

An easy fit

Aetna Dental® DMO® plan

Easy-to-use coverage that fits your budget

A primary care dentist (PCD) helps guide your care with this DMO* insurance plan

What to do	How it works
<p>Choose a PCD from our network**</p> <p>Use our provider search tool on aetna.com to find one.</p>	<ul style="list-style-type: none">• See your PCD for regular exams and to get referrals if you need specialty care.• Covered family members can choose their own PCDs.• You can change your PCD once a month on your member website. Switch by the 15th day of the current month. The change will start the first day of the next month.
<p>Visit your PCD</p> <p>If you see someone other than your selected PCD, you could end up paying more.</p>	<ul style="list-style-type: none">• Check your benefits summary, so you'll know what to pay.• Give your member information at your visit.• Pay your share of the cost. This may be a copay, which is a set dollar amount. Or it may be coinsurance, which is a percentage of the dentist's charge. Have a health savings account (HSA) or a flexible spending account (FSA)? You can use those funds to help with these costs.• That's it. No deductible, no claims forms and no yearly dollar limits.

*In Illinois, the Aetna Dental DMO plan provides limited out-of-network benefits. In order to receive maximum benefits, members must select and have care coordinated by their PCD. In Illinois, the Aetna Dental DMO plan is not a health maintenance organization (HMO). In Virginia, the DMO plan is known as the Aetna Dental Network Only plan (DNO). DNO in Virginia is not an HMO. To receive maximum benefits, members must choose a participating PCD to coordinate their care with network providers.

**Your PCD keeps a list of eligible patients that is updated monthly. Your name will appear on this list when it is updated the month after your selection. Some dentists will only treat patients whose names appear on this printed monthly roster. Once you are a member, call Member Services if your dentist needs to verify your eligibility.



Referrals for specialty dentists

Your PCD can refer you to a specialist in the Aetna® network.*

- Give your member information at your visit.
- Pay your share of the cost to the dentist. Your benefits summary shows you how much.
- There's usually no paperwork involved.

No referrals for orthodontists

When you visit an orthodontist** who participates in our network, you won't need a referral.

You usually save when you visit in-network dentists. That's because they've agreed to offer some services at special member rates.

Online help

You can search dentists, compare and estimate costs, check claims and more. All your plan information is in one place — your member website. Sign up at [aetna.com](https://www.aetna.com).

Looking for simple, budget-friendly dental coverage?
Enroll in the Aetna Dental DMO plan today.

*This plan does not cover out-of-network benefits except to the extent required by state law. In California, your PCD may refer you to out-of-network dentists in that state. Check your plan documents for details.

**Not all plans include orthodontic care. See your plan documents for coverage details. In California, referrals to specialty care are required.

Dental benefits and dental insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Life Insurance Company. Each insurer has sole financial responsibility for its own products.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Dental benefits and dental insurance plans contain exclusions and limitations. Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and/or group size and are subject to change. Dental providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Dental information programs provide general dental information and are not a substitute for diagnosis or treatment by a dentist or other dental care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [aetna.com](https://www.aetna.com).

Colorado: This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan or as a covered benefit in another health plan. Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Policy forms issued in Oklahoma include: GR-9N, GR-23 and/or GR-29N.

Policy forms issued in Missouri include: DM HGrpAg-Dental 02.

