Aetna International Dental Plan

Product Name: Passive PPO Dental Member Services: (800) 231-7729 Web Address: www.aetnainternational.com Email Address: aiservice@aetna.com

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Benefits 2019

Benefits	Coverage Inside and Outside the U.S.
Annual deductible	\$75 per individual
	\$225 per family
Preventive	Covered at 100% with no deductible
Basic	Covered at 80% after deductible
Major	Covered at 50% after deductible
Orthodontia	Covered at 50% after deductible
Annual maximum	\$2,000/person
Lifetime orthodontia maximum	\$2,000/person

Covered Services

Preventive/Diagnostic Services

- Routine oral exam up to 2 exams per calendar year
- Routine cleanings up to 2 cleanings per calendar year
- Fluoride treatments 1 application per calendar year, up to age 16
- Space maintainers up to age 19
- X-rays 1 full mouth series per 36 months and up to 2 bitewing x-rays per year
- Sealants age 14 and under (permanent molars only)
- Palliative treatment emergency treatment only

Basic Services

- Fillings; Amalgam ("silver") & Composite ("white")
- Extractions
- Endodontic treatment
- Oral surgery
- Periodontal treatment
- Injectable antibiotics
- · General anesthesia, when medically necessary
- Emergency exams
- Specialist exams

Major Services

- Inlays, onlays, crowns, and gold fillings
- Repair or recementing of crowns, inlays, onlays, bridge-work, or dentures 1 relining or rebasing per 36 months
- Removable dentures initial installation and any adjustments during first 6 months; replacement of existing removable dentures or fixed bridgework with new denture or addition of teeth to partial removable denture; to qualify for replacement, dentures must be at least 5 years old and unserviceable
- Fixed bridgework initial installation; replacement of existing removable dentures or fixed bridgework with new fixed bridgework; or addition of teeth to existing fixed bridgework; to qualify for replacement, bridgework must be at least 5 years old and unserviceable
- Dental implants subject to pretreatment estimate and alternate treatment review

Orthodontia Services

- Orthodontic x-rays
- Retainers
- Braces

Note: A pretreatment estimate is recommended for expenses over \$300.

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.