

Nebraska Aetna Advantage Plan Options

Aetna Advantage Plan options
Individual Dental PPO Max plan

| MEMBER BENEFITS | Preferred | NonPreferred |
|--|------------------------------|------------------------------|
| Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services) | \$25; \$75 family maximum | \$25; \$75 family maximum |
| Annual Maximum Benefit | Unlimited | Unlimited |
| DIAGNOSTIC SERVICES | | |
| Oral exams | | |
| Periodic oral exam | 100% deductible waived | 100% deductible waived |
| Comprehensive oral exam | 100% deductible waived | 100% deductible waived |
| Problem-focused oral exam | 100% deductible waived | 100% deductible waived |
| X-rays | | |
| Bitewing — single film | 100% deductible waived | 100% deductible waived |
| Complete series | 100% deductible waived | 100% deductible waived |
| PREVENTIVE SERVICES | | |
| Adult cleaning | 100% deductible waived | 100% deductible waived |
| Child cleaning | 100% deductible waived | 100% deductible waived |
| Sealants — per tooth | Discount | Not covered |
| Fluoride application — with cleaning | 100% deductible waived | 100% deductible waived |
| Space maintainers | Discount | Not covered |
| BASIC SERVICES | | |
| Amalgam fillings — 2 surfaces | 100% after deductible | 100% after deductible |
| Resin fillings — 2 surfaces | Discount | Not covered |
| Oral Surgery | | |
| Extraction — exposed root or erupted tooth | Discount | Not covered |
| Extraction of impacted tooth — soft tissue | Discount | Not covered |
| MAJOR SERVICES | | |
| Complete upper denture | Discount | Not covered |
| Partial upper denture (resin based) | Discount | Not covered |
| Crown — Porcelain with noble metal | Discount | Not covered |
| Pontic — Porcelain with noble metal | Discount | Not covered |
| Inlay — Metallic (3 or more surfaces) | Discount | Not covered |
| Oral Surgery | | |
| Removal of impacted tooth — partially bony | Discount | Not covered |
| Endodontic Services | | |
| Bicuspid root canal therapy | Discount | Not covered |
| Molar root canal therapy | Discount | Not covered |
| Periodontic Services | | |
| Scaling & root planing — per quadrant | Discount | Not covered |
| Osseous surgery — per quadrant | Discount | Not covered |
| ORTHODONTIC SERVICES | Discount | Not covered |

Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist.

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Above list of covered services is representative. A summary of exclusions is listed later in this brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.