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Group Dental Insurance Options Report

for

Pressmen Welfare Fund

Pressmen Welfare Fund

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Section 1

Pressmen Welfare Fund

Executive Summary

Dental Plan Overview

- Pressmen Welfare Fund provides members with two dental plan options. One option is a self-funded indemnity plan. The second option is a fully insured DHMO plan offered through Group Dental Service of MD, Inc. (GDS). Effective January 1, 2022, the GDS plan will be administered by Aetna.

Marketing Approach

- In order to ensure that Aetna's fully insured dental insurance program provides Pressmen Welfare Fund with the most comprehensive coverage at the most competitive pricing, a Request for Proposal was submitted to fourteen carriers. DHMO proposals have been received from CIGNA, Delta Dental/Dentegra, and Guardian.

- Most carriers declined to quote due to an inability to offer a similar plan design. PPO plan options have not been illustrated.

Marketing Results

- CIGNA, Delta Dental/Dentegra and Guardian have provided plan designs that are comparable to the plans currently being offered by GDS. Plan design summaries are included in Section 2 of this report.

	Estimated Annual Premium
GDS (current)	$33,223
Aetna	$37,142
CIGNA Option 1	$26,390
CIGNA Option 2	$33,670
Dentegra	$57,591
Guardian	$38,992

Recommendations and Next Steps

- Determine if the Fund is interested in the plans and pricing offered by Aetna or CIGNA.

- Determine network strength.

- Determine if the Fund will allow Lakeshore to discuss their dental proposal directly with Aetna.

Pressmen Welfare Fund

Section 2

DHMO Dental Plan Pricing Comparison

Carrier	GDS - MD (inforce)	Aetna	CIGNA Option 1	CIGNA Option 2	Dentegra	Guardian
Single Rate	N/A	$20.20	N/A	N/A	N/A	$22.08
Couple Rate	N/A	$40.10	N/A	N/A	N/A	$53.76
Single Plus Child(ren) Rate	N/A	$52.90	N/A	N/A	N/A	$53.76
Family Rate	N/A	$72.60	N/A	N/A	N/A	$53.76
Composite Rate (PEPM)	$34.18	$0.00	$25.15	$32.64	$57.25	$0.00
Commission (PEPM)	$0.00	$0.00	$2.00	$2.00	$2.00	$2.00
Single Members	40	40	40	40	40	40
Couple Members	20	20	20	20	20	20
Single Plus Child(ren) Members	2	2	2	2	2	2
Family Member	19	19	19	19	19	19
Total Members	81	81	81	81	81	81
Estimated Annual Premium	$33,222.96	$37,142.40	$26,389.80	$33,670.08	$57,591.00	$38,992.32
Estimated Annual Premium Increase (%)		11.80%	-20.57%	1.35%	73.35%	17.37%
Rate Guarantee	1 Year	1 Year	2 Year	2 Year	1 Year	2 Year

DHMO Dental Plan Benefit Comparison

Procedure Code Diagnostic and Preventive	Description	GDS Member Copay	Aetna Member Copay See benefit summary provided by Aetna	CIGNA Member Copay	CIGNA Member Copay	Dentegra Member Copay	DDS/Guardian Member Copay
D0120	Periodic Oral Exam	$0		$0	$0	$0	$0
D0140	Limited Oral Exam - Problem Focused	$0		$0	$0	$0	$0
D0145	Oral Evaluation for patient under 3 years of age and counseling w/ primary caregiver	Not covered		$0	$0	Not covered	$0
D0150	Comprehensive Oral Exam	$0		$0	$0	$0	$0
D0160	Detailed and extensive oral evaluation - problem focused	Not covered		$0	$0	Not covered	$0
D0170	Re-evaluation - Limited, Problem Focused	$0		$0	$0	$0	$0
D0171	Re-evaluation - post operative office visit	Not covered		$0	$0	Not covered	Not covered
D0180	Comprehensive Periodontal Evaluation	$0		$0	$0	$0	$35
D0210	Intraoral - Complete Series, Including Bitewings (once per 3 years)	$0		$0	$0	$0	$0
D0220	Intraoral - Periapical - First Film	$0		$0	$0	$0	$0
D0230	Intraoral - Periapical - Each additional Film	$0		$0	$0	$0	$0
D0240	Intraoral - Occlusal Film	$0		$0	$0	$0	$0
D0250	X-rays extraoral - 2D projection radiographic image	Not covered		$0	$0	Not covered	$0
D0251	Extra-oral posterior dental radiographic image	Not covered		$0	$0	Not covered	$0
D0270	Bitewings - single film	$0		$0	$0	$0	$0
D0272	Bitewings - two films	$0		$0	$0	$0	$0
D0273	Bitewings - three films	$0		$0	$0	$0	$0
D0274	Bitewings - four films	$0		$0	$0	$0	$0
D0277	Vertical Bitewings - 7 to 8 films	$0		$0	$0	$0	$0
D0330	Panoramic Film (once per 3 years)	$0		$0	$0	$0	$0
D0340	Cephalometric Film	$0		$0	$0	$0	$0
D0350	2D oral/facial photographic images	Not covered		$0	$0	Not covered	$0
D0351	3D photographic image	Not covered		$0	$0	Not covered	Not covered
D0364	Cone beam CT capture and interpretation - limited field of view	Not covered		$200	$200	Not covered	Not covered
D0365	Cone beam CT capture and interpretation - field of view arch and mandible	Not covered		$220	$220	Not covered	Not covered
D0366	Cone beam CT capture and interpretation - field of view arch and maxilla	Not covered		$220	$220	Not covered	Not covered
D0367	Cone beam CT capture and interpretation - field of view both jaws	Not covered		$240	$240	Not covered	Not covered
D0368	Cone beam CT capture and interpretation - TMJ	Not covered		$240	$240	Not covered	Not covered
D0415	Collection of microorganisms for culture and sensitivity	Not covered		$0	$0	Not covered	Not covered
D0425	Caries susceptibility tests	Not covered		$0	$0	Not covered	Not covered
D0431	Oral cancer screening using a special light source	Not covered		$50	$50	Not covered	Not covered
D0460	Pulp Vitality Tests	$0		$0	$0	$0	$0
D0470	Diagnostic casts	$20		$0	$0	$20	$0
D0472	Pathology report - gross examination of lesion	Not covered		$0	$0	Not covered	Not covered
D0473	Pathology report - micro examination of lesion	Not covered		$0	$0	Not covered	Not covered
D0474	Pathology report - micro examination of lesion and area	Not covered		$0	$0	Not covered	Not covered
D0486	Laboratory accession of brush biopsy sample	Not covered		$0	$0	Not covered	Not covered
D1110	Prophylaxis - Adult (once per 6 months)	$10		$0	$0	$10	$0
D1120	Prophylaxis - Child (once per 6 months)	$10		$0	$0	$10	$0
D1201	Top Application if Fluoride (including prophy)- Child	Not covered		Not covered	Not covered	Not covered	Not covered
D1203	Top Application of Fluoride - Child	Not covered		Not covered	Not covered	Not covered	$0
D1204	Top Application of Fluoride - Adult	Not covered		Not covered	Not covered	Not covered	$0
D1206	Topical Application of Fluoride Varnish	Not covered		$0	$0	Not covered	$0
D1208	Topical Application of Fluoride Excluding Varnish	$10		$0	$0	$10	Not covered
D1310	Nutritional Counseling for control of dental disease	Not covered		$0	$0	Not covered	$0
D1320	Tobacco Counseling for control of dental disease	Not covered		$0	$0	Not covered	$0
D1330	Oral hygiene instructions	Not covered		$0	$0	Not covered	$0
D1351	Sealant - per tooth	Not covered		$10	$3	Not covered	$12
D1352	Preventative resin restoration in a moderate to high caries risk	Not covered		$10	$3	Not covered	$12
D1353	Sealant repair - per tooth	Not covered		$7	$2	Not covered	Not covered

