Dental Plans

For 2017, you can choose from two types of dental plans: the Aetna Traditional Dental (PPO) or the Aetna Dental Maintenance Organization (DMO).

Aetna Traditional Dental (PPO) Plan

This plan is a traditional dental plan that allows you to see any dental provider. Some services require you to pay the deductible and applicable co-insurance. The deductible is a set amount that typically you pay before co-insurance starts. Co-insurance is the portion you must pay for services, in most cases, after meeting your deductible.

Features of this plan include:

- Flexibility to choose any provider. This plan has a large number of In-Network providers.
- Reimbursements for most Out-of-Network claims.
- Preventive services received by either In-Network or Out-of-Network providers are covered at 100% up to reasonable and customary levels. Some examples of routine preventive services include:
  - Oral examinations
  - Routine, deep cleanings and polishing (Deep cleanings, or full mouth debridement, CPT 4355, are covered under preventive services as a replacement for one of your routine cleanings once in a 24 month period of time)
  - Fluoride
  - Sealants (permanent molars only)
  - Bitewing X-rays
  - Full Mouth Series X-Rays
  - Space Maintainers

Aetna DMO Plan

The Dental Maintenance Organization (DMO) Plan is a managed care plan that contracts with a list of providers at a set fee schedule. Participants pay co-pays and do not have to pay co-insurance. This plan offers a limited network of dentists with low member contributions, no deductible and low out-of-pocket co-pays. **Out-of-Network coverage is not available**. A Primary Care Dentist (PCD) must be selected and a referral is required for specialist care.

For a list of scheduled services and to see what the plan pays, go to **www.aetna.com/docfind/custom/emory**. Be sure to check with your dentist of choice before enrolling to ensure he/she is participating in the plan and is accepting new patients.

Dental Plan Rates

2017 Dental Plan Contributions - Full Subsidy Rates* for employees working at least 30 hours per week				
PLANS	Aetna Traditional Dental (PPO)		Aetna DMO Dental	
	Monthly	Biweekly	Monthly	Biweekly
Employee Only	$26.00	$13.00	$19.00	$9.50
2-Person	$58.00	$29.00	$38.00	$19.00
Family	$93.00	$46.50	$62.00	$31.00

2017 Dental Plan Contributions - Partial Subsidy Rates* for employees working between 20-29.9 hours per week				
PLANS	Aetna Traditional Dental (PPO)		Aetna DMO Dental	
	Monthly	Biweekly	Monthly	Biweekly
Employee Only	$32.50	$16.25	$20.94	$10.47
2-Person	$70.11	$35.06	$43.32	$21.66
Family	$111.20	$55.60	$68.42	$34.21

* Employees working at least 30 hours per week receive the full subsidy. Employees working 20 - 29.9 hours per week receive a partial subsidy. Employees working less than 20 hours per week are not eligible for benefits.

Dental Plan Comparison Quick Guide

PLANS	Aetna Traditional Dental (PPO)		Aetna DMO*
	In-Network	Out-of-Network[1]	In-Network Only
Preventive Services (routine and deep cleanings, X-rays, etc.)	$0	$0	$0
Basic Services (filling, root canal, etc.)	10%[2]	20%[2]	Scheduled
Major Restorative (crown, bridge, etc.)	50%[2]	50%[2]	Scheduled
Calendar Year Deductible[3]	$50/person $150/family	$50/person $150/family	None
Annual Plan Payment Maximums	$1,500/person	$1,500/person	None
Orthodontia			
Deductible	None	None	$2,000 co-pay, limited to one treatment per lifetime
Co-insurance	50%	50%	
Lifetime Maximum	$1,500	$1,500	

* There is no Out-of-Network coverage in the Aetna DMO plan.

1. Amounts applied to deductible are limited to the Reasonable and Customary charges.
2. After deductible
3. Waived for preventive services

DISCLAIMER: Every attempt has been made to ensure the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.