A photograph of a smiling couple in a field. The man is on the right, wearing an orange shirt and a backpack, looking down at the woman. The woman is on the left, wearing a green sweater and a backpack, looking up at the man. They are both smiling and appear to be in a romantic relationship. The background is a blurred landscape with green bushes and a blue sky.

# **2023 Dental Medicare Advantage**



Quick reference guide

 **aetna**<sup>™</sup>  
medicare solutions

# Dental Medicare Advantage

# Quick reference guide

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## Welcome

Thank you for participating as a dental provider in our network. At Aetna®, we're committed to providing quality dental services that are available to all our members. We recognize the need for strong partnerships with our dental providers and your contribution makes this possible.

## What you need to know

As a network dentist, you'll be able to see all Aetna Dental Medicare Advantage members and **you'll be reimbursed according to the PPO fee schedule you have with us.\*** These members may reference having an HMO, DSNP, HMO-POS or PPO plan.

## We're here for you

If you have any questions, you can contact our dedicated Medicare Provider Services team. They offer personalized customer service and can help you with Medicare dental plan benefits. Just call **1-800-624-0756 (TTY: 711)**.

## What you will learn in this guide

The reference guide gives you a quick glance at our Medicare plan packages. It can help to answer any questions you may have about our Medicare plans. You can also review common guidelines that will help you assist our members. It includes:

- Benefits and limitations of our Medicare plan packages
- How and where to submit claims
- Sample 2023 ID cards

Our success is directly linked to our partnership and the quality of care we deliver to our members. Thank you for being an Aetna Dental network dentist!

\*The PPO fee schedule does not apply to Direct Member Reimbursement Plans.

## Important contact information

**[www.AetnaDental.com](http://www.AetnaDental.com)**

### **Medicare Provider Services 1-800-624-0756 (TTY: 711)**

You can call to confirm member eligibility and benefits, check claims status and more.

### **Member Services**

Refer to the back of the member ID card.

## Send claims to:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

**EDI Payer ID#60054**

## Need to verify member eligibility, have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

This document contains only a summary of benefits and doesn't represent a guarantee of coverage or specific payment. All plan benefits are subject to the terms, conditions and limitations of the specific policy issued, including, but not limited to, eligibility, precertification, exclusions and limitations, and medical necessity requirements. Please refer to the Certificate of Coverage or Summary Plan Description for a more complete explanation of benefits, including a full listing of exclusions and limitations. In the event of a discrepancy, the Certificate of Coverage or Summary Plan Description will govern.

**For internal use and release to authorized providers only.**

## Liberty Dental Plan Partnership

We are pleased to announce that we have expanded our partnership with Liberty Dental Plan. Liberty Dental Plan will continue to service certain plans in CA and FL in 2023 — plus a new subset of plans in Nevada.

**Liberty CA Claims address**

ATTN: CLAIMS DEPARTMENT  
LIBERTY Dental Plan  
PO Box 26110  
Santa Ana, CA 92799-6110

**Liberty FL Claims address**

ATTN: CLAIMS DEPARTMENT  
LIBERTY Dental Plan  
PO Box 15149  
Tampa, FL 33684-5149

**Liberty CA Payor ID number**

CX083

**Liberty FL Payor ID number**

CX063

**Liberty Provider Service Line**

CA Provider Number: 1-800-268-9012

**Liberty Provider Service Line**

FL Provider Number: 1-833-276-0851

**Liberty NV Claims address**

ATTN: CLAIMS DEPARTMENT  
LIBERTY Dental Plan  
PO Box 401086  
Las Vegas, NV 89140

**Liberty NV Payor ID number**

CX083

**Liberty Provider Service Line**

NV Provider Number: 1-888-700-0634

Visit <https://www.libertydentalplan.com/> for more information.

## 2023 Liberty Dental Plan List

Contract	PBP	Plan name on ID card	State	Dental package
H1609	016	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	017	Aetna Medicare Assure (HMO D-SNP)	FL	Liberty Dental
H1609	018	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	019	Aetna Medicare Assure (HMO D-SNP)	FL	Liberty Dental
H1609	020	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	021	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	022	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	025	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	027	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	028	Aetna Medicare Choice (HMO-POS)	FL	Liberty Dental
H1609	034	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	035	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	038	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	041	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	042	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	043	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	044	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	045	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	046	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	047	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	048	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	049	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	052	Aetna Medicare Eagle (HMO)	FL	Liberty Dental
H1609	053	Aetna Medicare Credit (HMO)	FL	Liberty Dental
H1609	055	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	056	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	059	Aetna Medicare Select (HMO)	FL	Liberty Dental
H1609	060	Aetna Medicare Credit (HMO)	FL	Liberty Dental
H1609	061	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	062	Aetna Medicare Assure Plus (HMO D-SNP)	FL	Liberty Dental
H1609	063	Aetna Medicare Select (HMO)	FL	Liberty Dental
H4711	011	Aetna Medicare Dual Prime Plan (HMO D-SNP)	NV	Liberty Dental
H4711	013	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	NV	Liberty Dental
H4982	008	Aetna Medicare Preferred Plan (HMO D-SNP)	CA	Liberty Dental
H4982	009	Aetna Medicare Preferred Plan (HMO D-SNP)	CA	Liberty Dental
H4982	016	Aetna Medicare Preferred Plan (HMO D-SNP)	CA	Liberty Dental

## 2023 Member ID Card Samples

For plan year 2023, we’ve combined the member medical and dental ID cards. They are now in a single card. Below are examples of the ID card you’ll see at your office.

**URL.com**

**Aetna Dental Providers: AetnaDental.com**

Customer Service 1-555-555-5555

Dental Customer Service 1-555-555-5555

Prescription Drug 1-555-555-5555

24 Hour Nurse Line 1-555-555-5555


Provider Services 1-555-555-5555

TDD/TTY 711

Send claims to:  
Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

This plan is part of Aetna Dental PPO Network.  
This card does not guarantee coverage.

