

ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

| Individual Dental PPO Max | | |
|---|--------------------------------|-------------------------------|
| | Preferred | Nonpreferred |
| Annual Deductible per Member (does not apply to Diagnostic and Preventive Services) | \$25; \$75 Family maximum | \$25; \$75 family maximum |
| Annual maximum benefit | Unlimited | Unlimited |
| Diagnostic Services | | |
| Oral Exams | | |
| Periodic oral exam | 100% not subject to deductible | 50% not subject to deductible |
| Comprehensive oral exam | 100% not subject to deductible | 50% not subject to deductible |
| Problem-focused oral exam | 100% not subject to deductible | 50% not subject to deductible |
| X-rays | | |
| Bitewing - single film | 100% not subject to deductible | 50% not subject to deductible |
| Complete series | 100% not subject to deductible | 50% not subject to deductible |
| Preventive Services | | |
| Adult Cleaning | 100% not subject to deductible | 50% not subject to deductible |
| Child Cleaning | 100% not subject to deductible | 50% not subject to deductible |
| Sealants - per tooth | Discount | Not Covered |
| Flouride Application - with cleaning | 100% not subject to deductible | 50% not subject to deductible |
| Space Maintainers | Discount | Not Covered |
| Basic Services | | |
| Amalgam Filling - 2 surfaces | 100% not subject to deductible | 50% not subject to deductible |
| Resin filling - 2 surfaces anterior | Discount | Not Covered |
| Oral Surgery | Discount | Not Covered |
| Extraction-exposed root or erupted tooth | Discount | Not Covered |
| Extraction of impacted tooth - soft tissue | Discount | Not Covered |
| Major Services | | |
| Complete upper denture | Discount | Not Covered |
| Partial Upper Denture (resin base) | Discount | Not Covered |
| Crown - porcelain with noble metal | Discount | Not Covered |
| Pontic - porcelain with noble metal | Discount | Not Covered |
| Inlay - metallic (3 or more surfaces) | Discount | Not Covered |
| Oral Surgery | | |
| Removal of impacted tooth-partially bony | Discount | Not Covered |
| Endodontic Services | | |
| Bicuspid root canal therapy | Discount | Not Covered |
| Molar root canal therapy | Discount | Not Covered |
| Periodontic Services | | |
| Scaling & Root planing - per quadrant | Discount | Not Covered |
| Osseous surgery - per quadrant | Discount | Not Covered |
| Orthodontic Services | Discount | Not Covered ^{ILL} |

Access to negotiated discounts: members are eligible to receive non covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist at any time.

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

This list of covered services is representative. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the county list located on page 2 of the Aetna Advantage Brochure.

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

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IL Dental (06/08)

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