

DENTAL PLAN SUMMARY

Effective January 1, 2021

Network: Aetna Dental PPO/PDN Network

Annual Max: \$2,000 per calendar year

Deductible: No deductible

Preventative Services	Member Responsibility
Oral Examination (2 per calendar year)	\$0
Cleanings (2 per calendar year)	\$0
Fluoride (1 application/year under age 16)	\$0
Sealants (1 treatment every 3 rolling years on permanent molars only for children to age 13)	\$0
Bitewing X-rays (1 set per calendar year)	\$0
Full Mouth Series (1 set every 24 months)	\$0
Space Maintainers (covered to age 13 for premature loss of primary teeth only. Includes adjustment w/in 6 months of installation)	\$0
Basic Services	
Root canal therapy (anterior/bicuspid/molars)	10%
Scaling and root planing (4 separate quads every 2 rolling years)	10%
Gingivectomy (once per quad/site every 3 rolling years)*	10%
Amalgam (silver) fillings	10%
Composite fillings (anterior/posterior)	10%
Stainless steel crowns	10%
Incision and drainage of abscess*	10%
Uncomplicated extractions	10%
Surgical removal of erupted tooth*	10%
Surgical removal of impacted tooth (soft tissue)*	10%
Osseous surgery (Once per quadrant every 3 rolling years)*	10%
Surgical removal of impacted tooth (partial bony/full bony)*	10%
General anesthesia/intravenous*	10%
Major Services	
Inlays/Onlays	40%
Crowns, Crown Lengthening, Crown Build-ups	40%
Full and Partial dentures, denture repair	40%
Pontics	40%
Implants	40%
Orthodontics \$2,000 Lifetime Maximum per person	
Adults	50%
Children	50%

* May be covered by the medical plan. Contact Member Services for more details.

THIS IS A SUMMARY OF BENEFITS. Refer to the Plan Document for a full listing of services and coverage.

