

Dental Options/Allowances



Optional supplemental benefit (OSB) packages

DMO Dental - \$16.20

**DMO Dental Plus Eyewear (\$125/year) and
Hearing Aids (\$300/year) - \$26.20**

Offered on the Aetna HMO's only

Aetna Medicare Value Plan (HMO) H3931-107

Aetna Medicare Value Plan (HMO) H3931-108

Aetna Medicare Select Plan (HMO) H3931-109

Aetna Medicare Select Plan (HMO) H3931-110



Optional supplemental dental benefits (OSB) DMO dental

You pay:

Aetna Medicare HMO Advantage Dental Plan

\$5 copay per office visit

(with selected Network Primary Dentist for covered services)

Limited services are covered under the office visit copay, please reference the fee schedule for the full list of applicable services

- Preventive care: oral exams, cleanings and x-rays
- Diagnostic care: select imaging, diagnostic casts and pulp vitality tests
- Restorative care: fillings
- Endodontic care: indirect and direct pulp caps
- Periodontic care: scaling and root planing
- Prosthodontic care: partial and complete denture adjustments

Reduced-fee services (partial list)

- Crowns, bridges and dentures
- Root canals
- Oral surgery, including non-surgical extractions
- Periodontic care: maintenance and surgeries

(with selected Network Primary Dentist for covered services)

http://aetnet.aetna.com/salesweb/products_and_programs/products/fee_schedules.html#Dental

To view the reduced fee schedule click link, select market and view charges under column AD Aetna Advantage Dental (AD)

Optional supplemental benefits (OSB) enrollment and effective dates

Members may enroll in optional supplemental benefit coverage at the time of initial enrollment or anytime during the calendar year. Enrollment may be completed by writing or calling Member Services at the number on the member ID card. The plan will determine eligibility for optional supplemental benefit coverage and the effective date of coverage.

If the plan accepts enrollment, the optional supplemental benefit coverage elected will become effective on one of the following dates, as applicable:

- **New plan members:** The effective date for the optional supplemental benefit coverage will be the same date as the effective date of a member's plan coverage.
- **Current plan members:** If a member's optional supplemental benefit plan change form is received by the plan before the last business day of the month and is deemed complete, the optional supplemental benefit will be effective the first of the following month.

Embedded dental allowances - H5521-134 (Aetna Medicare Choice PPO) & H5521-020 (Aetna Medicare Standard PPO)

Preventive dental allowance

- Coverage for preventive services only (such as oral evaluations, cleanings and x-rays)
- Preventive Allowances are an annual benefit
- Allowances are a member reimbursement
- Members can receive services from any licensed dentist (no provider network)
- Preventive allowance amounts are:
 - H5521-134 (Aetna Medicare Choice PPO) - \$250
 - H5521-020 (Aetna Medicare Standard PPO) - \$400

Note: Plans may have either a preventive only allowance or preventive & comprehensive combined allowance. Please see plan materials for more information.

Embedded dental allowances -

How the reimbursement process works

- Member visits a licensed dentist and receives dental services. The member pays out of pocket for those services.
- The member must then submit a claim to us to receive reimbursement for covered services.
 - Note: There's no special form the member needs to complete.
- Instead, the member just needs to mail the itemized bill, paid receipt and their member ID number to the Aetna or Coventry office address listed on the back of their member ID card.
- Members will be reimbursed up to the maximum allowance for covered services.