



2023 AETNA RETIREE DENTAL PPO SUMMARY

Plan Features www.aetna.com/docfind	
Retiree Contributions	<u>Monthly</u>
<ul style="list-style-type: none"> • Retiree Only • Retiree + Spouse • Retiree + Family 	\$47.00 \$94.00 \$141.00
Annual Deductibles	\$50 per individual/\$150 per family
Benefit Maximums	\$2,000 per covered individual per calendar year Unlimited (except for orthodontic) \$2,500 per covered dependent under age 19
Benefit Service	Coinsurance
Preventive and Diagnostic Services	Covered at 100%
<ul style="list-style-type: none"> • Routine oral exams (maximum of 2 per calendar year) • Cleaning and scaling of teeth (prophylaxis) (maximum of 3 treatments per calendar year) • Bitewing X-rays (one set per calendar year age 14 and over; two sets per calendar year under age 14) • Diagnostic X-rays (one full mouth or panoramic series in any 36-month period) • Fluoride application (one per calendar year for dependents under age 16) • Sealants (once in any 36-month period only on permanent molars for dependents under age 16) • Space maintainers (for premature loss of primary teeth only) • Problem-based exams 	<u>before</u> annual deductible
Restorative Services	Covered at 80%
<ul style="list-style-type: none"> • Simple extractions • Oral surgery for wisdom teeth extractions • Other oral surgery if the procedure is not covered under your medical plan • Fillings, except gold • Repair or recementing of crowns, inlays, bridgework, dentures • Relining of dentures • Treatment of diseases of the gums and tissues of the mouth (periodontics) • Endodontic treatments such as root canals • General anesthesia, if medically necessary 	<u>after</u> annual deductible
Major Services	Covered at 50%
<ul style="list-style-type: none"> • Crowns, inlays or gold fillings • Dentures • Fixed bridgework (including inlays and crowns as abutments) 	<u>after</u> annual deductible
Orthodontic Services	Covered at 50%
Braces and other orthodontic treatment for dependents under age 19	<u>before</u> annual deductible