



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

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
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Calendar Year Maximum (per person)	\$1,000
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Out-of-Network Allowance U&C = Usual & Customary	80 th percentile of U&C
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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%
Complete Upper Denture	50%
Partial Upper Denture	50%
Crown (porcelain with noble metal)	50%

Orthodontia	None
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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.