Payer ID# 60054

**Medicare HMO**  
Aetna Medicare Dental

Marketing Plan Name  
PLAN# 000000-XX000000  
**ID 10XXXXXXXXX00**  
NAME SAMPLE SAMPLETON  
RxBIN 610502 RxCN MEDDAET  
RxGRP# RXAETD

**MedicareRx**  
Prescription Drug Coverage

ISSUER (80840)  
PCP/Office Name:  
Cap Office Name  
555-555-5555 Cap Office #

Printed on: 09/28/2021

HXXXX-XXX

**URL.com**

**Aetna Dental Providers: AetnaDental.com**

Customer Service 1-555-555-5555

Dental Customer Service 1-555-555-5555

Prescription Drug 1-555-555-5555

24 Hour Nurse Line 1-555-555-5555

Provider Services 1-555-555-5555


TDD/TTY 711

Send claims to:  
Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

This plan is part of Aetna Dental PPO Network.  
This card does not guarantee coverage.

Payer ID# 60054

**Medicare limiting charges apply.**

**Medicare PPO**  
Aetna Medicare Dental

Marketing Plan Name  
PLAN# 000000-XX000000  
**ID 10XXXXXXXXX00**  
NAME SAMPLE SAMPLETON  
RxBIN 610502 RxCN MEDDAET  
RxGRP# RXAETD

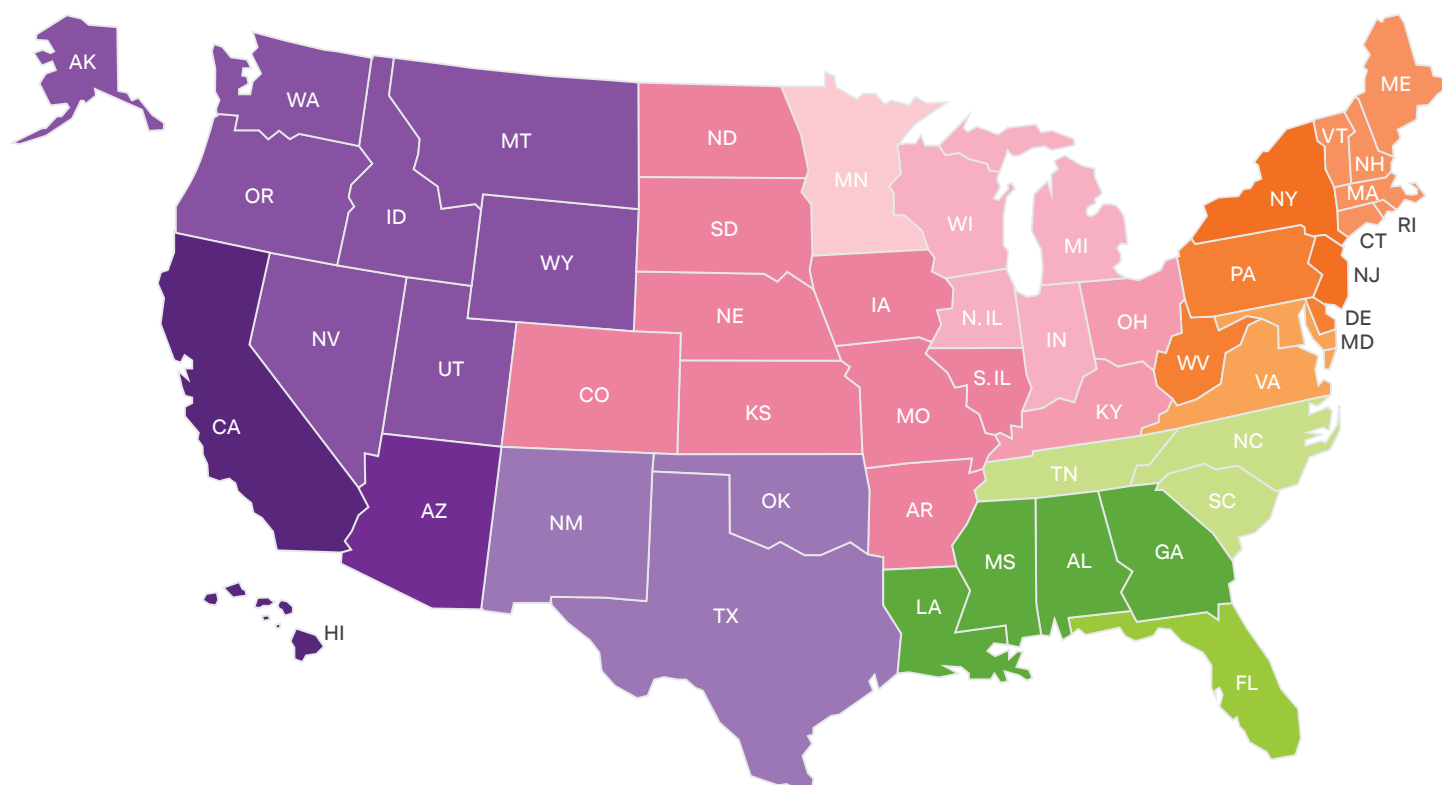
**MedicareRx**  
Prescription Drug Coverage

ISSUER (80840)

Printed on: xx/xx/xxxx

PCP \$xx  
ER \$xx

HXXXX-XXX



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## Aetna Medicare package names by market

