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See network dentists — and pay less out of pocket **Aetna Dental® PPO Plans**

How to keep your costs down

Here's a great way to save on dental care costs. Be sure to visit a dentist who participates in your dental insurance plan's preferred provider organization (PPO)* network.

These network dentists offer special rates to Aetna members for covered care.** So you can take care of your healthy smile. And pay less out of pocket when you do.

^{*}In Texas, the preferred provider organization (PPO) plan is known as the participating dental network (PDN).

^{**}You may need to pay the difference between what your dentist charges and what the plan pays. Your plan may have annual and lifetime maximums for services. There are also age and frequency limits for certain services. See your plan documents for details.

Dental care	Network	Out of network	Your savings'
Crown Plan pays 50%	\$401	\$593	\$192
Complete upper denture Plan pays 50%	\$480	\$671	\$191
Osseous surgery Plan pays 50%	\$390	\$574	\$184
Scaling/root planing Plan pays 80%	\$77	\$127	\$50
Extraction (one tooth) Plan pays 80%	\$18	\$40	\$22
Composite (white) filling Plan pays 80%	\$19	\$37	\$18
Periodontal maintenance Plan pays 80%	\$17	\$31	\$14

Find a network dentist

More than 274,000 dentists participate in our network." To find one, visit our online directory at **www.aetna.com**. You can search for a dentist by name, specialty, ZIP code, distance and more.

Network dentists save you money. So make sure to visit dentists in the Aetna PPO network.

Want an idea of what dental care costs?

Use our dental cost estimating tool to:

- Get estimated average costs for cleanings, fillings, X-rays, crowns and other services
- See how much you may save by visiting a network dentist

Just register for your secure member website at **www.aetna.com** to use the tool.

Dental PPO insurance plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna).

This material is for information only and is not an offer or invitation to contract. An application must be obtained to obtain coverage. Rates and benefits vary by location. Dental insurance plans contain exclusions and limitations. Dental information programs provide general dental information and are not a substitute for diagnosis or treatment by a dentist or other dental care professional. 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. 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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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 include:** GR-9 and/or GR-9N, GR-23, GR-29 and/or GR-29N.

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^{***}Based on a 100/80/50 dental plan with a \$50 yearly deductible. Chart shows average charges after deductible has been paid.

[†]Represents average fees for the procedures listed as displayed in the Aetna Estimate the Cost of Care tool as of March 2015 for Los Angeles, Orlando, Chicago and New York City. Actual costs and savings may vary by geographic location.

[&]quot;Aetna provider data, September 2015.