



University of
Connecticut

University of Connecticut

**Aetna Dental Preferred
Provider Organization (PPO)
Coverage**

2008-2009



Summary of Benefits

This Aetna Dental® Preferred Provider Organization (PPO) insurance benefits summary is provided by Aetna Life Insurance Company (Aetna) for some of the more frequently performed dental procedures. In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company. Under this plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the PPO participating dentists have agreed to provide care at a negotiated fee schedule.

Payment made to a PPO provider is based on a negotiated fee, which is generally less than UCR charge. PPO providers can not bill beyond the negotiated rate.

Nonparticipating benefits are subject to Reasonable Charge limits.

| | Active |
|---|--|
| | <u>participating / non-participating</u> |
| Annual Deductible* | |
| Individual | \$50 / \$50 |
| Family | \$150 / \$150 |
| Preventive Service Covered Percent | 100% / 100% |
| Basic Service Covered Percent | 80% / 60% |
| Major Service Covered Percent | 50% / 40% |
| Annual Benefit Maximum | \$750 / \$750 |
| Office Visit Copay | N/A |
| Orthodontic Services | Not Covered |
| Orthodontic Deductible | N/A |
| Orthodontic Lifetime Maximum | N/A |
| *The deductible applies to: Basic and Major services only | |
| Partial List of Plan Provisions | Active |
| | <u>participating / non-participating</u> |
| Preventive | |
| Oral examinations (a) | 100% / 100% |
| Cleanings, including scaling and polishing (a) Adult/Child | 100% / 100% |
| Fluoride (a) | 100% / 100% |
| Sealants (permanent molars only) (a) | 100% / 100% |
| Bitewing X-rays (a) | 100% / 100% |
| Full mouth series X-rays (a) | 100% / 100% |
| Space maintainers | 100% / 100% |
| Basic | |
| Root canal therapy, with X-rays and cultures | 80% / 60% |
| Anterior teeth / Bicuspid teeth | 80% / 60% |
| Amalgam (silver) fillings | 80% / 60% |
| Composite fillings (anterior teeth only) | 80% / 60% |
| Stainless steel crowns | 80% / 60% |
| Scaling and root planing (a) | 80% / 60% |
| Gingivectomy | 80% / 60% |
| Incision and drainage of abscess | 80% / 60% |
| Uncomplicated extractions | 80% / 60% |
| Surgical removal of erupted tooth | 80% / 60% |
| Surgical removal of impacted tooth (soft tissue) | 80% / 60% |
| Major | |
| Root canal therapy, molar teeth, with X-rays and cultures | 50% / 40% |
| Osseous surgery (a) | 50% / 40% |
| Surgical removal of impacted tooth (partial bony/full bony) | 50% / 40% |
| General anesthesia/intravenous sedation | 50% / 40% |
| Inlays | 50% / 40% |
| Onlays | 50% / 40% |
| Crowns | 50% / 40% |
| Full & partial dentures | 50% / 40% |
| Denture repairs | 50% / 40% |
| Pontics | 50% / 40% |
| <i>(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.</i> | |

Emergency Dental Care* - Active PPO

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. When emergency services are provided by a participating PPO dentist, benefits are covered at the in-network level. Benefits for emergency care rendered by a non-participating dentist are covered at the in-network rate up to a maximum of \$75. Amounts over that are covered at the out-of-network level.

*Covered emergency services may vary, based on state law.

Definitions

1. **Accident:** an occurrence which (a) is unforeseen; (b) is not due to or contributed to by **sickness** or disease of any kind; and (c) causes **injury**.
2. **Actual Charge:** the charge made for a covered service by the provider who furnishes it.
3. **Copay:** this is a fee charged to a person for **Covered Dental Expenses**.
4. **Coinsurance:** both the percentage of **covered expenses** that the plan pays, and the percentage of **covered expenses** that the **covered person** pays. The percentage that the plan pays is called "plan **coinsurance**" or the "payment percentage," and varies by the type of expense. Please refer to the Schedule of Dental Expense Benefits for specific information on coinsurance amounts.
5. **Covered Dental Expenses:** those charges for any treatment; service; or supplies; covered by this Policy which are:
not in excess of the **reasonable and customary** charges; or
not in excess of the charges that would have been made in the absence of this coverage;
and incurred while this Policy is in force as to the **covered person**.
6. **Covered dependent:** a **covered student's dependent** who is insured under this Policy.
7. **Deductible:** the amount of **Covered Dental Expenses** that are paid by each **covered person** during the **policy year** before benefits are paid.
8. **Dental consultant:** a **dentist** who has agreed to provide consulting services in connection with the Dental Expense Benefit.
9. **Dental Emergency**
Any dental condition that:

occurs unexpectedly;
requires immediate diagnosis and treatment in order to stabilize the condition; and
is characterized by symptoms such as severe pain and bleeding.]
10. **Dental provider:** This is any **dentist**; group; organization; dental facility; or other institution; or person legally qualified to furnish dental services or supplies.
11. **Dentist:** a legally qualified **dentist**. Also, a **physician** who is licensed to do the dental work he or she performs.
12. **Dependent:** (a) the **covered student's** spouse residing with the **covered student**; or (b) the person identified as a domestic partner in the "Declaration of Domestic Partnership" which is completed and signed by the **covered student**; and (c) the **covered student's** unmarried child under the age of 19 years (or 23 if a student). The child must reside with, and be fully supported by, the **covered student**.