### Arizona

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3931	092	Aetna Medicare Prime Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$2,500
H3931	129	Aetna Medicare Platinum Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$3,000
H3931	145	Aetna Medicare Sunrise Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$1,500
H3931	146	Aetna Medicare Sunrise Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$2,500
H3931	147	Aetna Medicare Sunrise Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$1,500
H3931	148	Aetna Medicare Sunrise Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$1,500
H4835	001	Aetna Medicare Prime Plus Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$1,500
H4835	002	Aetna Medicare Premier Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$500
H4835	003	Aetna Medicare Premier Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$750
H4835	004	Aetna Medicare Premier Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$1,500
H4835	005	Aetna Medicare Premier Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$750
H4835	006	Aetna Medicare Premier Plan (HMO-POS)	AZ	Total EPO POS 20% coins OON Hybrid	\$750
H5521	100	Aetna Medicare Freedom Plan (PPO)	AZ	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	184	Aetna Medicare Platinum Plan (PPO)	AZ	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	200	Aetna Medicare Platinum Plan (PPO)	AZ	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	290	Aetna Medicare Elite Plan (PPO)	AZ	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	329	Aetna Medicare Eagle Plan (PPO)	AZ	Total PPO 20% Coins OON Hybrid	\$3,000
H5521	331	Aetna Medicare Elite Plan (PPO)	AZ	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	363	Aetna Medicare Elite Plan (PPO)	AZ	Total PPO 20% Coins OON Hybrid	\$2,000

## Aetna Medicare package names by market

### California

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H0523	002	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$250
H0523	022	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$250
H0523	031	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$250
H0523	052	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$250
H0523	061	Aetna Medicare Prime Plan (HMO)	CA	DMR HMO Mandatory	\$250
H0523	065	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H0523	066	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H0523	067	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H0523	068	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,500
H0523	069	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H0523	070	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,500
H0523	071	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H0523	072	Aetna Medicare Select Plan (HMO)	CA	DMR HMO Mandatory	\$1,200
H0523	073	Aetna Medicare Prime II Plan (HMO)	CA	DMR HMO Mandatory	\$2,500
H4982	001	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$2,000
H4982	002	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$2,000
H4982	003	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H4982	004	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$1,750
H4982	005	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H4982	006	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$575
H4982	007	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H4982	008	Aetna Medicare Preferred Plan (HMO D-SNP)	CA	Liberty Wrap	N/A
H4982	009	Aetna Medicare Preferred Plan (HMO D-SNP)	CA	Liberty Wrap	N/A
H4982	010	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$1,000
H4982	011	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$750
H4982	012	Aetna Medicare Plus Plan (HMO)	CA	DMR HMO Mandatory	\$750
H4982	013	Aetna Medicare Eagle Plan (HMO)	CA	DMR HMO Mandatory	\$1,500
H4982	016	Aetna Medicare Preferred Plan (HMO D-SNP)	CA	Liberty Wrap	N/A
H5521	053	Aetna Medicare Choice Plan (PPO)	CA	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	056	Aetna Medicare Choice Plan (PPO)	CA	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	125	Aetna Medicare Choice Plan (PPO)	CA	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	292	Aetna Medicare Choice Plan (PPO)	CA	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	293	Aetna Medicare Elite Plan (PPO)	CA	Total PPO Passive	\$1,000
H5521	332	Aetna Medicare Elite Plan (PPO)	CA	Total PPO Passive	\$1,000
H5521	333	Aetna Medicare Choice Plan (PPO)	CA	Total PPO 20% Coins OON Hybrid	\$1,250

## Aetna Medicare package names by market

### California (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H5521	369	Aetna Medicare Eagle Plus Plan (PPO)	CA	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	370	Aetna Medicare Elite Plan (PPO)	CA	Total PPO Passive	\$750
H5521	371	Aetna Medicare Elite Plan (PPO)	CA	Total PPO Passive	\$750
H5521	372	Aetna Medicare Elite Plan (PPO)	CA	Total PPO Passive	\$1,000

## Aetna Medicare package names by market

### Northwest/Mountain

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H2056	001	Aetna Medicare Elite Plan (HMO-POS)	ID	Total EPO POS 20% coins OON Hybrid	\$2,100
H2056	002	Aetna Medicare Value Plan (HMO-POS)	ID	Total EPO POS 20% coins OON Hybrid	\$1,100
H2056	003	Aetna Medicare Elite Plan (HMO-POS)	OR	Total EPO POS 20% coins OON Hybrid	\$2,100
H2056	004	Aetna Medicare Value Plan (HMO-POS)	OR	Total EPO POS 20% coins OON Hybrid	\$1,400
H2056	005	Aetna Medicare Elite Plan (HMO-POS)	OR	Total EPO POS 20% coins OON Hybrid	\$2,100
H3748	001	Aetna Medicare Value Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$1,000
H3748	003	Aetna Medicare Value Plus Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$775
H3748	004	Aetna Medicare Platinum Plus Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$750
H3748	005	Aetna Medicare Value Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$650
H3748	006	Aetna Medicare Elite Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$2,100
H3748	007	Aetna Medicare Elite Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$1,600
H3748	008	Aetna Medicare Prime Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$1,600
H3748	009	Aetna Medicare Elite Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$2,100
H3748	010	Aetna Medicare Value Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$300
H3748	011	Aetna Medicare Platinum Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$650
H3931	094	Aetna Medicare Select Plan (HMO-POS)	NV	Total EPO POS 20% coins OON Hybrid	\$1,800
H3931	115	Aetna Medicare Platinum Plan (HMO-POS)	NV	Total EPO POS 20% coins OON Hybrid	\$1,500
H3931	126	Aetna Medicare Value Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$800
H3931	149	Aetna Medicare Value Plus Plan (HMO-POS)	WA	Total EPO POS 20% coins OON Hybrid	\$1,000
H3931	151	Aetna Medicare Prime Plus Plan (HMO-POS)	NV	Total EPO POS 20% coins OON Hybrid	\$1,800
H3931	152	Aetna Medicare Value Plan (HMO-POS)	NV	Total EPO POS 20% coins OON Hybrid	\$2,000

