

# Dental Plan Comparison

2026 Dental Plan Comparison			
	Aetna PPO Plan		Aetna DMO Plan
	In-Network	Out of Network <sup>1</sup>	In-Network Only*
<b>PREVENTIVE SERVICES</b> (ROUTINE AND DEEP CLEANINGS, X-RAYS, ETC.)	\$0	\$0	\$0
<b>BASIC SERVICES</b> (FILLINGS, ROOT CANAL, ETC.)	10% <sup>2</sup>	20% <sup>2</sup>	Scheduled
<b>MAJOR RESTORATIVE</b> (CROWN, BRIDGE, ETC.)	50% <sup>2</sup>	50% <sup>2</sup>	Scheduled
<b>CALENDAR YEAR DEDUCTIBLE<sup>3</sup></b>	\$50/person \$150/family	\$50/person \$150/family	None
<b>ANNUAL PLAN PAYMENT MAXIMUMS</b>	\$1,500/person	\$1,500/person	None
<b>ORTHODONTIA:</b>			
— <b>DEDUCTIBLE</b>	None	None	\$2,000 co-pay, limited to one treatment per lifetime
— <b>CO-INSURANCE</b>	50%	50%	
— <b>LIFETIME MAXIMUM</b>	\$1,500	\$1,500	

\* There is no out-of-network coverage in the Aetna DMO plan.

<sup>1</sup> Amounts applied to deductible are limited to the reasonable and customary charges

<sup>2</sup> After deductible

<sup>3</sup> 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.