



Choices

Aetna Dental® PPO plan

Freedom to choose

In network or out — it's your choice

Your options	Pick your dentist	How it works
In network No paperwork Lower costs	Visit a dentist in the Aetna Dental PPO* network.	<ul style="list-style-type: none">• Network dentists offer special rates for covered services. So your share of the cost is usually lower.• Network dentists file claims for you.
Out of network Choices	Visit any licensed dentist outside the network.	<ul style="list-style-type: none">• You may pay more when you get care from dentists who aren't in the network.**• You may have to file your own claims.

*In Texas, the preferred provider organization (PPO) plan is known as the Participating Dental Network (PDN).

**Out-of-network benefits are paid based on usual and prevailing charges or recognized charge levels, as determined by Aetna and specified in your plan documents.

Dental PPO insurance plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna).



[aetna.com](https://www.aetna.com)

Choosing your dental insurance plan

See if your dentist is in the network

You may want to make sure your dentist is in our network. Use our provider search tool on [aetna.com](https://www.aetna.com).

Check your costs

Dental plans are all different. So you won't see your cost information here. Instead, check your benefits summary to find your share of the costs.

This may include your:

Deductible — the dollar amount some plans require you to pay for services before coverage begins.

Coinsurance — the percentage of dental care expenses you pay after your deductible. Your dental plan pays the rest. For example, you pay 20 percent, and your plan pays 80 percent.

Have a health savings account (HSA) or a flexible spending account (FSA)? You can use those funds to help with these costs. Plus, your dental plan may have yearly and lifetime limits on coverage. And there may be age and frequency limits on some services.

Online help

You can search dentists, compare and estimate costs, check claims and more. All your plan information is in one place — your member website. Sign up at [aetna.com](https://www.aetna.com).

Sign up today for the dental plan where you can visit any licensed dentist — in or out of the network.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Dental insurance plans contain exclusions and limitations. Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and/or group size and are subject to change. Dental providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to [aetna.com](https://www.aetna.com).

Colorado: This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan or as a covered benefit in another health plan. Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Policy forms issued in Idaho and Oklahoma include: GR-9N, GR-23, GR-29N and/or AL HGrpPol-Dental 01.

Policy forms issued in Missouri include: AL HGrpPol-Dental 01.