## Aetna Medicare package names by market

### Northwest/Mountain (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H4711	001	Aetna Medicare Premier Plan (HMO-POS)	NV	Total EPO POS 20% coins OON Hybrid	\$1,500
H4711	002	Aetna Medicare Prime Plan (HMO-POS)	NV	Total EPO POS 20% coins OON Hybrid	\$1,500
H4711	005	Aetna Medicare Premier Plan (HMO-POS)	NV	Total EPO POS 20% coins OON Hybrid	\$1,000
H4711	011	Aetna Medicare Dual Prime Plan (HMO D-SNP)	NV	Liberty Dental Complete	\$4,000
H4711	013	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	NV	Liberty Dental Complete	\$4,000
H5521	022	Aetna Medicare Select Plan (PPO)	NV	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	055	Aetna Medicare Choice Plan (PPO)	NV	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	101	Aetna Medicare Choice Plan (PPO)	UT	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	127	Aetna Medicare Choice Plan (PPO)	WA	Total PPO 20% Coins OON Hybrid	\$1,050
H5521	128	Aetna Medicare Select Plan (PPO)	WA	Total PPO 20% Coins OON Hybrid	\$1,050
H5521	196	Aetna Medicare Choice Plan (PPO)	UT	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	197	Aetna Medicare Value Plan (PPO)	UT, WY	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	246	Aetna Medicare Elite Plan (PPO)	UT	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	299	Aetna Medicare Elite Plan (PPO)	NV	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	300	Aetna Medicare Select Plan (PPO)	NV	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	301	Aetna Medicare Choice Plan (PPO)	NV	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	303	Aetna Medicare Elite Plan (PPO)	NV	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	330	Aetna Medicare Eagle Plan (PPO)	WA	Total PPO 20% Coins OON Hybrid	\$1,750
H5521	351	Aetna Medicare Eagle Plan (PPO)	UT, WY	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	353	Aetna Medicare Eagle Plan (PPO)	NV	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	379	Aetna Medicare Choice Plan (PPO)	WA	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	380	Aetna Medicare Preferred Plan (PPO)	WA	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	393	Aetna Medicare Choice Plan (PPO)	WA	Total PPO 20% Coins OON Hybrid	\$800
H8649	003	Aetna Medicare Advantra (HMO-POS)	UT	Total EPO POS 20% coins OON Hybrid	\$1,400
H8649	008	Aetna Medicare Advantra Select (HMO-POS)	UT, WY	Total EPO POS 20% coins OON Hybrid	\$750



## Aetna Medicare package names by market

### Northwest/Mountain (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H8649	010	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	UT	Total EPO Mandatory	\$4,000
H9431	002	Aetna Medicare Choice Plan (PPO)	ID	Total PPO 20% Coins OON Hybrid	\$1,600
H9431	004	Aetna Medicare Choice Plan (PPO)	OR	Total PPO 20% Coins OON Hybrid	\$775
H9431	005	Aetna Medicare Choice Plan (PPO)	OR	Total PPO 20% Coins OON Hybrid	\$1,500
H9431	006	Aetna Medicare Choice Plan (PPO)	ID	Total PPO 20% Coins OON Hybrid	\$1,000
H9431	015	Aetna Medicare Eagle Plan (PPO)	OR	Total PPO 20% Coins OON Hybrid	\$1,250
H9431	016	Aetna Medicare Eagle Plan (PPO)	ID	Total PPO 20% Coins OON Hybrid	\$1,250

## Aetna Medicare package names by market

### South Central

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H2293	012	Aetna Medicare Eagle II (PPO)	TX	Deluxe PPO Mandatory	\$2,000
H2293	013	Aetna Medicare Freedom Plan (PPO)	TX	Deluxe PPO Mandatory	\$2,000
H2293	014	Aetna Medicare Freedom Preferred Plan (PPO)	TX	Deluxe PPO Mandatory	\$2,000
H2293	015	Aetna Medicare Eagle II (PPO)	TX	Deluxe PPO Mandatory	\$3,000
H2293	016	Aetna Medicare Freedom Plan (PPO)	TX	Deluxe PPO Mandatory	\$2,000
H2293	017	Aetna Medicare Freedom Plan (PPO)	TX	Deluxe PPO Mandatory	\$2,000
H2293	018	Aetna Medicare Freedom Plan (PPO)	TX	Major PPO Mandatory	\$2,000
H2293	019	Aetna Medicare Freedom Plan (PPO)	TX	Deluxe PPO Mandatory	\$2,000
H2293	020	Aetna Medicare Eagle II Plan (PPO)	TX	Deluxe PPO Mandatory	\$2,000
H2663	034	Aetna Medicare Premier Plan (HMO)	OK	Deluxe EPO Mandatory	\$2,000
H3288	001	Aetna Medicare Choice Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	002	Aetna Medicare Choice II Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	003	Aetna Medicare Choice Plan (PPO)	TX	Basic PPO Mandatory	\$1,000
H3288	004	Aetna Medicare Choice Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	005	Aetna Medicare Choice Plan (PPO)	TX	Deluxe PPO Mandatory	\$3,000
H3288	006	Aetna Medicare Choice Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	007	Aetna Medicare Choice Plan (PPO)	TX	Basic PPO Mandatory	\$2,000
H3288	008	Aetna Medicare Choice Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	009	Aetna Medicare Choice Plan (PPO)	TX	Basic PPO Mandatory	\$2,000
H3288	011	Aetna Medicare Choice Plan (PPO)	TX	Basic PPO Mandatory	\$1,000
H3288	016	Aetna Medicare Choice Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	017	Aetna Medicare Freedom Preferred Plan (PPO)	OK	Deluxe PPO Mandatory	\$2,000
H3288	018	Aetna Medicare Choice II Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	019	Aetna Medicare Freedom Preferred Plan (PPO)	OK	Deluxe PPO Mandatory	\$3,000
H3288	020	Aetna Medicare Freedom Core Plan (PPO)	OK	Deluxe PPO Mandatory	\$2,000
H3288	021	Aetna Medicare Freedom Core Plan (PPO)	OK	Basic PPO Mandatory	\$1,000
H3288	046	Aetna Medicare Choice Plan (PPO)	TX	Preventive Only PPO Mandatory	N/A
H3288	047	Aetna Medicare Value Plan (PPO)	TX	Basic PPO Mandatory	\$2,000
H3288	048	Aetna Medicare Choice II Plan (PPO)	TX	Basic PPO Mandatory	\$2,000
H3288	049	Aetna Medicare Eagle Plan (PPO)	TX	Deluxe PPO Mandatory	\$3,000
H3288	050	Aetna Medicare Eagle Plan (PPO)	TX	Deluxe PPO Mandatory	\$3,000
H3288	051	Aetna Medicare Eagle Plan (PPO)	OK	Deluxe PPO Mandatory	\$3,000
H3288	052	Aetna Medicare Eagle Plan (PPO)	TX	Deluxe PPO Mandatory	\$3,000
H4523	001	Aetna Medicare Premier Plan (HMO)	TX	Basic EPO Mandatory	\$1,000
H4523	015	Aetna Medicare Premier Plan (HMO)	TX	Deluxe EPO Mandatory	\$2,000
H4523	020	Aetna Medicare Prime Plan (HMO)	TX	Deluxe EPO Mandatory	\$3,000

