



Effective Date: 01/01/2006

**JERZY INC.**  
**FREEDOM OF CHOICE - DMO® / PPO**  
**DMO® DENTAL PLAN DESIGN AND BENEFITS**

<b>Plan Features</b>	<b>DMO Benefits</b>
<b>Office Visit Copayment</b>	\$5
<b>Coverage Levels</b>	
Preventive & Diagnostic	100%
Basic Restorative	100%
Major Restorative	60%
<b>Orthodontics</b>	
Orthodontia Eligibility	Adults and Dependent Children
Orthodontia Coinsurance or Fixed Copay Amount	\$2,000 Copay
Orthodontia Lifetime Maximum	None
<b>Covered Dental Services</b>	
The coverage levels for some common dental services are shown below. See your coverage booklet for a complete list of covered services.	
<b>Visits and Exams</b>	
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%
<b>X-rays</b>	
Bitewing x-rays (1 set per year)	100%
Full mouth series (1 set every 3 years)	100%
Periapical x-rays	100%
<b>Endodontics</b>	
Pulpotomy	100%
Root canal therapy, anterior or bicuspid tooth, with x-rays and cultures	100%
Apicoectomy	100%
Root canal therapy, molar teeth, with x-rays and cultures	60%
<b>Minor Restorations</b>	
Amalgam (silver) fillings	100%
Composite fillings (anterior teeth only)	100%
Stainless steel crowns	100%
<b>Periodontics</b>	
Scaling and root planing (4 separate quadrants every 2 years)	100%
Gingivectomy (1 per quadrant every 3 years)	100%
Osseous surgery (1 per quadrant every 3 years)	60%
<b>Oral Surgery</b>	
Incision and drainage of abscess	100%
Uncomplicated extractions	100%
Surgical removal of erupted tooth	100%



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Surgical removal of impacted tooth (soft tissue)	100%
Surgical removal of impacted tooth (full or partial bony)	60%
<b>Prosthodontics/Major Restorations</b>	
Inlays/Onlays	60%
Crowns	60%
Bridges	60%
Full & partial dentures	60%
Denture repairs	60%
Pontics	60%
<b>Anesthesia</b>	
General Anesthesia / IV Sedation	60%
<b>Space Maintainers</b>	100%

### PPO DENTAL PLAN DESIGN AND BENEFITS

Plan Features	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>	\$50	\$50
The deductible for PPO/PDN Dental benefits applies to Basic and Major Services.		
Family Deductible	3X Individual	3X Individual
<b>Calendar Year Maximum</b>	\$1,000	\$1,000
<b>Coverage Levels</b>		
Preventive & Diagnostic	100%	100%
Basic Restorative	80%	80%
Major Restorative	50%	50%
Endo / Perio 3 *	80%	80%
Endo / Perio Other	80%	80%
<b>R&amp;C Percentile</b>		90th
<b>Orthodontics</b>		
Orthodontia Eligibility	No Coverage	No Coverage
Orthodontia Coinsurance	No Coverage	No Coverage
Orthodontia Lifetime Maximum	No Coverage	No Coverage
<b>Covered Dental Services</b>		
The coverage levels for some common dental services are shown below. Benefits are subject to reasonable and customary charge limits. See your coverage booklet for a complete list of covered services.		
<b>Visits and Exams</b>		
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 for children under age 16)	100%	100%
Sealants (1 treatment per tooth every 3 years on permanent molars only for children under age 16)	100%	100%
<b>X-rays</b>		
Bitewing x-rays (1 set per year)	100%	100%
Full mouth series (1 set every 3 years)	100%	100%
Periapical x-rays	80%	80%
<b>Endodontics</b>		
Pulpotomy	80%	80%
Root canal therapy, anterior or bicuspid tooth, with x-rays and cultures	80%	80%
Apicoectomy	80%	80%
* Root canal therapy, molar teeth, with x-rays and cultures	80%	80%



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<b>Minor Restorations</b>		
Amalgam (silver) fillings	80%	80%
Composite fillings (anterior teeth only)	80%	80%
Stainless steel crowns	80%	80%
<b>Periodontics</b>		
Scaling and root planing (4 separate quadrants every 2 years)	80%	80%
Gingivectomy (1 per quadrant every 3 years)	80%	80%
* Osseous surgery (1 per quadrant every 3 years)	80%	80%
<b>Oral Surgery</b>		
Incision and drainage of abscess	80%	80%
Uncomplicated extractions	80%	80%
Surgical removal of erupted tooth	80%	80%
Surgical removal of impacted tooth (soft tissue)	80%	80%
* Surgical removal of impacted tooth (full or partial bony)	80%	80%
<b>Prosthodontics/Major Restorations</b>		
Inlays/Onlays	50%	50%
Crowns	50%	50%
Bridges	50%	50%
Full & partial dentures	50%	50%
Denture repairs	50%	50%
Pontics	50%	50%
<b>Anesthesia</b>		
General Anesthesia / IV Sedation	50%	50%
<b>Space Maintainers</b>	100%	100%

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, participating dentists will arrange for treatment for your dental emergencies at the DMO level of benefits. But, if the emergency occurs more than 50 miles from home, you have limited coverage for certain treatment by a non-participating dentist. The services must be needed to relieve pain or prevent the worsening of a condition that would be caused by delay of treatment. The benefit for certain treatment is the dentist's charge up to a \$100 limit.

Under a PPO dental plan, you may choose at the time of service either a Preferred Provider Organization (PPO) participating dentist or any out-of-network dentist. Benefit levels are generally higher if a covered person chooses a PPO participating dentist. Under a PPO dental plan, the benefits payable, when services are provided by a PPO participating dentist, are based on a negotiated fee schedule. Under the standard PPO plan design, when services are rendered by a non-network provider, payment to the dentist is based on the prevailing (usual and customary) charge level (as determined by Aetna per the terms of your benefit plan) and you may be balance billed. Under PPO Max plans, if you use a nonparticipating dentist, the dentist will be paid based on the standard negotiated fee that Aetna pays participating dentists in that geographic area for covered benefits, and you may be balance billed.

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.

**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.



Effective Date: 01/01/2006

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.
- (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.

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.



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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 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 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 Plus Dental, 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.

\* Not applicable to Vital Savings by Aetna<sup>SM</sup>