

DENTAL PRO

Dental Pro provides affordable dental services through doctors in the Aetna network. You will have access to covered preventative procedures at no charge. No waiting period applies before benefits can be used. Deductible waived for preventive services.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Network	Aetna Dental Administrators (ADA)	Not applicable
Individual / Family Annual Deductible	\$50/\$150	
Preventive/Diagnostic (<i>x-rays, cleanings, etc.</i>)	0% Co-Ins	Not applicable
Basic Restorative (<i>fillings, root canals, etc.</i>)	20% Co-Ins (<i>after deductible</i>)	
Major Restorative (<i>crowns, bridges, etc.</i>)	50% Co-Ins (<i>after deductible</i>)	
Orthodontia (<i>dependents under age 19</i>)	50% Co-Ins (<i>after deductible</i>)	
Orthodontia Lifetime Max	\$1,000	Not applicable
Max Benefit Paid / Calendar Year (<i>dental & orthodontia</i>)	\$1,500	
Reimbursement Level	Based on reduced contracted fees	
Waiting Period	No waiting period	

EXAMPLES OF COVERED BENEFITS



TEETH CLEANING



FILLINGS



ROOT CANAL



DENTAL X-RAYS

Dental Procedure	Limitations	Dental Procedure	Limitations
Exams	Two per calendar year	Fluoride	1 per calendar year for people under 20
Prophylaxis (<i>cleanings</i>)	Two per calendar year	X-Rays (<i>routine</i>)	Bitewings: 2 per calendar year
X-Rays (<i>non-routine</i>)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months	Relines, Rebases, Adjustments	Covered if more than 6 months after installation
Surgeries (<i>ALL</i>)	Limited to removal of teeth, preparation of the mouth for dentures and removal of tooth-generated cysts.	Repairs - Bridges & Dentures	Reviewed if more than once
		Space Maintainers	Limited to non-orthodontic treatment
Crowns and Inlays	Replacement every 5 years	Bridges	Replacement every 5 years
Dentures and Partial	Replacement every 5 years	Sealants	One treatment per tooth every 3 years up to age 14
Prosthesis Over Implant	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.	Missing Tooth Limitation	Teeth missing prior to coverage under the Dental plan are not covered. Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
PRICING				

DENTAL PRO PLAN BENEFITS SPECIFICATION

BENEFITS	IN-NETWORK		OUT-OF-NETWORK	
	PLAN PAYS	YOU PAY	PLAN PAYS	YOU PAY
Class I - Preventive & Diagnostic Care <ul style="list-style-type: none"> • Oral Exams • Routine Cleanings • Full Mouth X-rays • Bitewing X-Ray • Panoramic X-ray • Fluoride Application • Sealants • Histopathologic Exams 	100%	No charge	Not covered	100% of billed charges
Class II - Basic Restorative Care <ul style="list-style-type: none"> • Fillings • Emergency Care to Relieve Pain • Root Canal Therapy/Endodontics • Periapical X-rays • Periodontal Scaling and Root Planing • Oral Surgery – Simple Extractions • Oral Surgery – all except simple Extractions • Anesthetics • Space Maintainers • Surgical Extractions of Impacted Teeth 	80% <i>(deductible applies)</i>	20% <i>(deductible applies)</i>	Not covered	100% of billed charges
Class III - Major Restorative Care <ul style="list-style-type: none"> • Crowns • Dentures • Bridges • Inlays/Onlays • Prosthesis Over Implant • Repairs to Bridges, Crowns and Inlays • Denture Adjustments and Repairs 	50% <i>(deductible applies)</i>	50% <i>(deductible applies)</i>	Not covered	100% of billed charges
Class IV – Orthodontia Lifetime Maximum	50% <i>(deductible applies)</i> \$1,000 dependent children to age 19	50% <i>(deductible applies)</i>	Not covered	100% of billed charges

Dental Pro Benefit Exclusions:

- Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan.
- Services performed primarily for cosmetic reasons.
- Replacement of a lost or stolen appliance.
- Replacement of a bridge or denture within five years following the date of its original installation.
- Replacement of a bridge or denture which can be made useable according to accepted dental standards.
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion.
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars.
- Bite registrations; precision or semi-precision attachments; splinting.
- Instruction for plaque control, oral hygiene and diet.
- Dental services that do not meet common dental standards.
- Services that are deemed to be medical services.
- Services and supplies received from a hospital.
- Charges which the person is not legally required to pay.
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service.
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit.
- Any sickness covered under any workers' compensation or similar law.
- Charges in excess of the reasonable and customary allowances.
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.