



## Aetna Student Health Dental Standard Plan 3: Active PPO Plan

<b>Eligibility</b> Spouse [Your civil union partner], [Your domestic partner who meets the rules set by the [policyholder] and requirements under state law] and children from birth up to age 19 or 26 if attending school on a regular basis.		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Policy Year Deductible</b>		
<b>Individual</b>	\$50	\$50
<b>[Family Deductible]</b>	[\$150]	[\$150]
Note: The policy year deductible applies to all eligible dental services except Type A.		
<b>Policy Year Maximum</b>	\$750	\$750
<b>NOTE:</b> Deductible and Policy Year Maximum cross-apply between In-Network and Out-of-Network		

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<b>Deductible Carryover</b>	None	None
<b>Fee Arrangement</b>	Negotiated Rate	<p><b>Recognized charge</b>  The amount of an out-of-network provider's charge that is eligible for coverage. You are responsible for all amounts above the recognized charge. The recognized charge may be less than the provider's full charge.</p> <p>Your plan's recognized charge applies to all out-of-network eligible dental services except out-of-network dental emergency services.</p> <p>Except as otherwise specified below, the recognized charge for each service or supply is the lesser of what the provider bills and:</p> <ul style="list-style-type: none"> <li>• 100% of the prevailing charge rate</li> </ul> <p>Special terms used:  Prevailing charge rate:  The [80<sup>th</sup>] percentile value reported in a database prepared by FAIR Health, a nonprofit company. FAIR Health changes these rates periodically. We update our systems with these changes within 180 days after receiving them from FAIR Health. If the FAIR Health database becomes unavailable, we have the right to substitute an alternative database that we believe is comparable.</p>
<b><u>Standard Covered Services</u></b>		
<b>Diagnostic and Preventive Care (Type A)</b>	100%	100%
<p><b>Visits and exams</b></p> <ul style="list-style-type: none"> <li>• Office visit during regular office hours for oral examination (2 routine visits and 2 problem focused visits per year)</li> <li>• Prophylaxis (cleaning) or scaling-moderate/severe inflammation–full mouth, (2 treatments per year)</li> <li>• Topical application of fluoride if you are under age 16, (1 applications per year)</li> <li>• Sealant repair - per tooth (for permanent molars only and if you are under age 16)</li> <li>• Sealants, per tooth (1 application every 3 years for permanent molars only and if you are under age 16)</li> </ul> <p><b>Images and pathology</b></p> <ul style="list-style-type: none"> <li>• Bitewing images (1 set per year)</li> <li>• Entire dental series, including bitewings or panoramic film (1 set every 3 years)</li> <li>• Vertical bitewing images (1 sets every 3 years)</li> <li>• Periapical images</li> </ul> <p><b>Space maintainers</b> - Only when needed to preserve space resulting from premature loss of deciduous teeth. (Includes all adjustments within 6 months after installation.)</p> <ul style="list-style-type: none"> <li>• Fixed or removable (unilateral or bilateral)</li> <li>• Recementation or removal</li> </ul>		

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	In-Network	Out-of-Network
<b>Basic Restorative Care (Type B)</b>	80%	60%

**Visits and exams**

- Office visit after hours (we will pay either for the office visit charge or for the eligible dental services performed, whichever is more)
- Emergency palliative treatment, per visit

**Images and pathology**

- Intra-oral, occlusal view
- Extra-oral
- Accession of tissue

**Restorative** - Excluding inlays, onlays and crowns. Multiple restorations in 1 surface will be considered as a single restoration.

- Amalgam restorations
- Resin-based composite restorations, (other than for molars)
- Protective restoration
- Reattachment of tooth fragment, incisal edge or cusp
- Interim therapeutic restoration – primary dentition
- Pin retention, per tooth, in addition to restoration
- Recementation
- Prefabricated crowns, primary teeth only (excluding temporary crowns)

**Periodontics**

- Periodontal maintenance (following active therapy, 2 per year)
- Occlusal adjustment, (other than with an appliance or by restoration)
- Root planing and scaling, 1 to 3 teeth per quadrant, (1 per site every 2 years)
- Root planing and scaling, 4 or more teeth per quadrant, (1 separate quadrants every 2 years)
- Surgical revision procedure, per tooth
- Gingivectomy/gingivoplasty, 1 to 3 teeth per quadrant, (1 per site every 5 years)
- Gingivectomy/gingivoplasty, 4 or more teeth per quadrant, (1 per quadrant every 5 years)
- Gingival flap procedure, 1 to 3 teeth per quadrant, (1 per site every 5 years)
- Gingival flap procedure, 4 or more teeth per quadrant, (1 per quadrant every 5 years)
- Apically positioned flap
- Unscheduled dressing change (by someone other than treating dentist or their staff)

**Endodontics**

- Pulp cap
- Pulpal debridement
- Pulpal therapy
- Pulpotomy
- Apexification/recalcification
- Apicoectomy
- Root canal therapy and retreatment once per lifetime
  - Anterior
  - Bicuspid
- Pulpal regeneration
- Periradicular surgery without apicoectomy
- Hemisection
- Retrograde filling
- Root amputation
- Treatment of root canal obstruction
- Incomplete endodontic surgery
- Internal root repair of defect

**Oral surgery**

- Extractions – coronal remnants – deciduous tooth
- Extractions erupted tooth or exposed root
- Surgical removal of impacted tooth (bony, including wisdom teeth)
- Surgical removal of erupted tooth
- Surgical removal of residual tooth roots