D1354	Interim caries arresting medicament application	Not covered	$0	$0	Not covered	Not covered
D1510	Space Maintainer - Fixed - Unilateral	$10	$25	$8	$10	$85
D1515	Space Maintainer - Fixed - Bilateral,	Not covered	$25	$8	Not covered	$124
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	$20	Not covered	Not covered	$20	Not covered
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	$20	Not covered	Not covered	$20	Not covered
D1520	Space Maintainer - Removable - Unilateral	Not covered	$35	$12	Not covered	$85
D1525	Space Maintainer - Removable - Bilateral	Not covered	$35	$12	Not covered	$124
D1550	Re-cementation of Space Maintainer	Not covered	$5	$2	Not covered	$28
D1551	Re-cement or Rebound Bilateral Maxillary	$10	Not covered	Not covered	$10	Not covered
D1552	Re-cement or Rebound Bilateral Mandibular	$10	Not covered	Not covered	$10	Not covered
D1553	Re-cement or Rebound Unilateral	$5	Not covered	Not covered	$5	Not covered
D1555	Removal of fixed space maintainer	$11	$5	$2	$11	Not covered
D1575	Distal Shoe Space Maintainer- Fixed - Unilateral	Not covered	$28	$9	Not covered	Not covered
Basic Restorative						
D2140	Amalgam - One Surface, Primary/Permanent	$30	$0	$0	$30	$0
D2150	Amalgam - Two Surfaces, Primary/Permanent	$30	$0	$0	$30	$0
D2160	Amalgam - Three Surfaces, Primary/Permanent	$30	$0	$0	$30	$0
D2161	Amalgam - Four or More Surfaces, Primary/Permanent	$30	$0	$0	$30	$0
D2330	Resin - Base Composite - One Surface, Anterior	$30	$0	$0	$30	$39
D2331	Resin - Base Composite - Two Surfaces, Anterior	$30	$0	$0	$30	$46
D2332	Resin - Base Composite - Three Surfaces, Anterior	$30	$0	$0	$30	$54
D2335	Resin - Base Composite - Four or More Surfaces or Incisal Angle	$30	$0	$0	$30	$64
D2390	Resin - Crown, Anterior	$30	$35	$25	$30	$109
D2391	Resin - Base Composite - One Surface, Posterior	Amalgam Only	$55	$35	Amalgam Only	$43
D2392	Resin - Base Composite - Two Surfaces, Posterior	Amalgam Only	$65	$45	Amalgam Only	$49
D2393	Resin - Base Composite - Three Surfaces, Posterior	Amalgam Only	$75	$50	Amalgam Only	$58
D2394	Resin - Base Composite - Four or More Surfaces, Posterior	Amalgam Only	$85	$55	Amalgam Only	$68
D2510	Inlay - Metallic - 1 surface	Not covered	$185	$100	Not covered	$276
D2520	Inlay - Metallic - 2 surfaces	Not covered	$185	$100	Not covered	$276
D2530	Inlay - Metallic - 3 or more surfaces	Not covered	$185	$100	Not covered	$283
D2542	Onlay - Metallic - 1 surface	Not covered	$185	$100	Not covered	$270
D2543	Onlay - Metallic - 2 surfaces	Not covered	$185	$100	Not covered	$361
D2544	Onlay - Metallic - 3 or more surfaces	Not covered	$185	$100	Not covered	$361
D2610	Inlay - Porcelain/Ceramic 1 surface	Not covered	$185	$100	Not covered	$296
D2620	Inlay - Porcelain/Ceramic 2 surfaces	Not covered	$185	$100	Not covered	$296
D2630	Inlay - Porcelain/Ceramic 3 or more surfaces	Not covered	$185	$100	Not covered	$303
D2642	Onlay - Porcelain/Ceramic 1 surface	Not covered	$185	$100	Not covered	$270
D2643	Onlay - Porcelain/Ceramic 2 surfaces	Not covered	$185	$100	Not covered	$290
D2644	Onlay - Porcelain/Ceramic 3 or more surfaces	Not covered	$185	$100	Not covered	$290
D2650	Inlay - Resin based - 1 surface	Not covered	$185	$100	Not covered	$299
D2651	Inlay - Resin based - 2 surfaces	Not covered	$185	$100	Not covered	$299
D2652	Inlay - Resin based - 3 or more surfaces	Not covered	$185	$100	Not covered	$299
D2662	Onlay - Resin based - 1 surface	Not covered	$185	$100	Not covered	$320
D2663	Onlay - Resin based - 2 surfaces	Not covered	$185	$100	Not covered	$320
D2664	Onlay - Resin based - 3 or more surfaces	Not covered	$185	$100	Not covered	$320
Crowns (Single Restorations) - Does not include the cost of noble and precious metals. Additional fees apply.				$100		
D2710	Crown - Resin based indirect	Not covered	$185	$100	Not covered	$166
D2712	Crown - 3/4 Resin based indirect	Not covered	$185	$100	Not covered	$312
D2720	Crown - resin based high noble metal	Not covered	$185	$100	Not covered	$305
D2721	Crown - resin w/ predominantly based metal	Not covered	$185	$100	Not covered	$305
D2722	Crown - resin based noble metal	Not covered	$185	$100	Not covered	$305
D2740	Crown - Porcelain/Ceramic Substrate	$325	$225	$210	$325	$376
D2750	Crown - Porcelain Fused to High Noble Metal	$325 plus gold	$185	$100	$325 plus gold	$339
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$325	$185	$100	$325	$339
D2752	Crown - Porcelain Fused to Noble Metal	$325	$185	$100	$325	$339

D2780	Crown - 3/4 Cast High Noble Metal	Not covered	$185	$100	Not covered	$309
D2781	Crown - 3/4 Cast Predominantly Base Metal	Not covered	$185	$100	Not covered	$309
D2782	Crown - 3/4 Cast Noble Metal	Not covered	$185	$100	Not covered	$309
D2783	Crown - 3/4 Porcelain/Ceramic	Not covered	$185	$100	Not covered	$315
D2790	Crown - Full Cast High Noble Metal	$325 plus gold	$185	$100	$325 plus gold	$325
D2791	Crown - Full Cast Predominantly Base Metal	$325	$185	$100	$325	$325
D2792	Crown - Full Cast Noble Metal	$325	$185	$100	$325	$325
D2794	Crown - Titanium	Not covered	$185	$100	Not covered	Not covered
D2799	Provisional Crown	Not covered	$100	$100	Not covered	Not covered
D2910	Re-cement or re-bond inlay	Not covered	$0	$0	Not covered	$28
D2915	Re-cement or re-bond indirectly	Not covered	$0	$0	Not covered	Not covered
D2920	Re-cement Crown	$0	$0	$0	$0	$28
D2921	Reattachment of Tooth Fragment	$0	Not covered	Not covered	$0	
D2929	Prefabricated Porcelain/Ceramic Crown	Not covered	$105	$85	Not covered	Not covered
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$30	$25	$8	$30	$75
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$30	$25	$8	$30	$82
D2932	Prefabricated Resin Crown	$30	$35	$12	$30	$91
D2933	Prefabricated Stainless Steel Crown	Not covered	$35	$12	Not covered	Not covered
D2934	Prefabricated Esthetic Coated Stainless Steel Crown	Not covered	$105	$85	Not covered	Not covered
D2940	Sedative Filling	$0	$5	$2	$0	$28
D2941	Interim Therapeutic Restoration	Not Covered	$5	$2	Not covered	Not covered
D2950	Core Buildup, Including Any Pins	$0	$50	$30	$0	$80
D2951	Pin Retention - Per Tooth, In Additional to Restoration	$0	$10	$10	$0	Not covered
D2952	Post & Core in Addition to Crown	$30	$50	$35	$30	$109
D2953	Each additional indirectly prefabricated post	Not covered	$50	$35	Not covered	Not covered
D2954	Prefabrication Post & Core in Addition to Crown	$30	$30	$25	$30	$87
D2957	Each additional prefabricated post	Not covered	$30	$20	Not covered	Not covered
D2960	Labial Veneer	Not covered	$250	$250	Not covered	Not covered
D2971	Additional Procedures to construct new crown	Not covered	$50	$40	Not covered	Not covered
D2980	Crown Repair, by Report	$0	$15	$5	$0	$60
Endodontics						
D3110	Pulp Cap Direct (excluding final restoration)	$0	$0	$0	$0	Not covered
D3120	Pulp Cap Indirect (excluding final restoration)	$0	$0	$0	$0	Not covered
D3220	Therapeutic Pulpotomy (excluding final restoration)	$0	$10	$3	$0	$50
D3221	Pulpal Debridement, Primary and Permanent Teeth	$0	$45	$25	$0	$52
D3222	Partial Pulpotomy for Apexogenesis	Not covered	$17	$17	Not covered	Not covered
D3230	Pulpal Therapy Resorbable Filling - Anterior	Not covered	$30	$10	Not covered	Not covered
D3240	Pulpal Therapy Resorbable Filling - Posterior	Not covered	$35	$18	Not covered	Not covered
D3310	Anterior Root Canal Therapy (excluding final restoration)	$250	$80	$50	$250	$238
D3320	Bicuspid Root Canal Therapy (excluding final restoration)	$250	$120	$70	$250	$319
D3330	Molar Root Canal Therapy (excluding final restoration)	$250	$250	$135	$250	$386
D3331	Treatment of root canal obstruction – Nonsurgical access	Not covered	$85	$55	Not covered	Not covered
D3332	Incomplete endodontic therapy – Inoperable, unrestorable	Not covered	$70	$50	Not covered	Not covered
D3333	Internal root repair of perforation defects	Not covered	$85	$55	Not covered	$59
D3346	Retreatment of Previous Root Canal, Anterior	GDS pays root canal only	$135	$75	root canal only	$268
D3347	Retreatment of Previous Root Canal, Bicuspid	GDS pays root canal only	$175	$105	root canal only	$341
D3348	Retreatment of Previous Root Canal, Molar	GDS pays root canal only	$280	$155	root canal only	$408
D3351	Apexification/recalcification – Initial visit	Not covered	$75	$70	Not covered	Not covered
D3352	Apexification/recalcification – Interim medication replacement	Not covered	$65	$55	Not covered	Not covered
D3353	Apexification/recalcification – Final visit	Not covered	$65	$55	Not covered	Not covered
D3410	Apicoectomy/Periradicular Surgery, Anterior	$250	$95	$75	$250	$193
D3421	Apicoectomy/Periradicular Surgery, Bicuspid	$250	$95	$80	$250	$223
D3425	Apicoectomy/Periradicular Surgery, Molar	$250	$95	$85	$250	$238
D3426	Apicoectomy/Periradicular Surgery, Each Additional Root	$250	$60	$55	$250	$104
D3427	Periradicular surgery	$188	$95	$75	$188	Not covered
D3430	Retrograde Filling (per root)	$0	$60	$30	$0	$74