The term "child" includes a **covered student's** step-child; adopted child; and a child for whom a petition for adoption is pending; and who is residing with the covered student; and who is chiefly dependent on the **covered student** for his or her full support.

The term **dependent** does not include a person who is: (a) an eligible student; or (b) a member of the armed forces.

13. **Jaw Joint Disorder**

This is:

a Temporomandibular Joint (TMJ) dysfunction or any similar disorder of the jaw joint; or
a Myofascial Pain Dysfunction (MPD); or
any similar disorder in the relationship between the jaw joint and the related muscles and nerves.

14. **Medically Necessary, Medical Necessity:**

Health care; or dental services and supplies; or **prescription drugs** that a **physician; other health care provider or dental provider**; exercising prudent clinical judgment; would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an **illness; injury**; disease; or its symptoms; and that provision of the service; supply; or **prescription drug** is:

in accordance with generally accepted standards of medical; or dental practice;
clinically appropriate; in terms of type; frequency; extent; site; and duration; and considered effective for the patient's **illness; injury**; or disease; and
not primarily for the convenience of the patient, **physician; other health care; or dental provider**; and
and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results; as to the diagnosis or treatment of that patient's **illness; injury**; or disease.

15. For these purposes "generally accepted standards of medical or dental practice" means:

standards that are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community, or otherwise consistent with **physician** or dental specialty society recommendations and the views of **physicians** or **dentists** practicing in relevant clinical areas and any other relevant factors.

16. **Orthodontic treatment:** any
medical service or supply; or
dental service or supply;

furnished to prevent or to diagnose or to correct a misalignment:
of the teeth; or
of the bite; or
of the jaws or jaw joint relationship;

whether or not for the purpose of relieving pain.

Not included is:

the installation of a space maintainer; or
surgical procedure to correct malocclusion.

17. **Out-of-Area Emergency Dental Care:** **medically necessary** care or treatment for an **emergency medical condition**; that is rendered outside a 50 mile radius of the **covered student's member dental provider**. Such care is subject to specific limitations set forth in this Policy.

18. **Policy Year:** the period of time from anniversary date to anniversary date except in the first year when it is the period of time from the effective date to the first anniversary date.

20. **Reasonable Charge:** Only that part of a charge which is reasonable is covered. The **reasonable charge** for a service or supply is the lowest of:

- The provider's usual charge for furnishing it; and
- The charge Aetna determines to be appropriate; based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made; and
- The charge Aetna determines to be the prevailing charge level made for it in the geographic area where it is furnished.

In some circumstances; Aetna may have an agreement; either directly or indirectly through a third party; with a provider which sets the rate that Aetna will pay for a service or supply. In these instances; in spite of the methodology described above; the **reasonable charge** is the rate established in such agreement.

In determining the **reasonable charge** for a service or supply that is:

- Unusual; or
- Not often provided in the area; or
- Provided by only a small number of providers in the area.

Aetna may take into account factors, such as:

- The complexity;
- The degree of skill needed;
- The type of specialty of the provider;
- The range of services or supplies provided by a facility; and
- The prevailing charge in other areas.

21. **Service Area:** the geographic area; as determined by **Aetna**; in which **network providers** for this plan are located.
22. **Specialist Dentist:** any **dentist** who; by virtue of advanced training is board eligible or certified by a Specialty Board as being qualified to practice in a special field of dentistry.

Some Services Not Covered Under the Plan Are:

1. Services or supplies that are covered in whole or in part:
under any other part of this Dental Care Plan; or
under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
a non-occupational disease; or
a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the plan documents.
4. Services 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. Services for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that 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. Services 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. Services 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 to correct attrition, abrasion or erosion.
8. Those for any of the following services:
an appliance or modification of one if an impression for it was made before the person became a covered person;
a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. 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. Services intended for treatment of any jaw joint disorder, unless otherwise specified in the plan documents.
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 plan documents.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that 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 5 or older 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:
 - after the end of the 12-month period starting on the date the person became a covered person; or
 - as a result of accidental injuries sustained while the person was a covered person; or
 - for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
16. Those for a crown, cast or processed restoration unless:
 - it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
 - the tooth is an abutment to a covered partial denture or fixed bridge.
17. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the plan documents.
18. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the plan documents.
19. Services needed solely in connection with non-covered services.
20. 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.

Your 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 denture;
 fixed bridgework; or
 other prosthetic services

is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 8 years before its replacement.

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; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services 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 during the prior 8 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.

Finding Participating Providers

Consult Aetna Dental online provider directory, DocFind[®], for the most current provider listings. 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. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your ID card, or use our Internet-based provider directory (DocFind) available at www.aetna.com.

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.

Policy forms issued in OK include: GR-96134.