

Rewarding smiles



Aetna Dental Care RewardSM preferred provider organization (PPO) plan

Get preventive care this year — Increase your annual maximum next year.

Dental PPO insurance plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna).



Your plan rewards you

How it works

Let's assume you have these network benefits levels.

Benefits example <i>(for illustrative purposes only)</i>	You pay*
Deductible	\$0
Preventive care	0% coinsurance
Annual limit <i>(the most the plan will pay)</i>	\$2,250

When you see your dentist for preventive care during the current year, we increase your annual limit for the next plan year.**

Each family member with the plan can get the same reward, as long as they see their dentist for preventive care.

Reward

The plan's annual limit increases

You see the dentist for preventive care in Year One. So the most your plan pays goes up in Year Two. When you get preventive care in Year Two, the most your plan pays goes up in Year Three. When you get preventive care in Year Three, the most your plan pays goes up in Year Four. Here's an example.

Annual limit	
Year One (original maximum)	\$2,250
Year Two	\$2,350
Year Three	\$2,450
Year Four	\$2,550

*Your benefits levels are based on employer selection.

See your plan documents for your specific benefits details. Out-of-network benefits are paid based on usual and prevailing charges or recognized charge levels, as determined by Aetna and specified in your plan documents.

**For a maximum of three benefits increases. If a member doesn't get preventive care, the annual limit stay the same for the following year.

***The cost of dental services may vary based on where you live.

Get even more than a great smile when you go to the dentist

A healthy smile is the best smile.
And with the savings from this plan, your smile will be even wider.

In or out of network

It's your call, when you choose the preferred provider organization (PPO)^{††} insurance plan from Aetna Dental.

Your options	Pick your dentist	How it works
In network No paperwork Lower costs	Choose a dentist from the Aetna Dental® network.	<ul style="list-style-type: none">• Network dentists offer special rates for covered services, so your cost is usually lower.• Network dentists file claims for you.
Out of network Choices	Go to any licensed dentist.	<ul style="list-style-type: none">• You may pay more when you get care from dentists who aren't in the network.^{†††}• You may have to file your own claims.

Group dental plans are all different. So check the benefits summary that comes with your plan information to find your share of the cost. This may include your:

Deductible — the dollar amount some plans require you to pay for services before coverage begins.

Coinsurance — the percentage of dental care costs you pay after your deductible. For example, if the plan covers 80 percent of the cost, you pay 20 percent.

If you have a health savings account (HSA) or a flexible spending account (FSA), you can use those funds to help with these costs. Your plan may have yearly and lifetime limits on coverage. And there may be age and frequency limits on some services.

^{††}In Texas, the PPO plan is known as the Participating Dental Network (PDN).

^{†††}Out-of-network benefits are paid based on usual and prevailing charges or recognized charge levels, as determined by Aetna and specified in your plan documents.

Digital tools to help

You can search dentists, compare and estimate costs, check claims and more on our member website or mobile app. Once you're a member, sign up at [aetna.com](https://www.aetna.com).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. 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/or group size and are subject to change. Dental providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to [aetna.com](https://www.aetna.com).

Policy forms issued in Oklahoma include: GR-9N, GR-23 and/or GR-29N.

Policy forms issued in Missouri include: AL HGrpPol-Dental 01.

Policy forms issued in Idaho include: GR-9/GR-9N, GR-29/GR-29N, GR-23, AL HGrpPol-Dental 01.