D3450	Root Amputation	Not covered	$95	$35	Not covered	$141
D3920	Hemisection, Including Root Removal (not w/root canal)	$110	$90	$50	$110	$141
Periodontics						
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	$200	$130	$70	$200	$190
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	$55 per tooth	$80	$45	$55 per tooth	$57
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$19	$80	$45	$19	Not covered
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	$200	$150	$120	$200	$246
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	$55 per tooth	$115	$90	$55 per tooth	$57
D4245	Apically positioned flap	Not covered	$165	$135	Not covered	Not covered
D4249	Clinical crown lengthening – Hard tissue	Not covered	$125	$125	Not covered	Not covered
D4260	Osseous surgery – 4 or more teeth per quadrant	$325	$295	$205	$325	$366
D4261	Osseous surgery – 1 to 3 teeth per quadrant	$155 per tooth	$225	$160	$155 per tooth	$220
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	Not covered	$205	$160	Not covered	Not covered
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	Not covered	$95	$80	Not covered	Not covered
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Not covered	$95	$95	Not covered	Not covered
D4266	Guided tissue regeneration – Resorbable barrier per site	Not covered	$215	$215	Not covered	Not covered
D4267	Guided tissue regeneration – Nonresorbable barrier per site	Not covered	$255	$255	Not covered	Not covered
D4270	Pedicle soft tissue graft procedure	Not covered	$245	$140	Not covered	Not covered
D4271	Free Soft Tissue Graft Procedure	$200	Not covered	Not covered	$200	Not covered
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical site	Not covered	$75	$75	Not covered	Not covered
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with sur	Not covered	$70	$55	Not covered	$176
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first	Not covered	$380	$210	Not covered	Not covered
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, i	$200	$245	$165	$200	Not covered
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additi	$100	$125	$85	$100	Not covered
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical site	Not covered	$38	$38	Not covered	Not covered
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and d	Not covered	$190	$105	Not covered	Not covered
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant (limit 4 quadrants pe	$90	$40	$25	$90	$78
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant (limit 4 quadrants per co	$45	$30	$17	$45	$35
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth	$12	$0	$0	$12	Not covered
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime)	$0	$40	$25	$0	$61
D4381	Localized delivery of antimicrobial agents per tooth	Not covered	$60	$60	Not covered	$55
D4910	Periodontal maintenance (limit 4 per calendar year) (only covered after active therapy)	$35	$30	$20	$35	$58
Removable Prosthesis						
D5110	Complete Upper Denture (includes adjustments)	$150	$150	$120	$150	$520
D5120	Complete Lower Denture (includes adjustments)	$150	$150	$120	$150	$520
D5130	Immediate Upper Denture (includes adjustments)	$150	$165	$125	$150	$534
D5140	Immediate Lower Denture (includes adjustments)	$150	$165	$125	$150	$534
D5211	Upper Partial Resin Base (includes adjustments)	$150	$150	$120	$150	$520
D5212	Lower Partial Resin Base (includes adjustments)	$150	$150	$120	$150	$520
D5213	Upper Partial - Cast Metal Frame w/ Resin Base	$150	$160	$120	$150	$534
D5214	Lower Partial - Cast Metal Frame w/ Resin Base	$150	$160	$120	$150	$534
D5221	Immediate maxillary partial denture – Resin base (including any conventional clasps, rest	$150	$150	$120	$150	Not covered
D5222	Immediate mandibular partial denture – Resin base (including conventional clasps, rests a	$150	$150	$120	$150	Not covered
D5223	Immediate maxillary partial denture – Cast metal framework with resin denture base (inc	$150	$160	$120	$150	Not covered
D5224	Immediate mandibular partial denture – Cast metal framework with resin denture bases	$150	$160	$120	$150	Not covered
D5225	Upper partial denture – Flexible base (including clasps, rests and teeth)	Not covered	$165	$165	Not covered	$534
D5226	Lower partial denture – Flexible base (including clasps, rests and teeth)	Not covered	$165	$165	Not covered	$534
D5281	Removable unilateral partial denture – One piece cast metal including clasps and teeth)	Not covered	$150	$120	Not covered	$296
D5410	Adjust Complete Denture - Upper	$0	$10	$3	$0	$23
D5411	Adjust Complete Denture - Lower	$0	$10	$3	$0	$23
D5421	Adjust Partial Denture - Upper	$0	$10	$3	$0	$23
D5422	Adjust Partial Denture - Lower	$0	$10	$3	$0	$23
D5510	Repair Broken Complete Denture Base	Not covered	$30	$17	Not covered	$57
D5511	Repair Broken Complete Denture Base - Mandibular	$0	Not covered	Not covered	$0	Not covered
D5512	Repair Broken Complete Denture Base - Maxillary	$0	Not covered	Not covered	$0	Not covered

D5520	Replace Missing/Broken Tooth - Complete Denture - Each Tooth	$0	$30	$17	$0	$65
D5610	Partial Denture - Repair Resin Sole/Base	Not covered	$30	$17	Not covered	$57
D5611	Partial Denture - Repair Resin Sole/Base - Mandibular	$0	Not covered	Not covered	$0	Not covered
D5612	Partial Denture - Repair Resin Sole/Base - Maxillary	$0	Not covered	Not covered	$0	Not covered
D5620	Partial Denture - Repair Cast Framework	Not covered	$30	$17	Not covered	$65
D5621	Partial Denture - Repair Cast Framework - Mandibular	$0	Not covered	Not covered	$0	Not covered
D5622	Partial Denture - Repair Cast Framework - Maxillary	$0	Not covered	Not covered	$0	Not covered
D5630	Repair or Replace Broken Clasp	$0	$35	$18	$0	$80
D5640	Partial Denture - Replace Broken Tooth - Per Tooth	$0	$30	$17	$0	$65
D5650	Add Tooth to Existing Partial Denture	$0	$30	$17	$0	$65
D5660	Add Clasp to Existing Partial Denture	$0	$35	$18	$0	$80
D5670	Replace All Teeth & Acrylic - Case Metal Frame (Upper)	$0	$165	$145	$0	$167
D5671	Replace All Teeth & Acrylic - Case Metal Frame (Lower)	$0	$165	$145	$0	$167
D5710	Rebase complete upper denture	Not covered	$60	$45	Not covered	$217
D5711	Rebase complete lower denture	Not covered	$60	$45	Not covered	$217
D5720	Rebase upper partial denture	Not covered	$60	$45	Not covered	$217
D5721	Reline Complete Upper Denture (Chairside)	Not covered	$60	$45	Not covered	$217
D5730	Reline complete upper denture – (Chairside)	$0	$35	$25	$0	$109
D5731	Reline Complete Lower Denture (Chairside)	$0	$35	$25	$0	$109
D5740	Reline Upper Partial (Chairside)	$0	$35	$25	$0	$109
D5741	Reline Lower Partial (Chairside)	$0	$35	$25	$0	$109
D5750	Reline Complete Upper Denture (Lab)	$0	$60	$45	$0	$174
D5751	Reline Complete Lower Denture (Lab)	$0	$60	$45	$0	$174
D5760	Reline Upper Partial (Lab)	$0	$60	$45	$0	$174
D5761	Reline Lower Partial (Lab)	$0	$60	$45	$0	$174
D5810	Interim complete denture	Not covered	$230	$145	Not covered	$318
D5811	Interim complete denture	Not covered	$230	$145	Not covered	$318
D5820	Interim partial denture – Upper	Not covered	$75	$50	Not covered	$318
D5821	Interim partial denture – Lower	Not covered	$75	$50	Not covered	$318
D5867	Add metal substructure to Acrylic Full Denture	$0	Not covered	Not covered	$0	Not covered
Implant Services						
D6010	Surgical placement of implant body: Endosteal implant	Not covered	$1,025	$1,025	Not covered	15% discount
D6011	Second stage implant surgery	Not covered	$255	$255	Not covered	15% discount
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	Not covered	$435	$390	Not covered	15% discount
D6013	Surgical placement of mini implant	Not covered	$340	$340	Not covered	15% discount
D6040	Surgical placement: Eposteal implant	Not covered	$1,040	$935	Not covered	15% discount
D6050	Surgical placement: Transosteal implant	Not covered	$1,015	$915	Not covered	15% discount
D6052	Semi-precision attachment abutment	Not covered	$195	$195	Not covered	15% discount
D6055	Connecting bar - Implant supported or abutment supported (limit 1 per calendar year)	Not covered	$1,295	$1,160	Not covered	15% discount
D6056	Prefabricated abutment - Includes modification and placement (limit 1 per calendar year)	Not covered	$355	$355	Not covered	15% discount
D6057	Custom fabricated abutment - Includes placement (limit 1 per calendar year)	Not covered	$455	$455	Not covered	15% discount
D6058	Abutment supported porcelain/ceramic crown	Not covered	$570	$550	Not covered	15% discount
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Not covered	$680	$595	Not covered	15% discount
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Not covered	$530	$445	Not covered	15% discount
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Not covered	$680	$595	Not covered	15% discount
D6062	Abutment supported cast metal crown (high noble metal)	Not covered	$635	$550	Not covered	15% discount
D6063	Abutment supported cast metal crown (predominantly base metal)	Not covered	$485	$400	Not covered	15% discount
D6064	Abutment supported cast metal crown (noble metal)	Not covered	$635	$550	Not covered	15% discount
D6065	Implant supported porcelain/ceramic crown	Not covered	$570	$550	Not covered	15% discount
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble m	Not covered	$680	$595	Not covered	15% discount
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Not covered	$635	$550	Not covered	15% discount
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	Not covered	$515	$430	Not covered	15% discount
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high not	Not covered	$665	$580	Not covered	15% discount
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predomi	Not covered	$515	$430	Not covered	15% discount
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble m	Not covered	$665	$580	Not covered	15% discount
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	Not covered	$635	$550	Not covered	15% discount

