



Smile and save

Aetna Dental Care RewardSM preferred provider organization (PPO) plan

Get preventive care this year — pay less for your care next year.

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

Your plan can reward you in two ways

How it works

Let's assume you have these network benefits levels and that you always visit network dentists.

Benefits example (for illustrative purposes only)	You pay*
Deductible	\$0
Preventive or basic care	20% coinsurance
Annual limit (the most the plan will pay)	\$1,000

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

That means you'll generally pay less for most covered dental services down the road. Each family member with the plan can get the same reward, as long as they see their dentist for routine preventive care.

Reward options

Your employer may offer one reward — or both*

Option 1: The plan pays more of the coinsurance

You see the dentist for routine preventive care in Year One. So you pay less in Year Two. In Year Two, you get preventive care again. So you pay even less for covered dental services in Year Three. See how much less you pay for the same covered \$150 service.

	Cost of service***	You pay	Aetna pays†
Year One (original coinsurance %)	\$150	\$30 (20%)	\$120 (80%)
Year Two	\$150	\$15 (10%)	\$135 (90%)
Year Three	\$150	\$0	\$150 (100%)

Option 2: The plan's annual limit increases

You see the dentist for routine 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. Here's an example.

	Annual limit
Year One (original maximum)	\$1,000
Year Two	\$1,250
Year Three	\$1,500

*Your benefits levels, maximums and benefits reward changes are based on employer selection and may be different. 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 coinsurance or annual limit generally stays the same for the following year.

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

†The highest coinsurance level the plan will pay is 100%.

Healthy smile, healthy savings

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% of the cost, you pay 20%.

Your dental plan may have yearly and lifetime limits on coverage. And there may be age and frequency limits on some services.

If you have a health savings account (HSA) or a flexible spending account (FSA), you can use those funds to help with costs.

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

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

Manage your benefits, connect to care, handle claims — from anywhere

The Aetna HealthSM app and your Aetna[®] member website are personalized, seamless and easy to use. Once you're a member, here's how you can connect:



Get the Aetna Health app by texting “GETAPP” to **90156** for a link to download the app and create an account. Message and data rates may apply.*



Go to **Aetna.com** to create an account and log in to your member website.

More ways to connect



Use our provider search tool

You can find dentists by name, specialty and location. You'll also find maps, directions and more. You can even look for dentists who speak your language. Visit **Aetna.com** to try it out.



You have our number — just call us

You can speak to Member Services anytime during regular business hours. Our representatives are here to help answer any questions you have about your plan. Just call the toll-free number on your ID card.

*Terms and conditions: [Bit.ly/2nlJFYG](https://bit.ly/2nlJFYG). Privacy policy: [Aetna.com/legal-notice/privacy.html](https://aetna.com/legal-notice/privacy.html). By texting **90156**, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health app. Consent is not required to download the app. You can also download it from the App Store[®] or the Google Play[™] store.

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Visit [Aetna.com/individuals-families/member-rights-resources/rights-disclosure-information.html](https://aetna.com/individuals-families/member-rights-resources/rights-disclosure-information.html) to view or print your medical, dental or vision plan disclosures. Here, you can also find state requirements and information on the Women's Health and Cancer Rights Act.

Policy forms issued in Oklahoma include: AL HCOC-Dental PPO 04.

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

Policy forms issued in Idaho include: GR-29/GR-29N, AL HGrpPol-Dental 02.

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