



Two for you

Aetna Dental® Freedom-of-Choice option
Two plans for one price

Switch plans if your needs change



It's flexible

Life is full of surprises. Coverage that meets your needs today might not later on. That's what's so great about Aetna Dental® Freedom-of-Choice. You can choose between two dental plans throughout the plan year.

Start the year by enrolling in the Aetna Dental DMO® benefits and insurance 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. Just like that.

Switching is easy

Sign up for your member website at **Aetna.com** after you enroll. Then, you can make the change online by clicking "Contact Us."

You can switch plans by the 15th day of the current month. And the change will be effective 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.

Keep your options open. Enroll in Aetna Dental Freedom-of-Choice today.

*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***

Highlights

- Out-of-pocket costs are typically 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 also 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 on your member website, if you choose.
- Pay your copay/coinsurance (if you have one) at your visit. A copay is a set dollar amount. Coinsurance is the amount you pay after you've met your deductible. Check your benefits summary 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. If your PCD uses electronic referrals, that means no paperwork.

For orthodontic coverage, no referral is needed.

Emergency care

Call your PCD if you need emergency care. 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.

Choice 2: PPO[†] 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 of the costs (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 begins to pay.
 - 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 may owe the higher out-of-network deductible and coinsurance.
- You may have to file your own claims. Visit **Aetna.com** to find the forms you'll need.

***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).

Manage your benefits, connect to care, handle claims — from anywhere

The Aetna HealthSM app and your Aetna[®] member website are personalized, seamless and easy to use. Once you're a member, here's how you can connect:



Get the Aetna Health app by texting "GETAPP" to **90156** for a link to download the app and create an account. Message and data rates may apply.*



Go to **Aetna.com** to create an account and log in to your member website.

More ways to connect



Use our provider search tool

You can find dentists by name, specialty and location. You'll also find maps, directions and more. You can even look for dentists who speak your language. Visit **Aetna.com** to try it out.

*Terms and conditions: [Bit.ly/2nlJFYG](https://bit.ly/2nlJFYG). Privacy policy: Aetna.com/legal-notices/privacy.html. By texting **90156**, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health app. Consent is not required to download the app. You can also download it from the App Store[®] or the Google Play[™] store.

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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. Dental information programs provide general dental information and are not a substitute for diagnosis or treatment by a dentist or other dental care professional. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna[®] plans.

Visit **Aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html** to view or print your medical, dental or vision plan disclosures. Here, you can also find state requirements and information on the Women's Health and Cancer Rights Act.

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO[®] service area to be eligible to enroll in the DMO[®].

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: AL HCOC-Dental PPO 04, AL HCOC-Dental CD 04.

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

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