D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base m	Not covered	$485	$400	Not covered	15% discount
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	Not covered	$635	$550	Not covered	15% discount
D6075	Implant supported retainer for ceramic fixed partial denture	Not covered	$515	$430	Not covered	15% discount
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, ti	Not covered	$665	$580	Not covered	15% discount
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy,	Not covered	$635	$550	Not covered	15% discount
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesi:	Not covered	$100	$65	Not covered	15% discount
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	Not covered	$6	$3	Not covered	15% discount
D6085	Provisional Crown Implant	Not covered	$100	$100	Not covered	15% discount
D6090	Repair implant supported prosthesis, by report (limit 1 per calendar year)	Not covered	$145	$130	Not covered	15% discount
D6091	Replacement of semi-precision or precision attachment	Not covered	$65	$60	Not covered	15% discount
D6092	Re-cement implant/abutment supported crown	Not covered	$40	$40	Not covered	15% discount
D6093	Re-cement implant/abutment supported fixed partial denture	Not covered	$40	$40	Not covered	15% discount
D6094	Abutment supported crown (titanium)	Not covered	$635	$550	Not covered	15% discount
D6095	Repair implant abutment, by report (limit 1 per calendar year)	Not covered	$140	$125	Not covered	15% discount
D6100	Implant removal, by report (limit 1 per calendar year)	Not covered	$270	$245	Not covered	15% discount
D6101	Debridement of a peri implant defect or defects surrounding a single implant, and surfac	Not covered	$115	$90	Not covered	15% discount
D6102	Debridement and osseous contouring of a peri implant defect or defects surrounding a si	Not covered	$225	$160	Not covered	15% discount
D6103	Bone graft for repair of peri implant defect - Does not include flap entry and closure (limi	Not covered	$205	$160	Not covered	15% discount
D6104	Bone graft at time of implant placement (limit 1 per calendar year)	Not covered	$205	$160	Not covered	15% discount
D6110	Implant /abutment supported removable denture for edentulous arch – Maxillary	Not covered	$650	$620	Not covered	15% discount
D6111	Implant /abutment supported removable denture for edentulous arch – Mandibular	Not covered	$650	$620	Not covered	15% discount
D6112	Implant /abutment supported removable denture for partially edentulous arch – Maxillar	Not covered	$660	$620	Not covered	15% discount
D6113	Implant /abutment supported removable denture for partially edentulous arch – Mandib	Not covered	$660	$620	Not covered	15% discount
D6114	Implant /abutment supported fixed denture for edentulous arch – Maxillary	Not covered	$650	$620	Not covered	15% discount
D6115	Implant /abutment supported fixed denture for edentulous arch – Mandibular	Not covered	$650	$620	Not covered	15% discount
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Maxillary	Not covered	$660	$620	Not covered	15% discount
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Mandibular	Not covered	$660	$620	Not covered	15% discount
D6190	Radiographic/surgical implant index, by report (limit 1 per calendar year)	Not covered	$180	$160	Not covered	15% discount
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	Not covered	$635	$550	Not covered	15% discount
Fixed Prosthetics, Per Unit	- Does not include the cost of noble and precious metals. Additional fees apply.					
D6210	Pontic - Cast High Nobel Metal	$325 plus gold	$185	$100	$325 plus gold	$325
D6211	Pontic - Cast Predominantly Base Metal	$325	$185	$100	$325	$325
D6212	Pontic - Cast Nobel Metal	$325	$185	$100	$325	$325
D6214	Pontic - Titanium	Not covered	$185	$100	Not covered	Not covered
D6240	Pontic - Porcelain Fused to High Noble Metal	$325 plus gold	$185	$100	$325 plus gold	$339
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$325	$185	$100	$325	$339
D6242	Pontic - Porcelain Fused to Noble Metal	$325	$185	$100	$325	$339
D6245	Pontic - Porcelain/Ceramic	$325	$185	$100	$325	$376
D6250	Pontic - Resin High Noble Metal	Not covered	$185	$100	Not covered	$305
D6251	Pontic - Resin Predominantly Base Metal	Not covered	$185	$100	Not covered	$305
D6252	Pontic - Resin Noble Metal	Not covered	$185	$100	Not covered	$305
D6253	Provisional Pontic	Not covered	$185	$100	Not covered	Not covered
D6545	Retainer - Cast Metal Resin Bonded Bridge	$50	$185	$100	$50	$161
D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	Not covered	$185	$100	Not covered	$296
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	Not covered	$185	$100	Not covered	$303
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	Not covered	$185	$100	Not covered	$276
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	Not covered	$185	$100	Not covered	$283
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	Not covered	$185	$100	Not covered	$276
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	Not covered	$185	$100	Not covered	$283
D6606	Retainer inlay – Cast noble metal, 2 surfaces	Not covered	$185	$100	Not covered	$276
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	Not covered	$185	$100	Not covered	$283
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	Not covered	$185	$100	Not covered	$270
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	Not covered	$185	$100	Not covered	$290
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	Not covered	$185	$100	Not covered	$270
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	Not covered	$185	$100	Not covered	$361
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	Not covered	$185	$100	Not covered	$270

D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	Not covered	$185	$100	Not covered	$361
D6614	Retainer onlay – Cast noble metal, 2 surfaces	Not covered	$185	$100	Not covered	$270
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	Not covered	$185	$100	Not covered	$361
D6624	Retainer inlay – Titanium	Not covered	$185	$100	Not covered	Not covered
D6634	Retainer onlay – Titanium	Not covered	$185	$100	Not covered	Not covered
D6710	Retainer crown – Indirect resin based composite	Not covered	$185	$100	Not covered	Not covered
D6720	Retainer crown – Resin with high noble metal	Not covered	$185	$100	Not covered	$305
D6721	Retainer crown – Resin with predominantly base metal	Not covered	$185	$100	Not covered	$305
D6722	Retainer crown – Resin with noble metal	Not covered	$185	$100	Not covered	$305
D6740	Crown - Porcelain/Ceramic	$325	$185	$100	$325	$376
D6750	Bridge Crown - Porcelain to High Noble Metal	$325 plus gold	$185	$100	$325 plus gold	$339
D6751	Bridge Crown - Porcelain to Predominantly Base Metal	$325	$185	$100	$325	$339
D6752	Bridge Crown - Porcelain Fused to Noble Metal	$325	$185	$100	$325	$339
D6780	Retainer crown – 3/4 cast high noble metal	Not covered	$185	$100	Not covered	$309
D6781	Retainer crown – 3/4 cast predominantly base metal	Not covered	$185	$100	Not covered	$309
D6782	Retainer crown – 3/4 cast noble metal	Not covered	$185	$100	Not covered	$309
D6783	Bridge Crown - 3/4 Porcelain/Ceramic	$325	$185	$100	$325	$315
D6790	Bridge Crown - Full Cast High Noble Metal	$325 plus gold	$185	$100	$325 plus gold	$325
D6791	Bridge Crown - Full Cast Predominantly Base Metal	$325	$185	$100	$325	$325
D6792	Bridge Crown - Full Cast Noble Metal	$325	$185	$100	$325	$325
D6794	Retainer Crown - Titanium	Not covered	$185	$100	Not covered	Not covered
D6930	Replacement Bridge	$0	$0	$0	$0	$44
D6950	Precision Attachment	Not covered	$195	$195	Not covered	Not covered
Oral Surgery						
D7111	Extraction, Coronal Remnants - Deciduous Tooth	$0	$5	$2	$0	$106
D7140	Extraction, Erupted Tooth or Exposed Root	$0	$5	$2	$0	$39
D7210	Surgical Removal of Erupted Tooth (including Bone)	$0	$30	$13	$0	$87
D7220	Remove Impacted Tooth - Soft Tissue	$0	$50	$25	$0	$112
D7230	Remove Impacted Tooth - Partially Bony	$0	$70	$45	$0	$116
D7240	Remove Impacted Tooth - Complete Bony	$0	$90	$70	$0	$152
D7241	Remove Impacted Tooth - Complete Bony, Unusual	$0	$110	$90	$0	$145
D7250	Surgical Removal of Residual Tooth Roots	$0	$40	$13	$0	$102
D7251	Coronectomy - Intentional partial tooth removal	$0	$70	$45	$0	Not covered
D7260	Oroantral fistula closure	Not covered	$110	$75	Not covered	Not covered
D7261	Primary closure of a sinus perforation	Not covered	$110	$75	Not covered	Not covered
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	Not covered	$85	$40	Not covered	$137
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	Not covered	$90	$40	Not covered	$71
D7283	Placement of device to facilitate eruption of impacted tooth	Not covered	$90	$30	Not covered	Not covered
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) (tooth related – not allowed when in	Not covered	$0	$0	Not covered	Not covered
D7286	Incisional biopsy of oral tissue – Soft (all others) (tooth related – not allowed when in cor	Not covered	$0	$0	Not covered	Not covered
D7287	Exfoliative cytological sample collection	Not covered	$50	$50	Not covered	Not covered
D7288	Brush biopsy – Transepithelial sample collection	Not covered	$50	$50	Not covered	Not covered
D7310	Alveoplasty in Conjunction w/ Extractions, per quad	$0	$50	$17	$0	$80
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	Not covered	$50	$17	Not covered	Not covered
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per q	Not covered	$70	$25	Not covered	$80
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadı	Not covered	$70	$25	Not covered	Not covered
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	Not covered	$0	$0	Not covered	Not covered
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25cm	Not covered	$0	$0	Not covered	Not covered
D7471	Removal of lateral exostosis – Maxilla or mandible	Not covered	$80	$30	Not covered	Not covered
D7472	Removal of torus palatinus	Not covered	$60	$20	Not covered	Not covered
D7473	Removal of torus mandibularis $60.00	Not covered	$60	$20	Not covered	Not covered
D7485	Reduction of osseous tuberosity	Not covered	$60	$60	Not covered	Not covered
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	$0	$30	$10	$0	$58
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	Not covered	$30	$20	Not covered	Not covered
D7520	Incision and drainage of abscess – Extraoral soft tissue	Not covered	$30	$20	Not covered	Not covered
D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage (	Not covered	$30	$20	Not covered	Not covered

