

# Dental Coverage



**For 2025-26, you may elect the Aetna Traditional Dental (PPO). Details of the plan are provided below.**

## Aetna Traditional Dental (PPO) Plan

The Aetna Traditional Dental (PPO) Plan 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

For more details, go to [www.aetna.com/docfind/custom/emory](http://www.aetna.com/docfind/custom/emory).

Dental Plan Rates	
	MONTHLY RATE
<b>Employee only</b>	<b>\$31.00</b>
<b>2-Person</b>	<b>\$60.00</b>
<b>Family</b>	<b>\$98.00</b>

# Dental Plan Quick Guide

Aetna Traditional PPO Plan		
	IN-NETWORK	OUT OF NETWORK <sup>1</sup>
Preventive Services (routine & deep cleanings, X-rays, etc.)	\$0	\$0
Basic Services (filling, root canal, etc.)	10% <sup>2</sup>	20% <sup>2</sup>
Major Restorative (crown, bridge, etc.)	50% <sup>2</sup>	50% <sup>2</sup>
Calendar Year Deductible <sup>3</sup>	\$50/person \$150/family	\$50/person \$150/family
Annual Plan Payment Maximums	\$1,500/person	\$1,500/person
Orthodontia:		
- Deductible	None	None
- Co-insurance	50%	50%
- Lifetime Maximum	\$1,500	\$1,500

<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.