## Aetna Medicare package names by market

### South Central (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H4523	021	Aetna Medicare Prime Plan (HMO)	TX	Basic EPO Mandatory	\$1,000
H4523	024	Aetna Medicare Prime Plan (HMO)	TX	Major Plus EPO Mandatory	\$2,000
H8332	001	Aetna Medicare Value Plan (HMO)	TX	Deluxe EPO Mandatory	\$3,000
H8332	002	Aetna Medicare Value Plan (HMO)	TX	Deluxe EPO Mandatory	\$2,000
H8332	003	Aetna Medicare Select Plan (HMO)	TX	Deluxe EPO Mandatory	\$3,000
H8332	004	Aetna Medicare Value Plan (HMO)	TX	Deluxe EPO Mandatory	\$3,000
H8332	005	Aetna Medicare Value Plan (HMO)	TX	Deluxe EPO Mandatory	\$2,000
H8597	001	Aetna Medicare Dual Complete Plan (HMO D-SNP)	TX	Total EPO Mandatory	\$4,500
H8597	002	Aetna Medicare Dual Complete Plan (HMO D-SNP)	TX	Total EPO Mandatory	\$4,500
H8597	003	Aetna Medicare Dual Complete Plan (HMO D-SNP)	TX	Total EPO Mandatory	\$4,500
H9431	001	Aetna Medicare Choice Plan (PPO)	NM	Major PPO Mandatory	\$2,000
H9431	017	Aetna Medicare Eagle Plan (PPO)	NM	Deluxe PPO Mandatory	\$3,000

## Aetna Medicare package names by market

### Great Lakes

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3192	001	Aetna Medicare Prime (HMO-POS)	IL	Total EPO POS 20% coins OON Hybrid	\$3,000
H3192	002	Aetna Medicare Premier (HMO-POS)	MI	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	003	Aetna Medicare Premier (HMO-POS)	MI	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	004	Aetna Medicare Prime (HMO-POS)	IN	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	005	Aetna Medicare Prime (HMO-POS)	IN	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	006	Aetna Medicare Prime (HMO-POS)	IN	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	007	Aetna Medicare Assure Premier (HMO D-SNP)	MI	Total EPO Mandatory	\$3,000
H3192	008	Aetna Medicare Assure Premier (HMO D-SNP)	IN	Total EPO Mandatory	\$3,000
H3192	009	Aetna Medicare Assure Premier (HMO D-SNP)	IN	Total EPO Mandatory	\$3,000
H3192	010	Aetna Medicare Premier (HMO-POS)	MI	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	011	Aetna Medicare Premier (HMO-POS)	MI	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	012	Aetna Medicare Premier (HMO-POS)	IN	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	013	Aetna Medicare Premier (HMO-POS)	IL	Total EPO POS 20% coins OON Hybrid	\$1,750
H3192	014	Aetna Medicare Premier Plus (HMO-POS)	IN	Total EPO POS Mandatory	\$1,500
H3192	015	Aetna Medicare Premier Plus (HMO-POS)	IN	Total EPO POS Mandatory	\$1,500
H3192	017	Aetna Medicare MyMichigan Prime (HMO-POS)	MI	Total EPO POS 20% coins OON Hybrid	\$2,000
H5521	016	Aetna Medicare Premier Plus (PPO)	IL	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	086	Aetna Medicare Value (PPO)	IL	Total PPO 20% Coins OON Hybrid	\$1,200
H5521	099	Aetna Medicare Value (PPO)	IN	Total PPO Passive	\$1,250
H5521	150	Aetna Medicare Premier (PPO)	WI	Total PPO Passive	\$2,000
H5521	190	Aetna Medicare Premier (PPO)	IN	Total PPO Passive	\$1,500
H5521	194	Aetna Medicare Premier (PPO)	MI	Total PPO Passive	\$2,000

