



Quality health plans & benefits
 Healthier living
 Financial well-being
 Intelligent solutions



Easy-to-use coverage that fits your budget

Aetna Dental[®] DMO[®] Plan

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

What to do

Pick a PCD from the Aetna network.**

To find one, use our online directory at www.aetna.com.

Visit your PCD.

You need to visit a PCD in the Aetna DMO network. Or you could end up paying more.

How it works

- See your PCD for regular exams and to get referrals if you need specialty care.
- Covered family members can pick their own PCDs, too.
- You can change your PCD once a month. Switch by the 15th day of the current month. The change will be effective the first day of the next month. Call Member Services for help.

- Give your personal 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 percent of the dentist's charge.
- Check your benefits summary so you know what you will pay.
- That's it. No deductible, no claims forms and no yearly dollar limits.

*In Illinois, the Dental DMO plan provides limited out-of-network benefits. However, in order to receive maximum benefits, members must select and have care coordinated by their PCD. In Illinois, the Dental DMO plan is not an HMO. In Virginia, the DMO plan is known as the Dental Network Only plan (DNO). DNO in Virginia is not an HMO. To receive maximum benefits, members must choose a participating primary care dentist 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 doctor needs to verify your eligibility.

Referrals for specialty dentists

Need a specialist? Your PCD will refer you to one in the Aetna network.*

- Provide your personal 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

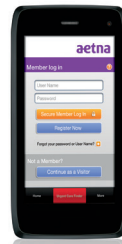
Is someone in the family getting braces? When you visit an orthodontist** who participates in the Aetna network, you won't need a referral.

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

Extra online help

When you're an Aetna member, you get tools and resources to help you manage your dental health and your benefits. All of your plan information and cost-saving tools are in one place — your secure member website. Sign up today at www.aetna.com.

Find what you need — wherever, whenever



The Aetna Mobile app puts our most popular online features at your fingertips. It's available for iPhone® and Android™ mobile devices.

Visit www.aetna.com/mobile.

ID cards not needed

When you visit the dentist's office, just give your personal information. But if you want a card, no problem. Once you're a member, get one by logging in to your member website at www.aetna.com, using our mobile app or calling Member Services.

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

*State laws vary with regard to out-of-network benefits. Some states allow limited benefits when you go out of network for covered services. 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.

The Aetna Dental DMO benefits and insurance plan is offered, underwritten and/or administered by Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Inc. and/or Aetna Life Insurance Company, and in Texas, by Aetna Dental Inc. (Aetna). Each insurer has sole responsibility for its own products.

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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 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-9/GR-9N, GR-23 and/or GR-29/GR-29N.

www.aetna.com

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