



More smiles

Aetna Dental® PPO Plan

Good dental health helps keep your mouth in better shape. That means fewer cavities, stronger teeth and less chance for periodontal - or gum - disease. Most importantly, good oral health is also a part of overall health and well-being. In fact, your mouth can be a window into many general health problems.

What your plan covers

As an Aetna International member, some of the services covered by your Aetna Dental® PPO plan include:

- **Preventive care** — cleanings, bitewing and full-mouth X-rays
- **Basic care** — fillings and basic restorative work
- **Major services** — bridges, crowns and dentures

See your plan documents for specific benefit coverage and a complete list of covered services.

A healthy you starts with good dental care

How your plan works

When seeking dental care in the United States:

Visit any licensed dentist for your covered dental services.

- If you choose a provider that's in our Aetna Dental PPO network, your share of the cost is usually lower because network dentists offer special rates for covered services. Plus, network dentists will bill Aetna directly for your care so you don't have to pay the full cost upfront.
- If you choose a provider outside our network, you may need to pay the full cost upfront and submit a claim form to us for reimbursement.

How to find an in-network provider in your area:

1. Log in at **Aetna.com**
2. Click on "**Find Care & Pricing**" and search for a dentist

When seeking dental care outside the United States:

You can visit any licensed dentist no matter where you are in the world. Simply pay your charges at the time of service and submit a claim form to us for reimbursement.

Understand your costs

Check your benefits summary for your share of the costs. This may include:

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

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

Balance bill — some dentists charge more than the plan allows. In some cases, you may have to pay this difference.

Your dental plan may also have annual and lifetime limits on coverage and age or frequency limits. Check your plan documents for details.



Questions?

Call us using the number on the back of your member ID card.

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