## Aetna Medicare package names by market

### Great Lakes (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H5521	195	Aetna Medicare Value (PPO)	WI	Total PPO Passive	\$1,500
H5521	211	Aetna Medicare Value (PPO)	IN	Total PPO Passive	\$750
H5521	214	Aetna Medicare Value (PPO)	MI	Total PPO Passive	\$1,250
H5521	217	Aetna Medicare Premier Plus (PPO)	MI	Total PPO Passive	\$1,750
H5521	219	Aetna Medicare Value (PPO)	MI	Total PPO Passive	\$1,250
H5521	223	Aetna Medicare Value (PPO)	IN	Total PPO Passive	\$1,000
H5521	226	Aetna Medicare Premier (PPO)	IN	Total PPO Passive	\$2,000
H5521	231	Aetna Medicare Value (PPO)	IN	Total PPO Passive	\$1,500
H5521	283	Aetna Medicare Value (PPO)	WI	Total PPO Passive	\$1,500
H5521	284	Aetna Medicare Premier (PPO)	MI	Total PPO Passive	\$2,000
H5521	285	Aetna Medicare Value (PPO)	MI	Total PPO Passive	\$1,000
H5521	286	Aetna Medicare Eagle (PPO)	IL, IN, MI, WI	Total PPO Passive	\$3,000
H5521	288	Aetna Medicare Value (PPO)	MI	Total PPO Passive	\$1,000
H5521	289	Aetna Medicare Value (PPO)	WI	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	302	Aetna Medicare Premier (PPO)	IN	Total PPO Passive	\$2,500
H5521	307	Aetna Medicare Premier (PPO)	MI	DMR PPO Mandatory	\$2,000
H5521	311	Aetna Medicare Value (PPO)	MI	DMR PPO Mandatory	\$1,500
H5521	314	Aetna Medicare Duly Prime (PPO)	IL	Total PPO Passive	\$2,500
H5521	386	Aetna Medicare Premier Plus (PPO)	WI	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	387	Aetna Medicare Value (PPO)	WI	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	388	Aetna Medicare Premier (PPO)	WI	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	389	Aetna Medicare Premier (PPO)	WI	Total PPO 20% Coins OON Hybrid	\$1,500
H7301	002	Aetna Medicare Premier Advantra (PPO)	IL	Total PPO Passive	\$2,500
H7301	006	Aetna Medicare Value Advantra (PPO)	IL	Total PPO Passive	\$1,500



## Aetna Medicare package names by market

### Heartland

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H1608	016	Aetna Medicare Premier Plus (PPO)	KS, MO	Deluxe PPO Mandatory	\$1,000
H1608	017	Aetna Medicare Premier Plus (PPO)	KS	Deluxe PPO Mandatory	\$4,000
H1608	018	Aetna Medicare Premier Plus (PPO)	KS, MO	Total PPO 20% Coins OON Hybrid	\$1,250
H1608	021	Aetna Medicare Premier Plus (PPO)	AR	Total PPO 20% Coins OON Hybrid	\$2,250
H1608	024	Aetna Medicare Premier Plus 2 (PPO)	KS	Total PPO 20% Coins OON Hybrid	\$1,250
H1608	039	Aetna Medicare Elite (PPO)	KS, MO	Total PPO 20% Coins OON Hybrid	\$1,250
H1608	047	Aetna Medicare Elite (PPO)	KS, MO	Total PPO 20% Coins OON Hybrid	\$1,500
H1608	052	Aetna Medicare Elite (PPO)	KS, MO	Total PPO 20% Coins OON Hybrid	\$1,000
H1608	053	Aetna Medicare Elite (PPO)	KS	Total PPO 20% Coins OON Hybrid	\$2,000
H1608	054	Aetna Medicare Elite (PPO)	AR	Total PPO 20% Coins OON Hybrid	\$2,000
H1608	059	Aetna Medicare Elite (PPO)	KS	Total PPO 20% Coins OON Hybrid	\$1,000
H2663	021	Aetna Medicare Premier (HMO-POS)	MO	Total EPO POS Mandatory	\$1,500
H2663	022	Aetna Medicare Eagle (HMO-POS)	MO	Total EPO POS Mandatory	\$1,500
H2663	023	Aetna Medicare Premier Plus (HMO-POS)	MO	Total EPO POS Mandatory	\$1,500
H2663	025	Aetna Medicare Eagle (HMO-POS)	KS, MO	Total EPO POS Mandatory	\$2,000
H2663	026	Aetna Medicare Premier (HMO)	KS, MO	Deluxe EPO Mandatory	\$3,000
H2663	028	Aetna Medicare Premier (HMO-POS)	KS	Total EPO POS Mandatory	\$2,000
H2663	029	Aetna Medicare Premier (HMO-POS)	AR	Total EPO POS Mandatory	\$2,500
H2663	038	Aetna Medicare Premier (HMO)	KS	Deluxe EPO Mandatory	\$3,000
H2663	039	Aetna Medicare Premier (HMO)	AR	Deluxe EPO Mandatory	\$3,000
H2663	040	Aetna Medicare Premier (HMO)	KS	Deluxe EPO Mandatory	\$3,000
H2663	042	Aetna Medicare Premier (HMO)	KS, MO	Deluxe EPO Mandatory	\$3,000
H2663	043	Aetna Medicare Value (HMO)	KS, MO	Deluxe EPO Mandatory	\$3,000
H5325	001	Aetna Medicare Assure (HMO D-SNP)	KS	Total EPO Mandatory	\$4,000
H5325	002	Aetna Medicare Assure (HMO D-SNP)	KS	Total EPO Mandatory	\$4,000
H5325	003	Aetna Medicare Assure (HMO D-SNP)	MO	Total EPO Mandatory	\$4,000
H5325	004	Aetna Medicare Assure (HMO D-SNP)	MO	Total EPO Mandatory	\$4,500
H5325	007	Aetna Medicare Assure (HMO D-SNP)	AR	Total EPO Mandatory	\$4,000
H5325	009	Aetna Medicare Assure (HMO D-SNP)	KS	Total EPO Mandatory	\$2,500

## Aetna Medicare package names by market

### Minnesota

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3219	001	Allina Health Aetna Medicare Plus (PPO)	MN	Total PPO Passive	\$850
H3219	002	Allina Health Aetna Medicare Premier (PPO)	MN	Total PPO Passive	\$800
H3219	003	Allina Health Aetna Medicare Grand (PPO)	MN	Total PPO Passive	\$1,500
H3219	004	Allina Health Aetna Medicare Elite (PPO)	MN	Total PPO Passive	\$2,250
H3219	005	Allina Health Aetna Medicare Eagle (PPO)	MN	Total PPO Passive	\$2,250