D7880	Occlusal orthotic device, by report - (limit 1 per 24 months; only covered in conjunction v	Not covered	$160	$145	Not covered	Not covered
D7881	Occlusal orthotic device adjustment	Not covered	$10	$3	Not covered	Not covered
D7910	Suture of recent small wounds up to 5cm	Not covered	$25	$18	Not covered	Not covered
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach (limit 1 pe	Not covered	$850	$850	Not covered	Not covered
D7952	Sinus augmentation via a vertical approach (limit 1 per calendar year; only covered in cor	Not covered	$640	$640	Not covered	Not covered
D7953	Bone replacement graft for ridge preservation - Per site (limit 1 per calendar year; only cc	Not covered	$100	$100	Not covered	Not covered
D7960	Frenulectomy – Also known as frenectomy or frenotomy - Separate procedure not incide	Not covered	$40	$13	Not covered	$120
D7963	Frenuloplasty	Not covered	$40	$13	Not covered	Not covered
Orthodontics						
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	Not covered	$400	$380	Not covered	Not covered
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	Not covered	$400	$380	Not covered	Not covered
D8070	Comprehensive Orthodontic Treatment - Transitional Dentition - 2 Year Program	$2,450	$400	$380	$2,450	$3,304
D8080	Comprehensive Orthodontic Treatment - Adolescent Dentition - 2 Year Program	$2,450	$400	$380	$2,450	$3,422
D8090	Comprehensive Orthodontic Treatment - Adult Dentition - 2 Year Program	$2,450	$400	$380	$2,450	$3,658
D8210	Removable appliance therapy	Not covered	$0	$0	Not covered	Not covered
D8220	Fixed appliance therapy	Not covered	$0	$0	Not covered	Not covered
D8660	Pre-orthodontic treatment examination to monitor growth and development	Not covered	$125	$45	Not covered	$413
D8670	Periodic orthodontic treatment visit Children – Up to 19th birthday:	Not covered	$1,344	$1,104	Not covered	$118
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s	Not covered	$275	$260	Not covered	$413
D8681	Removable orthodontic retainer adjustment	Not covered	$0	$0	Not covered	Not covered
D8693	Re-cement or re-bond fixed retainer	Not covered	$0	$0	Not covered	Not covered
D8694	Repair of fixed retainers, includes reattachment	Not covered	$0	$0	Not covered	Not covered
D8999	Unspecified orthodontic procedure – By report (orthodontic treatment plan and records)	Not covered	$270	$260	Not covered	Not covered
Emergency and Miscellaneous						
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	$0	$5	$2	$0	$35
D9120	Fixed partial denture sectioning	Not covered	$0	$0	Not covered	Not covered
D9211	Regional block anesthesia	Not covered	Not covered	$0	Not covered	$0
D9212	Trigeminal division block anesthesia	Not covered	$0	$0	Not covered	$0
D9215	Local Anesthesia	$0	$0	$0	$0	$0
D9220	Deep Sedation/General Anesthesia - First 30 Minutes (Extractions Only)	Not covered	Not covered	Not covered	Not covered	$205
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes (Extractions Only)	$0	Not covered	Not covered	$0	$103
D9222	Deep Sedation/General Anesthesia - Each Additional 15 Minutes (Extractions Only)	$0	Not covered	Not covered	$0	Not covered
D9223	Deep Sedation/General Anesthesia - Each Additional 15 Minutes (Extractions Only)	$0	$80	$80	$0	Not covered
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide (Extractions Only)	$0	Not covered	Not covered	$0	$30
D9239	I.V. Sedation/Analgesia Connscious - First 15 Minutes	$0	Not covered	Not covered	$0	Not covered
D9241	I.V. Sedation/Analgesia - First 30 Minutes (Extractions Only)	Not covered	Not covered	Not covered	Not covered	$205
D9242	I.V. Sedation/Analgesia - Each Additional 15 Minutes (Extractions Only)	Not covered	Not covered	Not covered	Not covered	$103
D9243	Intravenous moderate (conscious) sedation/analgesia – Each 15 minute increment	$0	$80	$80	$0	Not covered
D9248	Non-I.V. Conscious Sedation	$0	Not covered	Not covered	$0	Not covered
D9310	Consultation (by dentist other than attending dentist)	$0	$10	$3	$0	$36
D9430	Office Visit for Observation	Not covered	$5	$2	Not covered	Not covered
D9440	Office visit – After regularly scheduled hours	Not covered	$30	$20	Not covered	Not covered
D9450	Case Presentation	Not covered	Not covered	$0	Not covered	Not covered
D9610	Therapeutic parenteral drug, single administration	Not covered	$15	$15	Not covered	Not covered
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	Not covered	$25	$25	Not covered	Not covered
D9613	Infiltration of Sustained Release Therapeutic Drug	$0	Not covered	Not covered	$0	Not covered
D9630	Drugs or medicaments dispensed in the office for home use	Not covered	$15	$15	Not covered	Not covered
D9910	Application of desensitizing medicament	Not covered	$5	$5	Not covered	$18
D9940	Occlusal guard – By report (limit 1 per 24 months)	Not covered	$100	$90	Not covered	$195
D9941	Fabrication of athletic mouthguard (limit 1 per 12 months)	Not covered	$110	$110	Not covered	Not covered
D9942	Repair and/or reline of occlusal guard	Not covered	$40	$40	Not covered	Not covered
D9943	Occlusal guard adjustment	Not covered	$0	$0	Not covered	Not covered
D9951	Occlusal adjustment – Limited	Not covered	$35	$12	Not covered	$39
D9952	Occlusal adjustment – Complete	Not covered	$55	$18	Not covered	$156

D9975	External bleaching for home application, per arch; includes materials and fabrication of c	Not covered	$125	$125	Not covered	Not covered
D9986	Miss Appointment	$10	Not covered	Not covered	$10	Not covered
D9987	Cancelled Appointment	$10	Not covered	Not covered	$10	Not covered
D9999	Broken Appointment Charge (per half hour)	$10	Not covered	Not covered	$10	Not covered

Pressmen Welfare Fund

Section 3

aetna

Aetna Inc.

PRESSMAN WELFARE FUND

Sparks Glencoe, MD 21152

May 03, 2021

Dear Sir or Madam:

Thank you for giving us the opportunity to present this proposal. We believe you will find the proposal addresses all primary aspects of your requested benefits package. Based on your quote, this proposal includes the following components:

Executive Summary – Our response to the current business climate

Financial Information – rate details

Quote Conditions – general quotation assumptions and disclosures

Plan and Benefit Information – detailed plan designs for the rates and premium illustrated in this proposal

Census Summary – recap of census information entered for the quote

Sitematch Information – medical/dental product availability

Sincerely,

PRESSMAN WELFARE FUND
Industry Code: 8631
Proposed Effective Date: 01/01/2022

EXECUTIVE SUMMARY

Aetna has helped protect people against the risks and uncertainties of life for over 150 years. We strive to continually evolve in order to meet the changing needs of our customers while keeping true to our values. To accomplish this, our strategic vision centers on the following areas for all of our products and services:

Integration - Information - Innovation

Through the increased use of integrated data analysis, predictive modeling, integrated care services, and technology initiatives, we can identify and assist members who may benefit from services today or may likely need services in the future.

Since this enables us to develop a more complete picture of customer and member needs, we can help our customers control costs, enjoy easier administration, and provide their employees with access to information to help them become better educated about their benefits and the value inherent in those benefits. The balance of this summary will explain how we are able to accomplish this for you.

Aetna Dental/Medical Integration® (DMI)

This Industry leading program is automatically included at no additional charge for employers who have both Aetna dental and our medical coverage. The DMI program is comprised of enhanced benefits, including an extra cleaning, full coverage for certain periodontal services and a variety of outreach methods to at-risk members who are not currently seeking dental care. Ask about the Aetna Dental/Medical Integration program and let us help you avoid potential costs and risks that could negatively impact a person's overall well-being.

Integrated Health and Disability (IHD)

High-impact conditions are affecting employees and productivity at an increasing rate. Research has also shown that employees who file disability claims have a much higher medical spend on average than employees who do not file disability claims. Recognizing this, our services include a free, closely integrated medical and disability case management process that provides focused case management and individualized contact for claimants who have our medical and disability plans.

With Integrated Health and Disability (IHD), we use our rich data management tools to help predict when disabilities may occur and take early steps toward disability prevention. When a disability does occur, our team of skilled clinicians works together to co-manage cases and refer members to applicable medical management programs. By focusing on getting employees back to health and work, our clinicians work to improve outcomes - to everyone's advantage.

Single Source for a Comprehensive Benefits Package

Our integrated product portfolio and services enable customers to assemble a robust benefits package through a single source. We can offer customers the advantage of efficiencies and ease of administration as a direct result of using a single source for their total benefits needs. Efficiencies also extend to members. By offering a wide-ranging benefits package through one carrier, members need only access one set of information tools to learn more about the benefits and services available to them, thereby reaping the advantages of simplification. In this manner, members are encouraged to use their benefits more extensively - another key advantage for the customer.

Leadership in Consumer-Directed Health Care

Navigating the new world of consumer-directed health plans calls for a company with a strong history of innovation and the right expertise for the times. Aetna is an established leader in providing value-added, consumer-directed health plans. Since the launch of our first generation of consumer-directed plans in September of 2001, (we were the first national carrier to offer these), we have firmly positioned ourselves as a leader and innovator in consumer-directed health plans.

Our portfolio of consumer-directed products features a variety of plan designs that include integrated health savings accounts (HSAs), health reimbursement accounts (HRAs) and flexible spending accounts (FSAs). With each product comes access to innovative decision-making tools to help members make informed decisions about their care.

Proactive Approach to Medical Management

A clear example of how Integration, Information and Innovation benefit our customers is in the area of medical management. Ultimately, it is the individual treating physician who manages the patient's care. However, we

believe we play an important role by helping members and physicians access information and covered services to maximize the potential of successful treatment outcomes.

The emphasis is on member empowerment and strong, early, and effective disease and case management programs as well as the continuum of care for the patient, stressing concurrent review and discharge planning for hospitalizations and case management.

Active Measures to Help Control Benefits Cost

To counter the nationally escalating cost of benefits, we continue to explore innovative ways to help control costs while ensuring members have access to information resources and technology. As a result, we have instituted a series of measures in an effort to meet the industry-wide challenge of holding premiums and fees down while offering members comprehensive coverage. We believe improvements in health care and outcomes lead to better control of health care costs. Like our predictive modeling and MedQuery℠ tools, our case management and disease management programs are designed to allow us to identify at-risk populations proactively, and to provide real-time assistance to help coordinate, facilitate and improve quality of care. This also helps our members better understand and comply with their care regimen. We can help improve members' health and assist controlling health care costs by increasing member access to information through programs and technology such as Informed Healthr Line, Aetna InteliHealthr, and Aetna Navigator™.

Decision-making Support for Members

We seek to engage members in making informed, quality health care decisions. We believe that our members are best served when provided with tools that promote their understanding of their own health needs and empower them to participate - and connect - with their physicians in the medical treatment process.

Our suite of technological tools allows us to offer employees increased engagement and accountability for their health plan.

Customer-focused, Leading Edge Technology

We are delivering on our promise to provide customers with the most comprehensive suite of tools and services offered by today's technology. Whether it is reducing the time for claim payments to physicians, providing members with 24-hour access to personalized benefits information or offering customers the ease of online benefits administration, we are taking advantage of technology to enhance the services we provide to our customers.

In general, we hold a technology edge in electronic reporting, web-based member tools, consumer-directed information tools, data management and predictive modeling, and electronic claim adjudication. Where others focus solely on discounts, we also consider technology a means to allow members to take control of the demand side of the total cost equation for our customers.

