

Two dental plans in one

Aetna Dental® Freedom-of-Choice Plan Design

Enjoy two different dental benefits and dental insurance plans in one. That's what you get with Freedom-of-Choice from Aetna.

Begin the year by choosing the plan that's right for you. Then switch to another plan if your needs change. Switch plans every month. Each plan gives you and your family the dental coverage that works best for you. It's your choice!

Switching plans is easy

- You can do it on your secure member website or by calling Member Services at the number on your Aetna ID card.
- Make your switch by the 15th day of the current month to be effective the 1st day of the next month.

*State laws vary with regard to out-of-network benefits. Some states allow you to obtain limited benefits when you go out of network for covered services. Check your plan documents for details. In Illinois, DMO plans provide limited out-of-network benefits. However, to receive maximum benefits, members must select and have care coordinated by a participating primary care dentist. In Illinois, the DMO plan is not an HMO. In California, your dentist may refer you to out-of-network dentists for some services. Check your plan documents for details.

**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 who appear on this printed monthly roster. Call the Member Services number on your Aetna ID card if your dentist needs to confirm your eligibility.

OPTION #1

For more affordable dental services — Dental Maintenance Organization (DMO®)*

Here's how the DMO* benefits/insurance plan works: Choose a primary care dentist (PCD) from Aetna's network. Your PCD will help manage your care. There are no deductibles. No claim forms, too.

- Your PCD is the key to maximum coverage. You'll get referrals to other Aetna network dentists when needed.
- Each family member can pick a different PCD — or use the same dentist for your whole family.
- When you visit the dentist's office, show your ID card. You may be asked to pay a *copay*. A copay is the set dollar amount you pay at the time of service. But with this plan there are no other bills to pay.
- You can change your PCD as often as once a month!**

Specialty care

- If your plan includes orthodontic coverage, you will not need referrals for orthodontic care.
- You'll be covered up to the benefit limit of your plan. Refer to your plan documents for a complete list of benefits, exclusions and limitations.

Emergency care

- Call your PCD if you need emergency care.
- If you're outside your covered service area, call the toll-free Member Services number on your Aetna ID card.

Freedom to choose between two dental plans

OPTION #2

For greater freedom — Preferred Provider Organization (PPO)

Want the freedom to visit any dentist? Then this plan design is right for you. And no referrals. The PPO dental plan has you covered.

- Choose any licensed dentist. If you pick one from Aetna's network of available practice locations, you'll generally pay less.
- You can also get care outside of the network, but your share of the cost will typically be higher. That's because only in-network dentists have agreed to special rates for covered care.
- You may have a *deductible*. The deductible is the set amount you pay for dental care before your dental plan starts to pay.
- After you pay your deductible, you may pay a coinsurance amount. That means you'll pay a percentage of covered expenses at the time of service.
- Your dentist may charge you the difference between the amount covered by your plan and the amount charged for dental services.
- You may need to file your own claims.
- There are annual and lifetime coverage maximums. So see a dentist in Aetna's network. You will typically pay less.

We want you to know®