## Aetna Medicare package names by market

### Ohio/Kentucky

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H0628	001	Aetna Medicare Premier (HMO-POS)	OH	Total EPO POS 50% coins OON Hybrid	\$1,200
H0628	003	Aetna Medicare Premier (HMO-POS)	OH	Total EPO POS 50% coins OON Hybrid	\$2,200
H0628	005	Aetna Medicare Premier (HMO-POS)	OH	Total EPO POS 50% coins OON Hybrid	\$2,000
H0628	006	Aetna Medicare Premier (HMO-POS)	KY	Total EPO POS 50% coins OON Hybrid	\$1,500
H0628	007	Aetna Medicare Premier (HMO-POS)	KY	Total EPO POS 50% coins OON Hybrid	\$1,225
H0628	008	Aetna Medicare Premier (HMO-POS)	KY	Total EPO POS 50% coins OON Hybrid	\$1,500
H0628	009	Aetna Medicare Premier (HMO-POS)	KY	Total EPO POS 50% coins OON Hybrid	\$1,500
H0628	010	Aetna Medicare Premier (HMO-POS)	KY	Total EPO POS 50% coins OON Hybrid	\$2,000
H0628	011	Aetna Medicare Premier (HMO)	KY	Major EPO Mandatory	\$1,000
H0628	012	Aetna Medicare Assure 1 (HMO D-SNP)	KY	Total EPO Mandatory	\$6,000
H0628	013	Aetna Medicare Assure 1 (HMO D-SNP)	OH	Total EPO Mandatory	\$6,000
H0628	014	Aetna Medicare Eagle (HMO)	KY	Major EPO Mandatory	\$2,000
H0628	015	Aetna Medicare Eagle (HMO)	OH	Major EPO Mandatory	\$2,000
H0628	017	Aetna Medicare Premier (HMO-POS)	OH	Total EPO POS 50% coins OON Hybrid	\$1,500
H1608	029	Aetna Medicare Advantra Silver (PPO)	OH	Major PPO Mandatory	\$1,000
H3931	107	Aetna Medicare Value Plan (HMO-POS)	OH	Total EPO POS 50% coins OON Hybrid	\$2,000
H3931	108	Aetna Medicare Value Plan (HMO)	OH	Preventive Only EPO Mandatory	N/A
H3931	109	Aetna Medicare Value (HMO-POS)	OH	Total EPO POS Mandatory	\$1,900
H5521	020	Aetna Medicare Premier 2 (PPO)	KY, OH	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	085	Aetna Medicare Value Plan (PPO)	KY	Basic PPO Mandatory	\$2,000
H5521	087	Aetna Medicare Value Plan (PPO)	OH	Basic PPO Mandatory	\$1,000
H5521	088	Aetna Medicare Value Plan (PPO)	OH	Basic PPO Mandatory	\$2,000
H5521	089	Aetna Medicare Value Plan (PPO)	OH	Basic PPO Mandatory	\$1,000
H5521	090	Aetna Medicare Value Plan (PPO)	OH	Basic PPO Mandatory	\$1,000
H5521	134	Aetna Medicare Premier 1 (PPO)	OH	Total PPO 50% Coins OON Hybrid	\$2,500

## Aetna Medicare package names by market

### Ohio/Kentucky (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H5521	156	Aetna Medicare Value Plan (PPO)	KY	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	259	Aetna Medicare Value Plan (PPO)	KY	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	260	Aetna Medicare Value Plan (PPO)	KY	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	266	Aetna Medicare Value Plan (PPO)	KY	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	267	Aetna Medicare Value Plan (PPO)	KY	Total PPO 50% Coins OON Hybrid	\$1,000
R6694	003	Aetna Medicare Premier Plus 1 (Regional PPO)	OH	Total RPPO 50% Coins OON Hybrid	\$1,000
R6694	005	Aetna Medicare Premier Plus 2 (Regional PPO)	OH	Total RPPO 50% Coins OON Hybrid	\$1,000

## Aetna Medicare package names by market

### Florida

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H1609	016	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	017	Aetna Medicare Assure (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	018	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	019	Aetna Medicare Assure (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	020	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	021	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	022	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	025	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	027	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	028	Aetna Medicare Choice (HMO-POS)	FL	FL Liberty Den 100 HMO POS Mandatory	N/A
H1609	034	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	035	Aetna Medicare Select (HMO)	FL	FL Liberty Den 100 HMO Mandatory	N/A
H1609	038	Aetna Medicare Select (HMO)	FL	FL Liberty Den 100 HMO Mandatory	N/A
H1609	041	Aetna Medicare Select (HMO)	FL	FL Liberty Den 100 HMO Mandatory	N/A
H1609	042	Aetna Medicare Select (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	043	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	044	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	045	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	046	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	047	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	048	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	049	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	052	Aetna Medicare Eagle (HMO)	FL	FL Liberty Den 200 HMO Mandatory	N/A
H1609	053	Aetna Medicare Credit (HMO)	FL	FL Liberty Den 100 HMO Mandatory	N/A
H1609	055	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	056	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	059	Aetna Medicare Select (HMO)	FL	FL Liberty Den 100 HMO Mandatory	N/A
H1609	060	Aetna Medicare Credit (HMO)	FL	FL Liberty Den 100 HMO Mandatory	N/A



## Aetna Medicare package names by market

### Florida (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H1609	061	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	062	Aetna Medicare Assure Plus (HMO D-SNP)	FL	FL Liberty DSNP Den 300 Mandatory	N/A
H1609	063	Aetna Medicare Select (HMO)	FL	FL Liberty Den 100 HMO Mandatory	N/A
H5521	033	Aetna Medicare Premier (PPO)	FL	DMR PPO Mandatory	\$750
H5521	268	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$1,600
H5521	269	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$1,900
H5521	270	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$2,100
H5521	271	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$1,500
H5521	272	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$2,100
H5521	273	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$1,275
H5521	305	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$1,600
H5521	306	Aetna Medicare Eagle (PPO)	FL	DMR PPO Mandatory	\$2,000
H5521	308	Aetna Medicare Eagle (PPO)	FL	DMR PPO Mandatory	\$2,000
H5521	347	Aetna Medicare Eagle (PPO)	FL	DMR PPO Mandatory	\$2,000
H5521	377	Aetna Medicare Premier Plus (PPO)	FL	DMR PPO Mandatory	\$1,275

