



Aetna  
**DMO**  
**100%/100%/60% with Ortho**

**Group Dental**  
 10+ Employees

**Coinsurance**

Type 1—Preventive Services	100%
Type 2—Basic Services	100%
Type 3—Major Services	60%

<b>Office Visit Co-pay</b>	\$5 Copay
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<b>Calendar Year Maximum</b> (per person)	NA
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<b>Out-of-Network</b> (R&C)	NA
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**Diagnostic Services**

<b>Routine Exam</b> (1 in 6 mos.)	100%
<b>X-rays</b> (according to schedule)	100%

**Preventive Services**

<b>Cleaning</b> (1 in 6 mos.)	100%
<b>Sealants</b> (per tooth)	100%
<b>Flouride Application</b> (with cleaning)	100%
<b>Space Maintainers</b>	100%

**Basic Services**

<b>Amalgam filling</b> (2 surfaces)	100%
<b>Resin filling</b> (2 surfaces, anterior)	100%
<b>Oral Surgery</b> (extraction of exposed root or erupted tooth)	100%
<b>Endodontics</b> (bicuspid root canal therapy)	100%
<b>Periodontics</b> (scaling and root planing; per quadrant)	100%

**Major Services**

<b>Complete Upper Denture</b>	60%
<b>Partial Upper Denture</b>	60%
<b>Crown</b> (porcelain with noble metal)	60%
<b>Anesthesia</b>	60%
<b>Oral Surgery</b> (removal of impacted tooth; partially bony)	60%
<b>Endodontics</b> (molar root canal therapy)	60%
<b>Periodontics</b> (osseous surgery; per quadrant)	60%

<b>Orthodontia*</b>	\$2,300 Copay
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\*Orthodontic coverage is available for dependent children only.

This document is intended only to highlight the benefits offered. It is not a certificate of insurance and does not include exclusions and limitations. For a detailed description of benefits and terms, including a complete list of covered procedures and exclusions and limitations, refer to the carrier documents that will be provided to the member upon enrollment. Benefit inquiries should be made to Aetna. at 1.877.238.6200.

**CBIA Service Corp.**