Comprehensive and Extensive Networks

Access to care is a paramount consideration for customers in the selection of a company that can best provide widespread medical delivery networks for their employees. Recognizing the importance of this principle, our uncompromising focus on providing access to care in as many geographic locations as possible is an advantage that distinguishes our services in the marketplace. Our inclusive network strategy allows us to offer our customers and their employees one of the most comprehensive networks available in the industry, regardless of product. Our underlying philosophy for network development is to promote access to stable provider networks with cost-effective, high-quality providers. Our goal is to build relationships with our providers that promote a positive impact on member care and enhance customer satisfaction. Our strategy incorporates three basic underlying concepts: access, cost appropriateness, and quality.

Innovating to Meet the Evolving Needs of our Customers

Flexible, cost-effective dental plans - With over 35 years' experience in the dental marketplace, we offer a wide array of products. We can provide the advantages of a managed dental plan and still offer employees the option to choose any licensed dentist from our extensive national network. Members of all dental plans are able to access a variety of our internet tools such as Aetna Navigator, DocFindr and InteliHealth Dental.

Benefits for part-time and temporary employees - Our Aetna Affordable Health Choices℠ plans provide limited benefits to employees who have historically been unable to access employee benefits, offering affordable medical, dental, life, disability, vision and pharmacy coverage administered through payroll deduction. We have created affordable benefits packages that help employers reduce their costs of recruitment, hiring, and training employees as well as creating a way to retain these employees longer.

Conclusion

We harness the power of information to help our customers and their employees make better, more informed decisions. The result is our customers have the ability to control costs more effectively, and their employees have more information to help them stay healthier and more productive.

We can gather aggregated data and integrate it across our areas of service to get a more complete picture of each customer's overall needs. We use this information to select and develop plans and options that are best suited to the customer and their workforce.

Along with powerful data, our philosophy is to deliver outstanding service to customers and their employees as defined by the quality of each interaction and service experience. We accomplish this by:
•Focusing on improving key processes that affect our customers
•Deploying technology to further improve service and operating efficiencies
•Focusing on continually increasing the quality of the total experience for our customers

We appreciate the opportunity to demonstrate how we can meet your needs through using the power of Integration, Information and Innovation.

aetna

PRESSMAN WELFARE FUND
Industry Code: 8631
Proposed Effective Date: 01/01/2022

DENTAL RATES/FEES & COSTS

Option: MD FOC - DMO/PPO Max 1000 - with ortho
Policy Period: 12 months

Product Pkg: FOC DMO®/PPOD
Specialty Networks: None
Subgroup: All Employees
Location(s): DC, MD, PA, VA
Funding: Prospective
Non-Student Age: 26 **Student Age:** 26

Plan Feature	DMO Benefit	PPO In Network	PPO Out of Network
Plan Type	100/90/60	N/A	N/A
OV Copay	$5	N/A	N/A
Coins - Preventive	100%	100%	100%
Coins - Basic	90%	70%	70%
Coins - Major	60%	40%	40%
Endo / Perio 3	N/A	70%	70%
Endo / Perio Other	N/A	70%	70%
General Anesthesia (Buy Up)	N/A	40%	40%
Deductible	N/A	$50	$50
Ded Applicability	N/A	B,M	B,M
Fam Deductible	N/A	3X	3X
CY Max	N/A	$1,000	$1,000
R&C Percentile	N/A	N/A	PPO Max
Extend Network	N/A	Exclude	N/A
Waiting Period	None	None	None
Ortho Elig	Child Only	Child Only	Child Only
Ortho Coins/Copay	$2,300	50%	50%
Ortho LT Max	N/A	$1,000	$1,000
Removal of Ortho Work in Progress Exclusion (Buy Up)	Exclusion applies	Exclusion applies	Exclusion applies
Dental Implants (Buy Up)	N/A	Excluded	Excluded
Crown Build Ups	Included	40%	40%
Crown Lengthening	Included	70%	70%
Fluoride Increase Age Limit	N/A	To age 16	To age 16
Sealants Remove Age Limit	N/A	To age 16	To age 16
Posterior Composite	N/A	Not Covered	Not Covered
Prosthetic Replacement	N/A	8 Years	8 Years
Incentive Annual Max Increase Amount	N/A	Does not apply	Does not apply
Incentive Number of Increase	N/A	Does not apply	Does not apply

Tier	Lives	Rate	Monthly Cost
Single	40	20.20	
Couple	20	40.10	
EE + Child(ren)	2	52.90	
Family	19	72.60	
	81		3,095.20

For members residing in Texas, a) PDN substitutes the reference to PPO Dental, b) if a PDN plan is shown, your In- and Out-of Network benefits are the In-Network benefits shown above.

In Virginia, the DMO® Plan is known as the DNO (Dental Network Only) Plan.

The Patient Protection and Affordable Care Act imposes a new fee/assessment, the Health Insurer Fee (HIF). This rate quote includes an allocation of 0.0% for HIF.

QUOTE CONDITIONS

GENERAL

The quotes in this proposal are non-binding and do not constitute an offer of coverage. Any offer is subject to final underwriting review by us, as permitted by applicable law, we reserve the right not to extend an offer or to change pricing and/or other terms specified in this proposal based on that review.

Quotes have been based on the information entered into our Internet-based quoting system. Additional information may be required to complete the underwriting and installation process. Rates and/or product availability may change if any of the following occur:

- Participation assumptions are not met or there is a change in the contribution strategy
- Actual enrolled census deviates from information provided
- The number of eligible lives and/or participation changes at any time prior to the next rate change
- The information provided to us is incorrect or incomplete
- Medical conditions are reviewed where permitted
- Benefit levels change from those specified in this proposal
- There is an increase in number of retired enrollees
- There is an increase in COBRA enrollees.

Plans summarized in this proposal are subject to additional terms, conditions and limitations specified in applicable coverage contracts. Copies of coverage contracts are available upon request.

All our standard plan provisions, definitions, terms and conditions of coverage, exclusions and limitations, and claim payment or administrative practices will apply for items not specifically outlined in the proposal.

Changes to product availability, actuarial factors, and state/federal laws may alter the proposal at the time of final underwriting and installation.

Quotes are based on the assumptions that all information provided to us is correct and complete, that the employer is a legitimate employer group, and that the group is in sound financial condition.

The contract situs is assumed to be the state/s of MD.

No commissions will be paid on coverage unless the agent is properly licensed and appointed prior to the initial coverage date.

We have various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which we have made to your producer, or other material relationships your producer may have with us, you may contact your producer or your account representative. Information regarding our programs for compensating producers is also available at: www.aetna.com.

Notification of acceptance of the proposal must be communicated in writing to us no later than 30 days prior to the effective date. Otherwise, late acceptance may cause a delay in contract issue, online ID card generation, and other pertinent insurance information. Late submission may also result in an invalid proposal and require postponement of the effective date.

Dependent children can be covered through a specified age and extended through a later specified age if a full-time student. The ages vary by state.

This proposal assumes that we will be the sole carrier except where we will allow a competitor's plan along with our medical plan.

Participation, eligibility, and contribution results must meet our minimum requirements and applicable state requirements for the employer to be eligible under the quoted plans. As permitted by applicable law, coverage may be terminated or non-renewed if these participation, eligibility and contribution requirements are not met at any point in the future.

All proposals are only available to corporations, sole proprietorships, and partnerships. Associations, Taft-Hartley Groups, MEWAs, PEOs (Professional Employer Organizations/Employee Leasing Firms), or multiple employer groups of any kind are not eligible for coverage through this rating application. Closed groups are not eligible.

Except in Arizona, Coverage is for full-time employees working a minimum of 25 hours per week. Temporary and seasonal employees as well as 1099 independent contractors are not eligible for coverage. The benefits described in this proposal must be offered to all eligible employees.

This proposal assumes that late enrollees will not be covered until the next regularly scheduled open enrollment period after individual application has been made. Special enrollment rules may apply with respect to late enrollees experiencing certain life events.

New employees must complete the waiting period designated by their employer prior to enrolling in one of our plans. The waiting period must be consistently applied within a class of employees.

Employees declining coverage may be required under state law to complete a waiver of coverage form.

New eligible dependents or employees must be added within 31 calendar days of their eligibility date or such other period as may be required by applicable law.

In accordance with the terms of the Group Agreement, rates and other adjustments may be made to the quotation with a 30-day notice unless otherwise required by state regulations.

State and Federal legislation/regulations, including HIPAA, take precedence over any and all quote conditions.

Rates may be affected if there is a material change in the plan of benefits offered or a change in claim payment requirements, procedures, account structures, or any other changes affecting the manner or cost of paying benefits that is initiated by the customer or required because of legislative or regulatory action.

Late payment charges may be assessed after the expiration of a 31-day grace period.

QUOTE CONDITIONS

DENTAL INSURANCE*

Quoting and Pricing Information

- Coverage is assumed to be effective on 01/01/2022. Initial rates assume a 12-month contract year. Final rates will be guaranteed for 12 months provided there is not a change in the total base eligible and/or enrolled lives of plus/minus 10 percent within the first year. Should this occur, Aetna reserves the right to re-underwrite the customer as a new group where permitted by applicable law. Proposed rates are also subject to change due to any state rate filing requirements, approvals, or adjustments based on regulatory determinations.
- Plans are available to groups of two to 25 eligible employees if packaged with a medical plan. Plans are available to groups of 26 or more eligible employees on a standalone basis. Orthodontia coverage is available to groups with 10 or more eligible employees.
- For some plans, coverage may not be available for employees and their dependents located outside specified service area boundaries.
- Dependent children can be covered through a specified age and extended through a later specified age if attending school on a regular basis. The ages vary by state.
- Plans and rates shown in this quote are based on the group having an existing, in-force Dental plan. We reserve the right to change the proposed plan and rates if this is not the case.
- PPO Max plans out-of-network benefits are limited to in-network negotiated fees.
- **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®.**
- DMO and DMO Select are not an available option in AK, AL, AR, GU, LA, ME, MS, MT, ND, NH, PR, SC, SD, VI, VT and WY.
- Limited (varying by state) DMO Non-Participating benefits are included for plans contracts written in: CT, IL, KY, MA and OH and for plan contracts written and members residing in OK.

  Participation Requirements:

  Plans and rates shown in this quote are based on employee participation of 60% - 89% in the dental plan. Aetna reserves the right to change the proposed plan and rates or decline coverage if this is not the case.

