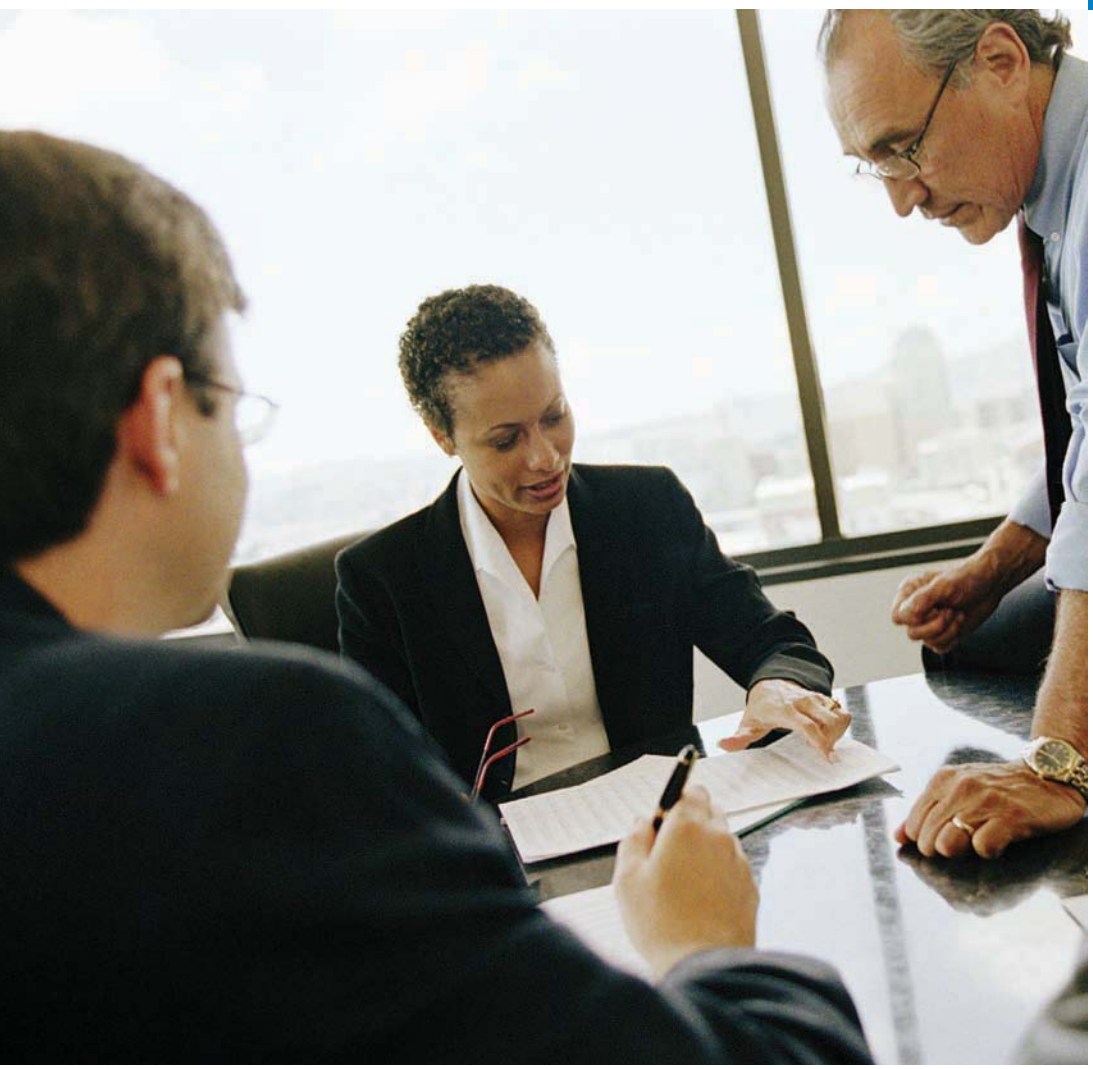
Small Business Solutions

Dental Benefits and Insurance Plan Options

Georgia



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Aetna®

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DMO®/PPO PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees **Available Without an Aetna Medical Plan (Dental Standalone) to Groups with 10 – 50 Eligible Employees**	**Plan Option 1** DMO Fixed Copay Plan 64	**Plan Option 2** **Freedom-of-Choice —** Monthly selection between the DMO and the PPO Max		**Plan Option 3** **Freedom-of-Choice —** Monthly selection between the DMO and the PPO	
MEMBER BENEFITS	DMO Fixed Copay Plan 64**	DMO Fixed Copay Plan 64**	PPO Max Plan 100/70/40	DMO Plan 100/90/60	PPO Plan 100/70/40
Office Visit Copay	$5	$5	N/A	$5**	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	$50; 3x Family Maximum	None	$50; 3x Family Maximum
Annual Maximum Benefit	Unlimited	Unlimited	$1,000	Unlimited	$1,000
DIAGNOSTIC SERVICES					
Oral Exams					
Periodic oral exam	No Charge	No Charge	100%	100%	100%
Comprehensive oral exam	No Charge	No Charge	100%	100%	100%
Problem-focused oral exam	No Charge	No Charge	100%	100%	100%
X-rays					
Bitewing — single film	No Charge	No Charge	100%	100%	100%
Complete series	No Charge	No Charge	100%	100%	100%
PREVENTIVE SERVICES					
Adult cleaning	No Charge	No Charge	100%	100%	100%
Child cleaning	No Charge	No Charge	100%	100%	100%
Sealants — per tooth	No Charge	No Charge	100%	100%	100%
Fluoride application — with cleaning	No Charge	No Charge	100%	100%	100%
Space maintainers — fixed	$75	$75	100%	100%	100%
BASIC SERVICES					
Amalgam filling — 2 surfaces	$12	$12	70%	90%	70%
Resin filling — 2 surfaces, anterior	$21	$21	70%	90%	70%
Oral Surgery					
Extraction — exposed root or erupted tooth	$11	$11	70%	90%	70%
Extraction of impacted tooth — soft tissue	$46	$46	70%	90%	70%
MAJOR SERVICES*					
Complete upper denture	$275	$275	40%	60%	40%
Partial upper denture	$275	$275	40%	60%	40%
Crown — Porcelain with noble metal	$255	$255	40%	60%	40%
Pontic — Porcelain with noble metal	$255	$255	40%	60%	40%
Inlay — Metallic (3 or more surfaces)	$195	$195	40%	60%	40%
Oral Surgery					
Removal of impacted tooth — partially bony	$58	$58	40%	60%	40%
Endodontic Services					
Bicuspid root canal therapy	$109	$109	40%	90%	40%
Molar root canal therapy	$280	$280	40%	60%	40%
Periodontic Services					
Scaling & root planing — per quadrant	$51	$51	40%	90%	40%
Osseous surgery — per quadrant	$300	$300	40%	60%	40%
ORTHODONTIC SERVICES*	$2,300 copay	$2,300 copay	Not covered	$2,300 copay**	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

* Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Plan Options 1, 2 & 3.

** Dollar amounts indicated are member responsibility.

Access to negotiated discounts: On the PPO plans in Plan Options 2-6, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Options 1, 2 & 3.

Plan Options 2 & 4; PPO Non-Preferred (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.

The DMO in Plan Option 1 can be offered with any one of the PPO plans in Plan Options 4-6 in a Dual Option package.

Options 1 & 2 DMO Copay Plan 64 amounts listed are the total patient responsibility for the services indicated. The $5 Office Visit Copay is additional.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only in Plan Options 1, 2, 3 & 5 or adults and children in Plan Option 6.

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

For a summary list of Limitations and Exclusions, refer to page 5.

DMO®/PPO PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees **Available Without an Aetna Medical Plan (Dental Standalone) to Groups with 10 – 50 Eligible Employees**	**Plan Option 4** PPO Max	**Plan Option 5** Passive PPO 1500	**Plan Option 6** Passive PPO 2000
MEMBER BENEFITS	PPO Max Plan 100/80/50	PPO Plan 100/80/50	PPO Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	$50; 3x Family Maximum	$50; 3x Family Maximum	$50; 3x Family Maximum
Annual Maximum Benefit	$1,500	$1,500	$2,000
DIAGNOSTIC SERVICES			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing — single film	100%	100%	100%
Complete series	100%	100%	100%
PREVENTIVE SERVICES			
Adult cleaning	100%	100%	100%
Child cleaning	100%	100%	100%
Sealants — per tooth	100%	100%	100%
Fluoride application — with cleaning	100%	100%	100%
Space maintainers — fixed	100%	100%	100%
BASIC SERVICES			
Amalgam filling — 2 surfaces	80%	80%	80%
Resin filling — 2 surfaces, anterior	80%	80%	80%
Oral Surgery			
Extraction — exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth — soft tissue	80%	80%	80%
MAJOR SERVICES*			
Complete upper denture	50%	50%	50%
Partial upper denture	50%	50%	50%
Crown — Porcelain with noble metal	50%	50%	50%
Pontic — Porcelain with noble metal	50%	50%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%	50%
Oral Surgery			
Removal of impacted tooth — partially bony	50%	50%	50%
Endodontic Services			
Bicuspid root canal therapy	50%	50%	50%
Molar root canal therapy	50%	50%	50%
Periodontic Services			
Scaling & root planing — per quadrant	50%	50%	50%
Osseous surgery — per quadrant	50%	50%	50%
ORTHODONTIC SERVICES*	Not covered	50%	50%
Orthodontic Lifetime Maximum	Does not apply	$1,000	$1,000

* Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Plan Options 1, 2 & 3.