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- Primary closure of a sinus perforation
- Oroantral fistula closure
- Tooth transplantation
- Surgical access of unerupted tooth
- Mobilization of erupted or malpositioned tooth to aid eruption
- Placement of device to facilitate eruption of impacted tooth
- Biopsy of oral tissue
- Exfoliative cytological sample collection
- Alveoloplasty
- Removal of odontogenic cysts or tumors
- Removal of exostosis
- Removal of torus
- Surgical reduction of osseous tuberosity
- Incision and drainage of abscess
- Removal of foreign body
- Sequestrectomy
- Suture of wounds
- Frenectomy/frenuloplasty
- Excision of hyperplastic tissue per arch
- Excision of pericoronal gingiva
- Surgical reduction of fibrous tuberosity
- Removal of impacted tooth-Soft tissue
- Sialolithotomy
- Closure of salivary fistula

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Major Restorative Care (Type C)</b>	60%	50%

**Restorative** – Inlays, onlays, labial veneers and crowns (excludes temporary crowns) are covered only as treatment for decay or acute traumatic **injury**, and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge. Coverage is limited to 1 per tooth every 8 years. (See the *Replacement rule*.)

- Inlays
- Onlays
- Labial veneers
- Crowns
- Post and core
- Repairs - inlay, onlay, veneer, crown

**Periodontics**

- Osseous surgery, (including flap and closure), 1 to 3 teeth per quadrant (1 per site every 3 years)
- Osseous surgery, (including flap and closure), 4 or more per teeth per quadrant (1 per quadrant every 3 years)
- Soft tissue graft procedures
- Full mouth debridement (1 per lifetime)

**Endodontics**

- Root canal therapy and retreatment once per lifetime
  - Molar

**Prosthodontics** - The first installation of dentures and bridges is covered only if needed to replace teeth extracted while coverage was in force and which were not abutments to a denture or bridge less than 8 years old. (See the *Tooth missing but not replaced rule*.)

Replacement of existing bridges, implants, or dentures is limited to 1 every 8 years. (See the *Replacement rule*.)

- Bridge abutments
- Pontics
- Dentures and partials (fees for dentures and partial dentures include relines, rebases and adjustments within 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible).
  - Complete upper and lower denture
  - Partial upper and lower (including any conventional clasps, rests and teeth)
  - Removable unilateral partial denture
- Stress breakers
- Interim partial denture (stayplate), anterior only

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- Reline (partial or complete)
- Rebase, per denture
- Special tissue conditioning, per denture
- Adjustment to denture more than 6 months after installation
- Repairs, full and partial denture
- Adding teeth and clasps to existing partial denture
- Repairs, bridges
- Occlusal guard for bruxism (1 every 3 years)
- Adjustments, repair or relining of occlusal guard
- Cleaning and inspection of a removable appliance

**Oral surgery**

- Surgical removal of impacted tooth (bony, including wisdom teeth)
- Coronectomy
- Removal of impacted tooth
  - Partially bony
  - Completely bony

**General anesthesia and intravenous sedation**

- General anesthesia and intravenous sedation are covered when provided as part of a covered surgical procedure
- Evaluation by anesthesiologist for deep sedation or general anesthesia

<b>Orthodontics</b>	Not Covered	Not Covered
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	<b>In-Network</b>	<b>Out-of-Network</b>
<p><b>Dental emergency</b>            Eligible dental services include dental services provided for a dental emergency. The care provided must be a covered benefit. If you have a dental emergency, you should consider calling your dental in-network provider who may be more familiar with your dental needs. However, you can get treatment from any dentist including one that is an out-of-network provider. If you need help in finding a dentist, call Member Services at the toll-free number on the back of your ID card.            If you get treatment from an out-of-network provider for a dental emergency, the plan pays a benefit at the in-network cost-sharing level of coverage up to the dental emergency services maximum. For follow-up care to treat the dental emergency, you should consider using your in-network dental provider so that you can get the maximum level of benefits. Follow-up care will be paid at the cost-sharing level that applies to the type of provider that gives you the care.</p>		
<b>Dental Emergency Maximum (applies only to Active PPO plans )</b>	N/A	Out of Network expenses are covered at the In-Network coinsurance rates up to a maximum \$75. (Special state requirements may apply).
<b>Oral Surgery</b>	Dental in Nature under Dental	Dental in Nature under Dental
<b>General Anesthesia; Intravenous Sedation</b>	Covered only if medically necessary and in conjunction with a covered service	Covered only if medically necessary and in conjunction with a covered service.

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<b>Rules and Limits</b>	
<b>TMJ</b>	Not covered.
<b>Advanced Claim Review</b>	Recommended for expenses of \$350 or more.
<b>Tooth Missing But Not Replaced Rule</b>	Applies
<b>Exceptions for dental work when coverage ends (Ordered and Undelivered)</b>	Applies. Must be installed or completed within 30 days.
<b>Coordination with Other Benefits</b>	Standard COB applies.
<b>Replacement Rule</b>	Applies to crowns, inlays, bridgework and dentures; Must be in place at least 8 years
<b>Work In Progress</b> (Begun prior to member effective date)	Not covered
<b>Waiting period</b>	Not Applicable
<b>Timely Filing</b>	27 months

Refer to plan documents for complete list of Exclusions and Limitations. Plans subject to state requirements.