



## 2025 AETNA RETIREE DENTAL PPO SUMMARY

<b>Plan Features</b> <a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a>	
<b>Retiree Contributions</b>	<b><u>Monthly</u></b>
<ul style="list-style-type: none"> <li>• Retiree Only</li> <li>• Retiree + Spouse</li> <li>• Retiree + Family</li> </ul>	\$53.00 \$105.00 \$158.00
<b>Annual Deductibles</b>	\$50 per individual/\$150 per family
<b>Benefit Maximums</b>	\$2,000 per covered individual per calendar year
<ul style="list-style-type: none"> <li>• Annual maximum</li> <li>• Lifetime maximum</li> <li>• Lifetime orthodontic maximum</li> </ul>	Unlimited (except for orthodontic) \$2,500 per covered dependent under age 19
<b>Benefit Service</b>	Coinsurance
<b>Preventive and Diagnostic Services</b>	Covered at 100%
<ul style="list-style-type: none"> <li>• Routine oral exams (maximum of 2 per calendar year)</li> <li>• Cleaning and scaling of teeth (prophylaxis) (maximum of 3 treatments per calendar year)</li> <li>• Bitewing X-rays (one set per calendar year age 14 and over; two sets per calendar year under age 14)</li> <li>• Diagnostic X-rays (one full mouth or panoramic series in any 36-month period)</li> <li>• Fluoride application (one per calendar year for dependents under age 16)</li> <li>• Sealants (once in any 36-month period only on permanent molars for dependents under age 16)</li> <li>• Space maintainers (for premature loss of primary teeth only)</li> <li>• Problem-based exams</li> </ul>	<u>before</u> annual deductible
<b>Restorative Services</b>	Covered at 80%
<ul style="list-style-type: none"> <li>• Simple extractions</li> <li>• Oral surgery for wisdom teeth extractions</li> <li>• Other oral surgery if the procedure is not covered under your medical plan</li> <li>• Fillings, except gold</li> <li>• Repair or recementing of crowns, inlays, bridgework, dentures</li> <li>• Relining of dentures</li> <li>• Treatment of diseases of the gums and tissues of the mouth (periodontics)</li> <li>• Endodontic treatments such as root canals</li> <li>• General anesthesia, if medically necessary</li> </ul>	<u>after</u> annual deductible
<b>Major Services</b>	Covered at 50%
<ul style="list-style-type: none"> <li>• Crowns, inlays or gold fillings</li> <li>• Dentures</li> <li>• Fixed bridgework (including inlays and crowns as abutments)</li> </ul>	<u>after</u> annual deductible
<b>Orthodontic Services</b>	Covered at 50%
Braces and other orthodontic treatment for dependents under age 19	<u>before</u> annual deductible