

DENTAL PLANS: ADMINISTERED BY AETNA

The **Base Plan** reimburses non-network claims based on a Maximum Allowable Charge fee schedule (MAC), meaning Aetna will not reimburse any amount charged over this set fee schedule. Any amount charged by a provider over this fee schedule will be the responsibility of the member—this is referred to as balance billing.

The **Enhanced (Buy-Up) Plan** reimburses non-network claims based on Usual, Customary, and Reasonable amounts (UCR), reimbursing claims up to 90% UCR. This often results in a higher non-network reimbursement and less out-of-pocket cost for the member if they choose to go out of network.

Neither plan balance bills a member if services are received at a network provider. Also, neither plan requires a deductible for any services received. Premium rate information will be available on the online Paycor system when completing your benefit elections.

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	ENHANCED PLAN		BASE PLAN
	Plan Pays		Plan Pays
Non-Network Benefits – Dentist can balance bill	Benefits are based on 90 th percentile of UCR (usual, customary & reasonable)		Benefits are based on Network allowable
Dental Benefits	Plan Pays		Plan Pays
Annual Deductible	No Deductible		No Deductible
Calendar Year Maximum	\$2,000 per person		\$1,500 per person
Lifetime Ortho Maximum	\$2,500 per person		\$1,500 per person
Preventative Services	<u>In Network</u>	<u>Out of Network</u>	<u>Network Allowable</u>
Oral Examination (2x per Year)	100%	90%	100%
Dental Prophylaxis (2x per Year)	100%	90%	100%
Bitewing X-rays (2x per Year)	100%	90%	100%
Full Mouth X-rays (1x per 3 years)	100%	90%	100%
Fluoride Treatments (2x per Year)	100%	90%	100%
Sealants (1x per 3 years – under 16)	80%	70%	50%
Basic Services			
Amalgam Restorations (Fillings)	80%	70%	50%
Composite Resin Restorations (Fillings) – Anterior Teeth	80%	70%	50%
Space Maintainers	80%	70%	50%
Root Canal Treatment	80%	70%	50%
Periodontal Surgery	80%	70%	50%
Root Planing	80%	70%	50%
Simple Extractions	80%	70%	50%
Surgical Extractions – Impacted Wisdom Teeth	80%	70%	50%
Necessary General Anesthesia	80%	70%	50%
Palliative Treatment (Relief of Pain)	80%	70%	50%
Major Services			
Crowns, Inlays, Onlays	50%	50%	50%
Fixed Bridges	50%	50%	50%
Partial Dentures	50%	50%	50%
Full Dentures	50%	50%	50%
Orthodontic Services (up to 19)	60%	50%	50%

Please note that dependents are covered until the end of the month in which they turn 26.