



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%

**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\*** \$2,300 Copay

\*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.



Aetna

# PPO MAX 100%/80%/50%—\$1,250 with Ortho

**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\*** 50% to \$1,000 Lifetime Max

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## CBIA Service Corp.



Aetna

# Passive PPO 100%/80%/50%—\$1,000 with Ortho

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 80<sup>th</sup> 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

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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%
Complete Upper Denture	50%
Partial Upper Denture	50%
Crown (porcelain with noble metal)	50%

**Orthodontia\*** 50% to \$1,000 Lifetime Max

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## CBIA Service Corp.

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

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Aetna

# Passive PPO 100%/80%/50%—\$1,500 with Ortho

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 80<sup>th</sup> percentile of U&C

## Diagnostic Services

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**Orthodontia\*** 50% to \$1,000 Lifetime Max

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# Passive PPO 100%/80%/50%—\$2,000 with Ortho

**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 80<sup>th</sup> percentile of U&C

## Diagnostic Services

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Anesthesia	80%

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