

## FLORIDA AETNA ADVANTAGE PLAN OPTIONS

| Individual Dental PPO Max   |                              |                              |
|---|------------------------------|------------------------------|
|   | Preferred                    | Nonpreferred                 |
| <b>Annual Deductible per Member</b><br>(does not apply to Diagnostic and Preventive Services) | \$25;<br>\$75 Family maximum | \$25;<br>\$75 family maximum |
| Annual maximum benefit  | Unlimited                    | Unlimited                    |
| <b>Diagnostic Services</b>  |                              |                              |
| <b>Oral Exams</b>   |                              |                              |
| Periodic oral exam  | 100% deductible waived       | 50% deductible waived        |
| Comprehensive oral exam   | 100% deductible waived       | 50% deductible waived        |
| Problem-focused oral exam   | 100% deductible waived       | 50% deductible waived        |
| <b>X-rays</b>   |                              |                              |
| Bitewing - single film  | 100% deductible waived       | 50% deductible waived        |
| Complete series   | 100% deductible waived       | 50% deductible waived        |
| <b>Preventive Services</b>  |                              |                              |
| Adult Cleaning  | 100% deductible waived       | 50% deductible waived        |
| Child Cleaning  | 100% deductible waived       | 50% deductible waived        |
| Sealants - per tooth  | Discount                     | Not Covered                  |
| Flouride Application - with cleaning  | 100% deductible waived       | 50% deductible waived        |
| Space Maintainers   | Discount                     | Not Covered                  |
| <b>Basic Services</b>   |                              |                              |
| Amalgam Filling - 2 surfaces  | 100% after deductible        | 50% after deductible         |
| Resin filling - 2 surfaces anterior   | Discount                     | Not Covered                  |
| <b>Oral Surgery</b>   |                              |                              |
| Extraction-exposed root or erupted tooth  | Discount                     | Not Covered                  |
| Extraction of impacted tooth - soft tissue  | Discount                     | Not Covered                  |
| <b>Major Services</b>   |                              |                              |
| Complete upper denture  | Discount                     | Not Covered                  |
| Partial Upper Denture (resin base)  | Discount                     | Not Covered                  |
| Crown - porcelain with noble metal  | Discount                     | Not Covered                  |
| Pontic - porcelain with noble metal   | Discount                     | Not Covered                  |
| Inlay - metallic (3 or more surfaces)   | Discount                     | Not Covered                  |
| <b>Oral Surgery</b>   |                              |                              |
| Removal of impacted tooth-partially bony  | Discount                     | Not Covered                  |
| <b>Endodontic Services</b>  |                              |                              |
| Bicuspid root canal therapy   | Discount                     | Not Covered                  |
| Molar root canal therapy  | Discount                     | Not Covered                  |
| <b>Periodontic Services</b>   |                              |                              |
| Scaling & Root planing - per quadrant   | Discount                     | Not Covered                  |
| Osseous surgery - per quadrant  | Discount                     | Not Covered                  |
| <b>Orthodontic Services</b>   |                              |                              |
|   | Discount                     | Not Covered                  |

**Access to negotiated discounts: members are eligible to receive non covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist at any time.**

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

This list of covered services is representative. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the county list located on page 2 of the Aetna Advantage Brochure.

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

We want you to know<sup>®</sup>

