



Aetna
DMO
100%/100%/60%

**Group
Dental**

10+ Employees

Coinsurance

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

Office Visit Co-pay \$5 Copay

Calendar Year Maximum (per person) NA

Out-of-Network (R&C) NA

Diagnostic Services

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

Preventive Services

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

Basic Services

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

Major Services

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

Orthodontia None

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CBIA Service Corp.

Connecticut Business & Industry Association | 350 Church Street, Hartford, CT 06103-1126 | 860.244.1900 | cbia.com/insurance



Aetna
PPO MAX
100%/80%/50%-\$1,250

Group Dental
 10+ Employees

Coinsurance

Type 1—Preventive Services	100%
Type 2—Basic Services	80%
Type 3—Major Services	50%

Annual Deductible (calendar year) \$50 Type 2 & 3, Waived Type 1, Family max \$150

Calendar Year Maximum (per person) \$1,250

Out-of-Network Allowance U&C = Usual & Customary U&C does not apply; claims are paid at the network fee level

Diagnostic Services

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

Preventive Services

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

Basic Services

Amalgam filling (2 surfaces)	80%
Resin filling (2 surfaces, anterior)	80%
Oral Surgery (extraction of exposed root or erupted tooth)	80%
Endodontics (bicuspid root canal therapy)	80%
Periodontics (scaling and root planing; per quadrant)	80%

Major Services

Complete Upper Denture	50%
Partial Upper Denture	50%
Crown (porcelain with noble metal)	50%
Anesthesia	50%
Oral Surgery (removal of impacted tooth; partially bony)	50%
Endodontics (molar root canal therapy)	50%
Periodontics (osseous surgery; per quadrant)	50%

Orthodontia None

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CBIA Service Corp.



Aetna
Passive PPO
100%/80%/50%-\$1,000

Group Dental
 10+ Employees

Coinsurance

Type 1—Preventive Services	100%
Type 2—Basic Services	80%
Type 3—Major Services	50%

Annual Deductible (calendar year) \$50 Type 2 & 3, Waived Type 1, Family max \$150

Calendar Year Maximum (per person) \$1,000

Out-of-Network Allowance U&C = Usual & Customary 80th percentile of U&C

Diagnostic Services

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

Preventive Services

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

Basic Services

Amalgam filling (2 surfaces)	80%
Resin filling (2 surfaces, anterior)	80%

Major Services

Oral Surgery (extraction of exposed root or erupted tooth)	50%
Oral Surgery (removal of impacted tooth; partially bony)	50%
Endodontics (bicuspid root canal therapy)	50%
Endodontics (molar root canal therapy)	50%
Periodontics (scaling and root planing; per quadrant)	50%
Periodontics (osseous surgery; per quadrant)	50%
Anesthesia	50%
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Crown (porcelain with noble metal)	50%

Orthodontia None

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Aetna
Passive PPO
100%/80%/50%-\$1,500

Group Dental
 10+ Employees

Coinsurance

Type 1—Preventive Services	100%
Type 2—Basic Services	80%
Type 3—Major Services	50%

Annual Deductible (calendar year) \$50 Type 2 & 3, Waived Type 1, Family max \$150

Calendar Year Maximum (per person) \$1,500

Out-of-Network Allowance U&C = Usual & Customary 80th percentile of U&C

Diagnostic Services

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

Preventive Services

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Orthodontia None

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CBIA Service Corp.



Aetna
Passive PPO
100%/80%/50%-\$2,000

Group Dental
 10+ Employees

Coinsurance

Type 1—Preventive Services	100%
Type 2—Basic Services	80%
Type 3—Major Services	50%

Annual Deductible (calendar year) \$50 Type 2 & 3, Waived Type 1, Family max \$150

Calendar Year Maximum (per person; excludes payments for Preventive Services) \$2,000 (excludes Type 1 services)

Out-of-Network Allowance U&C = Usual & Customary 80th percentile of U&C

Diagnostic Services

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

Preventive Services

Cleaning (1 in 6 mos.)	100%
Sealants (per tooth)	100%
Fluoride Application (with cleaning)	100%
Space Maintainers	100%

Basic Services

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Endodontics (molar root canal therapy)	80%
Periodontics (scaling and root planing; per quadrant)	80%
Periodontics (osseous surgery; per quadrant)	80%
Anesthesia	80%

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