

Aetna Dental Maintenance Organization (DMO)

What You Need to Know

- The Aetna DMO plan is a lower cost plan, but it has **limited provider options and minimum flexibility**.
- You may only use dentists who are part of the Aetna DMO network; **use of out-of-network providers is not covered**.
- You must select a dentist when you enroll and receive all your dental care from that dentist, unless that dentist refers you to a specialist.
- DMOs usually have a limited network of providers. Call your dentist to ensure that he or she intends to be in the network in 2006.
- If you are moving and want to check for a DMO network in your new area, call Aetna customer service.
- The Aetna DMO plan **does not cover pediatric dentists**.
- DMOs typically have large patient loads, and you may have to wait longer to obtain an appointment.
- There are no deductibles and no dollar annual maximums, although certain age and frequency limitations may apply.
- A DMO gives you savings and added services, but you must follow the rules that govern this plan. If you are not sure you can accept the DMO rules, you might want to consider the DPPO plan.
- Aetna Dental provides discounted vision care through **Vision One**.
- Details about your coverage are available in the *Summary Plan Document*.
- Visit www.aetna.com for more information and to find network providers.

DMO Orthodontia Coverage

- FCPS covers three specific orthodontic procedures:
 - Comprehensive treatment, also known as full banding. This treatment involves procedures that reduce or eliminate an existing malocclusion.
 - Removable appliance therapy.
 - Fixed or cemented appliance therapy.
- Aetna considers both removable and fixed or cemented appliance therapies to be preventive and minor treatments that are used to control harmful habits such as thumb sucking or tongue thrusting.
- The FCPS dental plan **does not cover Phase I treatments** such as limited or partial banding.
- The DMO **covers orthodontia for any age**.

What You Should Do if You Need Treatment Under the DPPO Plan—Pretreatment Authorization

Aetna Dental suggests that you obtain a pretreatment authorization for any nonemergency treatment plan that exceeds \$200 to determine whether the service is covered, the appropriateness of treatment, and reasonable and customary fees prior to services being rendered.

- Aetna Dental sends an authorization form with Aetna's estimated payment to you and your dentist after your dentist submits the treatment plan to Aetna Dental, including the list of services to be performed with dental codes, the itemized cost of each service, and the estimated duration of treatment.
- Actual benefits are determined according to the fee allowance that exists at the time the service is actually performed.

- Dental expenses may be denied if the treatment is not appropriate for the participant’s condition or if any portion of the fees exceeds the allowance for a procedure.

When You Need Quick Answers for Basic Dental Services

Call Aetna Dental Customer Service at 1-877-238-6200 to:

- Request an identification card if you haven’t received one or you need a replacement.
- Inquire about services and costs.
- Make a complaint or file an appeal.
- Ask questions to clarify your benefits.
- Obtain information about providers.

Plan Information

Deductible	None
Coinsurance—Preventive & Diagnosis	No Charge
Basic Restorative	No Charge
Major Restorative	Fee Schedule
Orthodontia	\$2,300
Annual Maximum (not including orthodontia)	None
Orthodontia Lifetime Maximum	One treatment plan