



Explore new heights

Aetna Dental® Freedom-of-Choice plan

One price — two plans, two networks. Your choice.





Switch if your needs change

Choose what works for you

Life is full of surprises. Coverage that meets your needs today may not later on. That's what's so great about Aetna Dental Freedom-of-Choice. It gives you flexibility to choose between two dental plans throughout the plan year. You pay one price and can choose from two different plans and networks.

Start the year by enrolling in our Aetna Dental DMO® benefits plan. Or sign up for the Aetna Dental preferred provider organization (PPO) insurance plan.*

If your needs change, your dental plan can change, too. In fact, you can switch between the two plans every month. It's that easy.

Switching is easy

Once you enroll, sign up for your member website at [aetna.com](https://www.aetna.com). Then, change your plan choice online using the "Contact Us" feature.

Switch plans by the 15th day of the current month, and the change will start the first day of the next month.**

Group dental plans are all different. So you won't see your cost information here. Check your Summary of Benefits to find your share of the costs.

*See your plan documents for a complete list of benefits, exclusions and limitations for each plan. Check your Summary of Benefits to see how much you'll pay for covered services. Out-of-network benefits are paid based on usual and prevailing charges or recognized charge levels, as determined by Aetna and specified in your plan documents.

**Under the DMO plan, your primary care dentist (PCD) keeps a list of eligible patients that is updated monthly. Your name will appear on this list when it is updated the month after your selection. Some dentists will only treat patients who appear on this printed monthly roster. Call Member Services at 1-877-238-6200 (TTY: 711) if your dentist needs to confirm your eligibility.

Dental benefits and dental insurance plans are offered and/or underwritten by Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Choice 1: DMO plan***

Choice 2: PPO plan[†]

Plan highlights

- Out-of-pocket costs are generally lower with this plan.
- You need a referral to see most specialists.
- Typically, you have no out-of-pocket costs for preventive care.
- There are no deductibles or yearly dollar limits.

How the DMO plan works

Cleanings and routine services

You need to choose a primary care dentist (PCD) in our DMO network to help guide your care. If not, you could end up paying more. Family members can choose their own PCDs, too.

- You can change your PCD once a month, if you choose.
- Pay your copay (if you have one) at your visit. A copay is a set dollar amount for certain services. Check your Summary of Benefits to know what you will pay.
- If you have a health savings account (HSA) or a flexible spending account (FSA), you can use those funds to help with these costs.

Specialty care

Your PCD will refer you to network specialists when needed.

For orthodontic coverage, no referral is needed.

Emergency care

Call your PCD if you need emergency care. And if you're outside your covered service area, call Member Services at **1-877-238-6200 (TTY: 711)** for help, 24 hours a day, 365 days a year.

Plan highlights

- Generally, this plan has higher out-of-pocket costs than the DMO plan.
- You can visit any licensed dentist, but you typically pay less when you stay in network.
- No referrals are needed.

How the PPO plan works

For all of your care

Choose any licensed dentist for basic, specialty or emergency care.

- Pay your share for dental care (if you have an HSA or FSA, you can use those funds).
 - You may have a deductible. This is an amount you pay for your dental care before the plan starts paying.
 - After you meet your deductible, you may have to pay coinsurance. This is a percentage of the dentist's charge.
- There may be yearly dollar limits with this plan.

If you visit a dentist in our network:

- You generally pay less.
- Your dentist files claims for you.

If you visit a dentist outside the network:

- You may be charged the difference between the amount covered by your plan and the amount charged for the dental service.
- You will owe the higher out-of-network deductible and coinsurance.
- You may have to file your own claims. You can find the forms on your member website at **aetna.com**.

To find dentists in our network, use our provider search tool on **aetna.com**.

***State laws vary with regard to out-of-network benefits. Some states allow limited benefits when you go out of network for covered services. Check your plan documents for details. In Illinois, DMO plans provide limited out-of-network benefits. To receive maximum benefits, members must select and have care coordinated by a participating PCD. In Illinois, the DMO plan is not a health maintenance organization (HMO). In California, your dentist may refer you to out-of-network dentists for some services. Check your plan documents for details. In Virginia, the DMO plan is known as the Dental Network Only plan (DNO). DNO in Virginia is not an HMO. To receive maximum benefits, members must choose a participating PCD to coordinate their care with network providers.

[†]In Texas, the PPO plan is known as the Participating Dental Network (PDN).

Online help

You can search dentists, compare and estimate costs, check claims and more. All your plan information is in one place — your member website. Sign up at [aetna.com](https://www.aetna.com).

**Keep your options open,
all year.** Enroll in Aetna Dental
Freedom-of-Choice today.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Dental benefits and dental insurance plans contain exclusions and limitations. Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and/or group size and are subject to change. Dental providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to [aetna.com](https://www.aetna.com).

Colorado: This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan or as a covered benefit in another health plan. Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Policy forms issued in Oklahoma include: GR-9N, GR-23 and/or GR-29N.

Policy forms issued in Missouri include: AL HGrpPol-Dental 01, DM HGrpAg-Dental 02.