** Dollar amounts indicated are member responsibility.

Access to negotiated discounts: On the PPO plans in Plan Options 2-6, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Options 1, 2 & 3.

Plan Options 2 & 4; PPO Non-Preferred (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.

The DMO in Plan Option 1 can be offered with any one of the PPO plans in Plan Options 4-6 in a Dual Option package.

Options 1 & 2 DMO Copay Plan 64 amounts listed are the total patient responsibility for the services indicated. The $5 Office Visit Copay is additional.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only in Plan Options 1, 2, 3 & 5 or adults and children in Plan Option 6.

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

For a summary list of Limitations and Exclusions, refer to page 5.

OUT-OF-STATE PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees **Available Without an Aetna Medical Plan (Dental Standalone) to Groups with 10 – 50 Eligible Employees**	**Low Option** No Ortho	**Low Option** Ortho	**Medium Option** No Ortho	**Medium Option** Ortho	**High Option** No Ortho	**High Option** Ortho
MEMBER BENEFITS	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	$50; 3x Family Maximum	$50; 3x Family Maximum	$50; 3x Family Maximum	$50; 3x Family Maximum	$50; 3x Family Maximum	$50; 3x Family Maximum
Annual Maximum Benefit	$1,000	$1,000	$1,500	$1,500	$2,000	$2,000
DIAGNOSTIC SERVICES						
Oral Exams						
Periodic oral exam	100%	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%	100%
X-rays						
Bitewing — single film	100%	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%	100%
PREVENTIVE SERVICES						
Adult cleaning	100%	100%	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%	100%	100%
Sealants — per tooth	100%	100%	100%	100%	100%	100%
Fluoride application — with cleaning	100%	100%	100%	100%	100%	100%
Space maintainers — fixed	100%	100%	100%	100%	100%	100%
BASIC SERVICES						
Amalgam filling — 2 surfaces	80%	80%	80%	80%	80%	80%
Resin filling — 2 surfaces, anterior	80%	80%	80%	80%	80%	80%
Oral Surgery						
Extraction — exposed root or erupted tooth	80%	80%	80%	80%	80%	80%
Extraction of impacted tooth — soft tissue	80%	80%	80%	80%	80%	80%
MAJOR SERVICES*						
Complete upper denture	50%	50%	50%	50%	50%	50%
Partial upper denture	50%	50%	50%	50%	50%	50%
Crown — Porcelain with noble metal	50%	50%	50%	50%	50%	50%
Pontic — Porcelain with noble metal	50%	50%	50%	50%	50%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%	50%	50%	50%	50%
Oral Surgery						
Removal of impacted tooth — partially bony	50%	50%	50%	50%	50%	50%
Endodontic Services						
Bicuspid root canal therapy	50%	50%	50%	50%	50%	50%
Molar root canal therapy	50%	50%	50%	50%	50%	50%
Periodontic Services						
Scaling & root planing — per quadrant	50%	50%	50%	50%	50%	50%
Osseous surgery — per quadrant	50%	50%	50%	50%	50%	50%
ORTHODONTIC SERVICES*	Not covered	50%	Not covered	50%	Not covered	50%
Orthodontic Lifetime Maximum	Does not apply	$1,000	Does not apply	$1,000	Does not apply	$1,000

* Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services.

Access to negotiated discounts; On all PPO Max plans, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

PPO Max Non-Preferred (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.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 5.

For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Montana, North Dakota, New Hampshire, New Mexico, South Dakota and Wyoming.

Limitations and Exclusions

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to the plan documents.

- Dental services or supplies that are primarily used to alter, improve or enhance appearance.
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Replacement of lost, missing or stolen appliances and certain damaged appliances.
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.

Specific service limitations

- DMO Plans: Oral exams (4 per year)
- PPO Plans: Oral exams (2 routine and 2 problem-focused per year)
- All Plans:
  - > Bitewing X-rays (1 set per year)
  - > Complete series X-rays (1 set every 3 years)
  - > Cleanings (2 per year)
  - > Fluoride (1 per year; children under 16)
  - > Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)
  - > Scaling & root planing (4 quadrants every 2 years)
  - > Osseous surgery (1 per quadrant every 3 years)
- All other limitations and exclusions in the plan documents.

Notes

Notes

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefit coverage include Aetna Health Inc. and Aetna Life Insurance Company.

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Health benefit and insurance plans contain exclusions and some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. You can find out more about the terms and limitations on your plan by reading your plan documents. You can also contact Member Services.

While this material is believed to be accurate as of the print date, it is subject to change.

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