

### **Dental Benefits**

Covered dental expenses for non-occupational accidental bodily injury or disease included under the Plan are the allowable charges for services rendered or supplies furnished or recommended by a dentist while you are eligible for coverage. **(Note: Medicare-eligible retirees are not eligible for dental benefits.)**

### **Locating a Dentist**

Aetna offers two easy ways to locate a participating Dentist 24 hours a day, 7 days a week. You can either:

- Call 1-800-225-1263 or
- Search the Internet at [www.aetna.com](http://www.aetna.com)  
[www.aetn navigator.com](http://www.aetn navigator.com)

Aetna – Official Site choose: Aetna Navigator

Then: DocFind

Once you put in the type or name of provider and the zip code it will ask you for the name of the Plan.

The name of the Plan is: Dental PPO/PDN

### **Calendar Year Maximum**

The annual benefit maximum per individual is \$2,000; however, this annual maximum does not apply for eligible dependent children under age 19. A separate lifetime limit applies to orthodontic benefits.

### **Preventive Care Dental Services**

**The Dental Benefit pays 100% of the Allowable Charges for Preventive Care dental services,** which include Oral Examinations once every 6 months up to the calendar year maximum, Cleaning of teeth once every 6 months up to the calendar year maximum, Fluoride treatments for dependent children up to age 19 once every 6 months, Sealants for dependent children up to age 19, Space maintainers, including all adjustments within six months after installation — limited to initial appliance only for children under age 16 and X-rays determined necessary and within guidelines maintained by Aetna.

### **Basic Dental Services**

The Dental Benefit pays 80% of the Allowable Charges for Basic dental services, which include but are not limited to non-routine visits, extractions, impacted teeth, Periodontics, Crowns, etc: as determined necessary and within guidelines maintained by Aetna.

### **Major Dental Services**

The Dental Benefit pays 70% of the allowable dental fees for Major dental services, which include, but are not limited to Dentures, partial Dentures, implants, Removable Bridge, etc. as determined necessary and within guidelines maintained by Aetna.

**Pre-Determination of Dental Benefits**

Before beginning a course of treatment for which dental charges are expected to exceed \$500, a description of the proposed services and supplies, and the estimated charges should be submitted to Aetna. You and your dentist will then be notified by Aetna of the amount of the benefit payable for the proposed course of treatment.

**Orthodontic Services (For Eligible Dependent Children Up to Age 19)**

The Orthodontic Benefit pays 50% of the allowable dental fees, up to a lifetime maximum of \$3,000 for orthodontic services, which Aetna has been is required.

The Orthodontic Benefit will be paid for your eligible dependents up to age 19. Covered charges will be payable in equal quarterly installments of 50% of the allowable charge incurred throughout the estimated duration of the treatment plan, up to a lifetime maximum benefit of \$3,000. However, the initial payment for charges related to the installation of an appliance will be limited to 25% of the total allowable charge for the course of treatment incurred.

**Temporomandibular Joint Dysfunction Benefit (TMJ)**

The Fund will provide payment for diagnosis, x-rays, consultation, appliances, and treatment for TMJ at 80% of the allowable charges, with Aetna's managed care approval.

**The TMJ Benefit is the only payment for TMJ provided by the Fund. TMJ coverage is not provided under any other benefit available under the Plan, including Medical Expense Benefits or Dental Expense Benefits.**