- Rates shown in this quote are based on a commission level of no commissions.

Employee and Dependent Information

- Coverage for retirees is not available for groups with less than 51 eligible employees. For groups with 51 or more eligible employees, retirees cannot compose more than 20 percent of the total number of eligible employees.
- Late Entrant exclusions do not apply for DMO contracts written in the State of Texas.
- Late Entrant exclusions do not apply to contracts written in the state of Maine and to Maine residents.

Colorado: Fully Insured Dental new business cases when the contract is issued in CO -- Pediatric Dental Coverage

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.

Florida DMO Quotes - Any employer, group, or organization that pays or contributes to the premium of a group health insurance plan or dental service plan corporation which provides dental coverage only upon the condition that services be rendered by an exclusive list of dentists or groups of dentists shall provide an alternative to enable the insured to have a free choice of dentist. The employer, group, or organization shall pay or contribute an equal dollar amount toward either alternative elected by the insured. The provisions of this section do not require the commingling of costs and claims experience between the two alternative plans.

Massachusetts -- Minimum Creditable Coverage

This dental plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance.

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health coverage and does not meet Minimum Creditable Coverage standards, even if it does include services that are not available in the insured's other health plans.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

*Not applicable to Vital Savings by Aetna^{SM}. Please reference the Vital Savings by Aetna^{SM} Program Summary and Fee Sheet for Vital Savings by Aetna^{SM} quote conditions.

Attention customers with Massachusetts residents: You should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Members' out of pocket expenses will be higher if they do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

New York - Fully Insured Dental new business cases when the contract is issued in NY
For contributory plans, New York state insurance law says, employers must insure not less than 50% of eligible employees or, if less, 5 or more of such employees. To ensure compliance with this law, Aetna requires New York customers to provide updated employee census information on an annual basis.

NY,CO and NJ:
Producers (Brokers, Agents, Consultants): Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the products selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning his/her compensation for this sale, including commission and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.

> Salaried employees may earn compensation on the sale of Aetna products based on the services they provide, including providing quotes on, and explanations of, Aetna products. The compensation varies depending on a number of factors, including customer segment and products selected. Combining all factors, and excluding limited-benefit plans, compensation for each product quoted averages less than 0.80% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interests in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at https://www.aetna.com/about-aetna-insurance/contact-us/forms/employer/transparency.html.

Washington – Temporomandibular Joint (TMJ) Disorders:
A Non-surgical TMJ offering is available for purchase resulting in rate impact to all DMO & PPO non-small group business with a Washington contract state. If purchased, a TMJ $1000 annual maximum and, $5000 lifetime maximum applies to dental services related to the treatment of TMJ disorders. To ensure compliance with this State Mandate, Aetna requires Washington customers to complete an acceptance/denial of purchase for Non-Surgical TMJ coverage at the time of sale.

Dental EOB's: We make EOBs available through our secure Navigator website for subscribers who have registered to use Navigator and for whom we have a valid email address. We send members an email when a new EOB is available. All other members receive paper EOBs. If a member receiving EOBs electronically prefers paper EOBs, they can get them by telling us that is their preference.

Patient Protection and Affordable Care Act – Fees and Assessments
The Patient Protection and Affordable Care Act imposes a Health Insurer Fee (the "Fee"). The Fee became effective on January 1, 2014. The Fee will be suspended for 2017, but reinstated starting in 2018. This rate quote includes, where permitted, the estimated proportionate allocation of the Fee for the years where the Fee is applicable.

Aetna reserves the right to modify these rates, or otherwise recoup such Fee if estimates are materially insufficient.

Health Insurer Fee
Health Insurance Providers Fee (HIF) is a recurring, annual, industry fee assessed based on each insurer's share of the fully insured market, as determined by the IRS.

Per the Omnibus bill signed on December 20, 2019, HIF has been repealed for 2021 and beyond.

This rate quote includes, as applicable, an estimated proportionate allocation of expenses associated with the HIF. Aetna reserves the right to modify these rates, or otherwise recoup such fees, based on future regulatory guidance or subsequent state regulatory approval.

Dental PPOII - Dental PPO II is a vendor based program that offers access to contracted rates for dental claims that may otherwise be paid at billed charges under the out-of-network portion of the Dental PPO plan. The third party vendors participating in the Dental PPO II Program network are considered participating providers and services rendered by such providers will be reimbursed in accordance with the terms of the Customer's plan as in-network service.

Dental Out of Network Savings Program –Dental Out of Network Savings program is available for Indemnity and PPO dental plans that determine the Recognized Charge for out-of-network services based on FAIR Health data; it is not, however, available for dental benefits that are embedded with a medical plan. Aetna contracts with third-party network vendors that, in turn, have contracted with dentists who have agreed to charge discounted rates. Those dentists are still considered out-of-network providers, and the services they provide will be covered in accordance with your plan's benefits for out-of-network services.

Proposals for Aetna Dental PPO (including the Freedom-of-Choice plan design and Texas PDN) may not be offered to groups that have Assurant Employee Benefits or Sunlife as the incumbent Dental PPO carrier, unless the Aetna Dental PPO is quoted and sold along with an Aetna Medical plan.

CENSUS SUMMARY

Dental Summary*

Age	Single		Family		Waived	
	M	F	M	F	M	F
<30	5	1	0	0	0	0
30-34	2	1	1	0	0	0
35-39	0	0	2	0	0	0
40-44	2	1	1	0	0	0
45-49	4	3	4	1	0	0
50-54	1	0	12	3	0	0
55-59	7	0	8	0	0	0
60-64	9	3	6	2	0	0
65+	0	1	1	0	0	0

* The number of lives represents all lives submitted in this quote. Please see the applicable Benefit, Rate & Premium Information page for the eligible lives quoted.

SELECTED PRODUCTS/PROGRAMS SITEMATCH SUMMARY

Sitematch summary information included in this proposal may be limited to the group headquarters state.

DENTAL

Employee Subgroup: All Employees
Option: 1

With Network Access

Product/Program	State	Net ID	Network Name	Employees	Totals
FOC DMO®/PPOD				2	
DMO®	DC	2124	Washington, D.C.		
PPOD	DC	1842	Maryland and Metro D.C.		
FOC DMO®/PPOD				2	
DMO®	MD	2067	Northern Maryland (ALIC)		
PPOD	MD	1842	Maryland and Metro D.C.		
FOC DMO®/PPOD				33	
DMO®	MD	2067	Northern Maryland (ALIC)		
PPOD	MD	1842	Maryland and Metro D.C.		
FOC DMO®/PPOD				33	
DMO®	MD	2123	Southern Maryland (ALIC)		
PPOD	MD	1842	Maryland and Metro D.C.		
FOC DMO®/PPOD				1	
DMO®	PA	2130	Southeastern PA		
PPOD	PA	1841	Eastern Pennsylvania/Dela		
FOC DMO®/PPOD				10	
DMO®	VA	2087	Northern Virginia		
PPOD	VA	1843	Virginia except Metro DC		
Total Employees With FOC DMO®/PPOD Network Access					**81**

Without Network Access

State	Employees	Totals
Total Employees Without Network Access		**0**

Network Access Summary

Product/Program	Access Percent
FOC DMO®/PPOD	**100%**
Without Network Access	**0%**

For members residing in the state of Texas, PDN substitutes the reference to PPO Dental.

For members residing in Virginia, DNO substitutes the reference to DMO Dental.

FREEDOM OF CHOICE - DMO® / PPO
DMO® DENTAL PLAN DESIGN AND BENEFITS

For Option: 1
For Subgroup: All Employees
Network/Service Area: Northern Maryland (ALIC), Northern Virginia, Southeastern PA, Southern Maryland (ALIC), Washington, D.C.

Plan Features	DMO Benefits
Office Visit Copayment	$5
Coverage Levels	
Preventive & Diagnostic	100%
Basic Restorative	90%
Major Restorative	60%
Orthodontics	
Orthodontia Eligibility	Dependent Children Only (appliance must be placed prior to age 20)
Orthodontia Coinsurance or Fixed Copay Amount	$2,300 Copay
Orthodontia Lifetime Maximum	None
Removal of Orthodontia Work in Progress Exclusion (Buy Up)	Standard Exclusions Apply
Covered Dental Services	
The coverage levels for some common dental services are shown below. See your coverage booklet for a complete list of covered services.	
Visits and Exams	
Oral examination visit - (limited to 4 exams per year)	100%
Prophylaxis, including scaling and polishing (2 per year)	100%
Fluoride (1 application per year for children under age 16)	100%
Sealants (1 treatment per tooth every 3 years on permanent molars only for children under age 16)	100%
Oral hygiene instruction	100%
X-rays	
Bitewing x-rays (1 set per year)	100%
Full mouth series (1 set every 3 years)	100%
Periapical x-rays	100%
Endodontics	
Pulpotomy	90%
Root canal therapy, anterior or bicuspid tooth, with x-rays and cultures	90%
Apicoectomy	90%
Root canal therapy, molar teeth, with x-rays and cultures	60%
Minor Restorations	
Amalgam (silver) fillings	90%
Composite fillings (anterior teeth only)	90%
Stainless steel crowns	90%
Periodontics	
Scaling and root planing (4 separate quadrants every 2 years)	90%
Gingivectomy (1 per quadrant every 3 years)	90%
Osseous surgery (1 per quadrant every 3 years)	60%
Oral Surgery	
Incision and drainage of abscess	90%
Uncomplicated extractions	90%
Surgical removal of erupted tooth	90%
Surgical removal of impacted tooth (soft tissue)	90%
Surgical removal of impacted tooth (full or partial bony)	60%
Prosthodontics/Major Restorations	
Inlays/Onlays	60%
Crowns	60%
Bridges	60%

Plan Features	DMO Benefits
Full & partial dentures	60%
Denture repairs	60%
Dental Impants	No Coverage
Pontics	60%
Anesthesia	
General Anesthesia / IV Sedation	60%
Space Maintainers	100%
Dental Dependent Age Selections	
Non Student Age:	26
Student Age:	26
Non Student: Dependent Age Termination of Coverage	End of Month
Student: Dependent Age Termination of Coverage	End of Month
Installation Code	3
Contribution	
Voluntary	No
Employee Contribution	25%

