

3 Available to companies with 10+ eligible employees.
Prior dental coverage is required. Orthodontia coverage included.

DENTAL SUITE

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	DENTAL DMO*	STANDARD PPO	ENHANCED PPO
Annual Deductible	N/A	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Office Visit Co-pay	\$5	N/A	N/A
Preventive Service Covered	2 cleanings per calendar year	2 cleanings per calendar year	2 cleanings per calendar year
Out of Network (R&C)	N/A	90 th percentile	90 th percentile
Annual Benefit Maximum	N/A	\$1,000	\$2,000
Ortho Benefit**	\$2,300 copay	50% coinsurance	50% coinsurance
Orthodontic Deductible	None	None	None
Orthodontic Lifetime Maximum	One course of comprehensive treatment***	\$1,000	\$1,500
Preventive	100%	100%	100%
Basic	90%	80%	80%
Major	60%	0%	50%

* The DMO is not available in all states. Also, if selected, you must choose a Primary Care Dentist (PCD). Be sure to read the important DMO Enrollment Information document at cbia.com/dental.

** Ortho coverage available to dependent children only.

*** 24 months of treatment plus 24 months of post-treatment.

Please refer to enrollment guide for eligibility.

Important Note: This is not a Certificate of Coverage. Refer to the Aetna Certificate of Coverage for a detailed plan description, including coverage limitations. Members should contact Aetna for specific benefit information at 800.231.5218.



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