



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 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%
Fluoride 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%
Oral Surgery (removal of impacted tooth; partially bony)	80%
Endodontics (bicuspid root canal therapy)	80%
Endodontics (molar root canal therapy)	80%
Periodontics (scaling and root planing; per quadrant)	80%
Periodontics (osseous surgery; per quadrant)	80%
Anesthesia	80%

**Major Services**

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