FREEDOM OF CHOICE - DMO® / PPO
PPO DENTAL PLAN DESIGN AND BENEFITS

For Option: 1
For Subgroup: All Employees
Network/Service Area: Eastern Pennsylvania/Dela, Maryland and Metro D.C., Virginia except Metro DC

Plan Features	In-Network Benefits	Out-of-Network Benefits
Annual Deductible	$50 The deductible for PPO/PDN Dental benefits applies to Basic and Major Services.	$50 The deductible for PPO/PDN Dental benefits applies to Basic and Major Services.
Family Deductible	3X Individual	3X Individual
Calendar Year Maximum	$1,000	$1,000
Coverage Levels		
Preventive & Diagnostic	100%	100%
Basic Restorative	70%	70%
Major Restorative	40%	40%
Endo / Perio 3 *	70%	70%
Endo / Perio Other	70%	70%
R&C Percentile		PPO Max Plan
Extend Network	Exclude	
Orthodontics		
Orthodontia Eligibility	Dependent Children Only (appliance must be placed prior to age 20)	Dependent Children Only (appliance must be placed prior to age 20)
Orthodontia Coinsurance	50% Coinsurance	50% Coinsurance
Orthodontia Lifetime Maximum	$1,000	$1,000
Removal of Orthodontia Work in Progress Exclusion (Buy Up)	Standard Exclusions Apply	Standard Exclusions Apply
Visits and Exams		
Oral examination visit - (limited to 2 routine and 2 other exams per year)	100%	100%
Prophylaxis, including scaling and polishing (2 per year)	100%	100%
Fluoride (1 application per year)	100%	100%
Sealants (1 treatment per tooth every 3 years on permanent molars only)	100%	100%
X-rays		
Bitewing x-rays (1 set per year)	100%	100%
Full mouth series (1 set every 3 years)	100%	100%
Periapical x-rays	100%	100%
Endodontics		
Pulpotomy	70%	70%
Root canal therapy, anterior or bicuspid tooth, with x-rays and cultures	70%	70%
Apicoectomy	70%	70%
* Root canal therapy, molar teeth, with x-rays and cultures	70%	70%
Minor Restorations		
Amalgam (silver) fillings	70%	70%
Composite fillings (anterior teeth only)	70%	70%
Stainless steel crowns	70%	70%
Periodontics		
Scaling and root planing (4 separate quadrants every 2 years)	70%	70%
Gingivectomy (1 per quadrant every 3 years)	70%	70%
* Osseous surgery (1 per quadrant every 3 years)	70%	70%
Crown Lengthening	70%	70%
Oral Surgery		

Incision and drainage of abscess	70%	70%
Uncomplicated extractions	70%	70%
Surgical removal of erupted tooth	70%	70%
Surgical removal of impacted tooth (soft tissue)	70%	70%
* Surgical removal of impacted tooth (full or partial bony)	70%	70%
Prosthodontics/Major Restorations		
Inlays/Onlays	40%	40%
Crowns	40%	40%
Crown Build Ups	40%	40%
Bridges	40%	40%
Full & partial dentures	40%	40%
Denture repairs	40%	40%
Pontics	40%	40%
Dental Implants (Buy Up)	Standard Exclusions Apply	Standard Exclusions Apply
Fluoride Increase Age Limit	To age 16	To age 16
Sealants Remove Age Limit	To age 16	To age 16
Posterior Composite	Not Covered	Not Covered
Prosthetic Replacement	8 Years	8 Years
Anesthesia		
General Anesthesia / IV Sedation	40%	40%
Space Maintainers	100%	100%
Dental Dependent Age Selections		
Non Student Age:	26	26
Student Age:	26	26
Non Student: Dependent Age Termination of Coverage	End of Month	End of Month
Student: Dependent Age Termination of Coverage	End of Month	End of Month
Contribution		
Voluntary	No	No
Employee Contribution	25%	25%

For members residing in Texas, a) PDN substitutes the reference to PPO Dental, b) your In - and Out-of Network benefits are the In-Network benefits shown above.

DENTAL LIMITATIONS & EXCLUSIONS*

Oral exams are limited to four per year for DMO dental plans, and two routine and two other exams per year for PPO and Indemnity dental plans.

Under a DMO dental plan, services performed by specialists, including general anesthesia, are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna. Copayments under the DMO plan are based on the dentist's reasonable and customary fees.

Emergency Dental Care
Under a DMO dental plan, if you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Under an Indemnity dental plan, benefits payable are limited to the prevailing (usual and customary) charge level, as determined by Aetna per the terms of your benefit plan.

*Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Some of the Services not covered under the plan are:
1. Those for services or supplies which are covered in whole or in part:
(a) Under any other part of this Dental Care Plan; or
(b) Under any other plan of group benefits provided by or through your employer.
2. Those for services and supplies to diagnose or treat a disease or injury that is not:
(a) A non-occupational disease; or
(b) A non-occupational injury.
3. Those for services not listed in the Dental Care Schedule that applies; unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost; missing; or stolen appliance; and those for replacement of appliances that have been damaged due to abuse; misuse; or neglect.
5. Those for: plastic; reconstructive; or cosmetic surgery; or other dental services or supplies which are primarily intended to improve; alter; or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for; or in connection with: services; procedures; drugs; or other supplies that are determined by Aetna to be experimental; or still under clinical investigation by health professionals.
7. Those for: dentures; crowns; inlays; onlays; bridgework; or other appliances or services used for the purpose of splinting; to alter vertical dimension to restore occlusion; or correcting attrition; abrasion; or erosion.
8. Those for any of the following services:
(a) An appliance; or modification of one; if an impression for it was made before the person became a covered person;
(b) A crown; bridge; or cast or processed restoration; if a tooth was prepared for it before the person became a covered person;
(c) Root canal therapy; if the pulp chamber for it was opened before the person became a covered person.
9. Those for services that Aetna defines as not necessary for the diagnosis; care; or treatment of the condition involved. This applies even if they are prescribed; recommended; or approved by the attending physician or Dentist.
10. Those for services intended for treatment of any Jaw Joint Disorder; unless otherwise specified in the Booklet-Certificate.
11. Those for Space Maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment; unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation unless specifically covered. For plans which cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a Dentist; except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a Dentist.
15. Those in connection with a service given to a person age five or more if that person becomes a covered person other than: (a) during the first 31 days the person is eligible for this coverage; or (b) as prescribed for any period of open enrollment agreed to by the Employer and Aetna. This does not apply to charges incurred:
(a) After the end of the twelve month period starting on the date the person became a covered person; or
(b) As a result of accidental injuries sustained while the person was a Covered Person; or
(c) For a Primary Care Service in the Dental Care Schedule that applies shown under the headings Visits and Exams; and X-rays and Pathology.
16. Those for services given by a Non-Par Dental Provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown; cast; or processed restoration unless:
(a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or
(b) The tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics; crowns; cast or processed restorations made with high noble metals; unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons; unless otherwise specified in the Booklet-Certificate.
20. Those for services needed solely in connection with non-covered services.
21. Those for services done where there is no evidence of pathology; dysfunction; or disease other than covered preventive services

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

Dental Care Plan coverage is subject to the following rules:

Replacement Rule: The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable bridges; or fixed bridgework is covered only if one of the following terms is met:
(a) The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. Dental Care Plan coverage must have been in force for the covered person when the extraction took place.
(b) The existing denture; crown; cast or processed restoration; removable bridge; or bridgework cannot be made serviceable; and was installed at least five years under a DMO dental plan and at least eight years under a PPO or Indemnity dental plan before its replacement. However, if under a PPO or Indemnity dental plan a prosthetic replacement buy up is selected, then its replacement is at least five years.
(c) The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered; and cannot be made permanent; and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

Tooth Missing But Not Replaced Rule: Coverage for the first installation of removable dentures; removable bridges; and fixed bridgework is subject to the requirements that such dentures; removable bridges; and fixed bridgework are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed at least five years under a DMO dental plan and eight years under a PPO or Indemnity dental plan before its replacement. This rule not applicable to California and Texas members. However, if under a PPO or Indemnity dental plan a prosthetic replacement buy up is selected, then its replacement is at least five years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition; Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:
(a) The service must be listed on the Dental Care Schedule;
(b) The service selected must be deemed by the dental profession to be an appropriate method of treatment; and
(c) The service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a Par Dental Provider and the covered person asks for a more costly covered service than that for which coverage is approved; the specific Copayment for such service will consist of:
(a) The Copayment for the approved less costly service; plus
(b) The difference in cost between the approved less costly service and the more costly covered service.

Consult Aetna's on-line provider directory for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. The availability of any particular provider cannot be guaranteed for referred or in-network benefits, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna has identified providers who were not accepting patients as known to Aetna at the time this provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Member Services at the toll-free number on your online ID card.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract or any part of one. For a complete description of the benefits available to you, including procedures, exclusions and limitations, please request a copy of your specific plan documents, which may include the Group Insurance Certificate or Booklet, Group Insurance Policy and any applicable riders to your plan. All the terms and conditions of your plan or program are subject to and governed by applicable contracts, laws, regulations and policies. The availability of a plan or program may vary by geographic service area, and not all plans or programs are available in all areas. All benefits are subject to coordination of benefits.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental benefits are provided or administered by: Aetna Life Insurance Company, Aetna Dental of California Inc., Aetna Health Inc. and Aetna Dental Inc.

In Arizona, Advantage Dental, Basic Dental and Family Preventive Dental Plans are provided or administered by Aetna Health Inc.; PPO and Indemnity Dental plans are provided or administered by Aetna Life Insurance Company.

For members residing in the state of Texas, PDN substitutes the reference to PPO Dental.

In Virginia, the DMO® Plan is known as the DNO (Dental Network Only) Plan.

* Not applicable to Vital Savings by Aetna℠

For members of a 100/0/0 plan: Replacement rule, Tooth Missing but not Replaced rule, Alternate Treatment rule, and Emergency Dental Care may not apply.

Two for you

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

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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.

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 Health℠ 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**. 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.

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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