tr>
<td>German</td>
<td>Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.</td>
</tr>
<tr>
<td>Greek</td>
<td>Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισης σας.</td>
</tr>
<tr>
<td>Gujarati</td>
<td>તમારે ખોષ્ટ પદ જાતના પાછડીની વિવિધ ભાષા સેવાઓ મળી લેવા માટે, તમારા આઇડી ખૂબ પર રહેલ નંબર પર કોલ કરો.</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>No ka wala’au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kau kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.</td>
</tr>
<tr>
<td>Hindi</td>
<td>बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।</td>
</tr>
<tr>
<td>Hmong</td>
<td>Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.</td>
</tr>
<tr>
<td>Igbo</td>
<td>Inweta enyemaka asusu na akwughi ugwọ obụla, kpọọ nomba nọ na kaadi njirimara gi</td>
</tr>
<tr>
<td>Ilocano</td>
<td>Tapno maakses dagi serbisio ti pagasaso nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.</td>
</tr>
<tr>
<td>Indonesian</td>
<td>Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungni nomor telepon di kartu asuransi Anda.</td>
</tr>
<tr>
<td>Italian</td>
<td>Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.</td>
</tr>
<tr>
<td>Japanese</td>
<td>無料の言語サービスは、IDカードにある番号にお電話ください。</td>
</tr>
<tr>
<td>Karen</td>
<td>vXw&gt;urRM&gt;usdmw&gt;rRpxRtxrw&gt;zH:w&gt;rRwz. vXwtd.'D;tyShRvXeub [h.tDRr<em>D</em>&lt;ud;b.vDwJpdeo.D.*H&gt;vXtd.vXecd.*DR A (ID) tvdRM.wuh&gt;i</td>
</tr>
<tr>
<td>Korean</td>
<td>무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.</td>
</tr>
<tr>
<td>Kru-Bassa</td>
<td>I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibia</td>
</tr>
<tr>
<td>Kurdish</td>
<td>بو دەستبەردەگیشتن بە خرەمگراوەی زمانانی لە چووچوون بو تو، بەبەیەکی بە چەندەی سەرەتی دەد. (ID) کەرتش خوئە.</td>
</tr>
<tr>
<td>Lao</td>
<td>ຍິ່eenthodchabuphabchabphabks Relationship is invariably in a family-oriented manner.</td>
</tr>
<tr>
<td>Marathi</td>
<td>आपल्याच्या कौणत्याही शुल्कशिवाय भाषा सेवानिवेश पोषणावस्थासह, आपल्या ID कार्डरविरील क्रमांकाच्या फोन करा.</td>
</tr>
<tr>
<td>Marshallese</td>
<td>Nan bök jipañ kon kajin ilo an ejelok wonean ñan kwe, kwön kallok nömba eo ilo kaat in ID eo am.</td>
</tr>
<tr>
<td>Micronesian-Ponapean</td>
<td>Pwehn alehdi sawas en lokaia kan ni sohteh pweipwei, koahlh nemep nan amhw doaropwe en ID.</td>
</tr>
</tbody>
</table>
### Dental Benefits Summary

**Mon-Khmer, Cambodian**

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khmer</td>
<td>T’áa ni nizzad k’ehjí be niká a’doowol dòw báagh inliníggo maatsoos be atáx nilíjgo namíntínggi be nécó’ dolíntínggi bòsh be hanc’ i bika’ígi ájí’ hólné’.</td>
</tr>
<tr>
<td>Nepali</td>
<td>अधारासमन्वयी सेवा/सामाजिक नि-शुचक पौर्वायु राष्ट्र आयुष्य काठिन्य रहेको नम्बरको क्ल गाइसियो।</td>
</tr>
<tr>
<td>Nilotic-Dinka</td>
<td>Të kóor yín ran de wëël de thòik ke cín wëël kóor keek téntë yín. Këyín cël ran ye koc kwëny né nambë de abac të né ID kard duñ de tít de nyin de panákim kú.</td>
</tr>
<tr>
<td>Norwegian</td>
<td>For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.</td>
</tr>
<tr>
<td>Portuguese</td>
<td>Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.</td>
</tr>
<tr>
<td>Polish</td>
<td>Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej</td>
</tr>
<tr>
<td>Russian</td>
<td>Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.</td>
</tr>
<tr>
<td>Samoan</td>
<td>Mô le mauaina o ’au’au'anga tau gagana e aunoa ma se totogi, vala’au le numeria i luga o lau pepa ID.</td>
</tr>
<tr>
<td>Serbo-Croatian</td>
<td>Za besplatne prevodičke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.</td>
</tr>
<tr>
<td>Spanish</td>
<td>Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.</td>
</tr>
<tr>
<td>Swedish</td>
<td>Så passar det att servicer som är kostnadsfria, ringa numret som anges på identifikationskortet.</td>
</tr>
<tr>
<td>Telugu</td>
<td>టెలుగు లో, బిందుస్థల భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునుందుకు మీ ఐడి కార్డు పై ఉన్న నంబర్స్ మీద కాల్ చేయుండి.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Upang ma-access ang mga serbisyó sa wika nang walang bayad, tawagan ang numero sa iyong ID card.</td>
</tr>
<tr>
<td>Thai</td>
<td>หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจ าตัวของท่าน</td>
</tr>
<tr>
<td>Turkish</td>
<td>Dİl hizmetlerine ücretsiz olarak erişmek için kimlik kartınızda numarayı arayın.</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>Щоб безкоштовно отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайційній картці.</td>
</tr>
<tr>
<td>Urdu</td>
<td>لسانی خدمات تک مفت رسانی کے لیے، اپنی بیمہ کے ID کارڈ پر درج نمبر پر کال کریں</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.</td>
</tr>
<tr>
<td>Yiddish</td>
<td>עז ברוקוסן שטאתן סוצ'יוויסטן מרי פינאלא, גורט דומע נומער אייעג אייעגרא.</td>
</tr>
</tbody>
</table>
Yoruba

Láti ràyésí awon isé èdè fun o lófèé, pe nómbà tó wà lórí kààdì idánímò rẹ.