



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

**Group
Dental**

2-9 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

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.