

# INDIVIDUAL DENTAL PPO MAX PLAN

## GEORGIA

### AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	Preferred	Non-Preferred
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family maximum	\$25; \$75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
<b>DIAGNOSTIC SERVICES</b>		
<b>Oral exams</b>		
Periodic oral exam	100% deductible waived	100% deductible waived
Comprehensive oral exam	100% deductible waived	100% deductible waived
Problem-focused oral exam	100% deductible waived	100% deductible waived
<b>X-rays</b>		
Bitewing — single film	100% deductible waived	100% deductible waived
Complete series	100% deductible waived	100% deductible waived
<b>PREVENTIVE SERVICES</b>		
Adult cleaning	100% deductible waived	100% deductible waived
Child cleaning	100% deductible waived	100% deductible waived
Sealants — per tooth	Not covered	Not covered
Fluoride application — with cleaning	100% deductible waived	100% deductible waived
Space maintainers	Not covered	Not covered
<b>BASIC SERVICES</b>		
Amalgam fillings — 2 surfaces	100% after deductible	100% after deductible
Resin fillings — 2 surfaces	Not covered	Not covered
<b>Oral Surgery</b>		
Extraction — exposed root or erupted tooth	Not covered	Not covered
Extraction of impacted tooth — soft tissue	Not covered	Not covered
<b>MAJOR SERVICES</b>		
Complete upper denture	Not covered	Not covered
Partial upper denture (resin based)	Not covered	Not covered
Crown — Porcelain with noble metal	Not covered	Not covered
Pontic — Porcelain with noble metal	Not covered	Not covered
Inlay — Metallic (3 or more surfaces)	Not covered	Not covered
<b>Oral Surgery</b>		
Removal of impacted tooth — partially bony	Not covered	Not covered
<b>Endodontic Services</b>		
Bicuspid root canal therapy	Not covered	Not covered
Molar root canal therapy	Not covered	Not covered
<b>Periodontic Services</b>		
Scaling & root planing — per quadrant	Not covered	Not covered
Osseous surgery — per quadrant	Not covered	Not covered
<b>ORTHODONTIC SERVICES</b>	Not covered	Not covered

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

This list of covered services is representative. A summary of exclusions is listed in the Aetna Advantage Plan brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties.

This material is for information only. 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 are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

**Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company directly and/or through an out-of-state blanket trust or Aetna Health Inc. (together, "Aetna") In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.** To the extent permitted by law, these plans are medically underwritten and you may be declined coverage in accordance with your health condition.

+ For important information on your costs and how Aetna pays for out-of-network care, read "What you need to know about your out-of-network costs."

