

## Aetna Dental Preferred Provider Organization (DPPO)

### What You Need to Know

- You receive care from either an in-network dentist or from any out-of-network dentist. You pay less when you use in-network providers; you pay more when you receive care from out-of-network providers.
- You **do not have to choose a primary care dentist**.
- This plan usually has a wider choice of in-network dentists than a dental maintenance organization (DMO) plan.
- Coverage includes preventive care, basic care, and major services.
- You pay a copayment based on an allowable charge. Network dentists must accept the Aetna negotiated fees and are not allowed to charge more.
- Aetna Dental provides discounted vision care through Vision One.
- Details about your coverage are available in the *Summary Plan Document*.
- Visit [www.aetna.com](http://www.aetna.com) for more information and to find network providers.

### DPPO 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 DPPO plan only covers orthodontia treatments for patients **23 years and younger**. This plan pays 50 percent of the cost of orthodontia if you are obtaining treatment from an in-network dentist and 40 percent of the cost if you are using an out-of-network dentist.

### 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

	<b>In-network</b>	<b>Out-of-network</b>
<b>Deductible</b>	None	\$50
<b>Coinsurance—Preventive &amp; Diagnosis</b>	100%	90%*
<b>Basic Restorative</b>	80%	70%
<b>Major Restorative</b>	50%	40%
<b>Orthodontia</b>	50%**	40%**
<b>Annual Maximum (not including orthodontia)</b>	\$1,500	\$1,000
<b>Orthodontia Lifetime Maximum</b>	\$1,500	\$1,000

\* Deductible does not apply

\*\* Under age 23 only