## Aetna Medicare package names by market

### Georgia/Gulf States

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H1109	005	Aetna Medicare Select Plan (HMO)	GA	Total EPO Mandatory	\$500
H1109	006	Aetna Medicare Select Plan (HMO)	GA	Total EPO Mandatory	\$500
H1608	028	Aetna Medicare Advantra Preferred Plan (PPO)	GA	Total PPO Passive	\$500
H2293	001	Aetna Medicare Value Plus Plan (PPO)	GA	Total PPO Passive	\$1,750
H2293	002	Aetna Medicare Dual Choice Plus Plan (PPO D-SNP)	GA	Total PPO Passive	\$3,500
H2293	003	Aetna Medicare Dual Choice Plan (PPO D-SNP)	GA	Total PPO Passive	\$2,500
H2293	004	Aetna Medicare Dual Choice Plan (PPO D-SNP)	GA	Total PPO Passive	\$2,500
H2293	005	Aetna Medicare Dual Choice Plus Plan (PPO D-SNP)	GA	Total PPO Passive	\$3,500
H2293	006	Aetna Medicare Signature Plan (PPO)	GA	Total PPO Passive	\$2,000
H2293	007	Aetna Medicare Freedom Plus Plan (PPO)	GA	Total PPO Passive	\$1,500
H2293	008	Aetna Medicare Freedom Plus Plan (PPO)	GA	Total PPO Passive	\$1,500
H2293	009	Aetna Medicare Eagle Plus Plan (PPO)	GA	Total PPO Passive	\$1,500
H2293	010	Aetna Medicare Advantage Plus Plan (PPO)	GA	Total PPO Passive	\$750
H2293	011	Aetna Medicare Value Plus Plan (PPO)	GA	Total PPO Passive	\$2,250
H3239	001	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	LA	Total EPO Mandatory	\$4,500
H3239	002	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	AL	Total EPO Mandatory	\$3,000
H3239	003	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	AL	Total EPO Mandatory	\$4,000
H3239	005	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	MS	Total EPO Mandatory	\$4,500
H3239	006	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	LA	Total EPO Mandatory	\$3,500
H3239	007	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	LA	Total EPO Mandatory	\$3,500
H3239	008	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	MS	Total EPO Mandatory	\$4,500
H3239	010	Aetna Medicare Dual Select Plan (HMO D-SNP)	AL	Total EPO Mandatory	\$2,700
H3239	011	Aetna Medicare Dual Select Plan (HMO D-SNP)	LA	Total EPO Mandatory	\$3,000
H3239	012	Aetna Medicare Dual Select Plan (HMO D-SNP)	MS	Total EPO Mandatory	\$2,500
H3239	013	Aetna Medicare Dual Plus Plan (HMO D-SNP)	LA	Total EPO Mandatory	\$5,000
H3288	023	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,100
H3288	024	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,100

## Aetna Medicare package names by market

### Georgia/Gulf States (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3288	025	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,000
H3288	026	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,100
H3288	027	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,100
H3288	028	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,050
H3288	029	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,050
H3288	030	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,100
H3288	031	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,100
H3288	032	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,050
H3288	033	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$1,050
H3288	034	Aetna Medicare Eagle Plan (PPO)	GA	Total PPO Passive	\$1,500
H3288	042	Aetna Medicare Preferred Premium Plan (PPO)	GA	Total PPO Passive	\$1,300
H3288	045	Aetna Medicare Plus Plan (PPO)	GA	Total PPO Passive	\$750
H3928	001	Aetna Medicare Advantra Plan (HMO)	LA	Total EPO Mandatory	\$2,500
H3928	002	Aetna Medicare Advantra Plan (HMO)	LA	Total EPO Mandatory	\$750
H5302	012	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	GA	Total EPO Mandatory	\$4,500
H5302	013	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	GA	Total EPO Mandatory	\$4,500
H5302	014	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	GA	Total EPO Mandatory	\$4,500
H5302	018	Aetna Medicare Premier Plan (HMO)	GA	Total EPO Mandatory	\$2,000
H5302	019	Aetna Medicare Premier Plan (HMO)	GA	Total EPO Mandatory	\$2,000
H5302	020	Aetna Medicare Dual Select Plan (HMO D-SNP)	GA	Total EPO Mandatory	\$3,000
H5521	091	Aetna Medicare Essential Plan (PPO)	AL, GA	Total PPO Passive	\$1,000
H5521	116	Aetna Medicare Freedom Plan (PPO)	AL	Total PPO Passive	\$1,000
H5521	171	Aetna Medicare Freedom Plan (PPO)	AL	Total PPO Passive	\$1,000
H5521	177	Aetna Medicare Freedom Plan (PPO)	GA	Total PPO Passive	\$500
H5521	178	Aetna Medicare Freedom Plan (PPO)	LA	Total PPO Passive	\$1,000
H5521	216	Aetna Medicare Freedom Plan (PPO)	AL	Total PPO Passive	\$1,000
H5521	218	Aetna Medicare Freedom Plan (PPO)	MS	Total PPO Passive	\$2,200
H5521	220	Aetna Medicare Freedom Plan (PPO)	MS	Total PPO Passive	\$2,000
H5521	222	Aetna Medicare Freedom Plan (PPO)	AL	Total PPO Passive	\$2,000
H5521	224	Aetna Medicare Freedom Plan (PPO)	AL	Total PPO Passive	\$2,200
H5521	227	Aetna Medicare Freedom Plan (PPO)	AL	Total PPO Passive	\$1,000
H5521	229	Aetna Medicare Eagle Plan (PPO)	AL	Total PPO Passive	\$3,500
H5521	230	Aetna Medicare Freedom Plan (PPO)	LA	Total PPO Passive	\$2,700
H5521	232	Aetna Medicare Freedom Plan (PPO)	LA	Total PPO Passive	\$2,200
H5521	233	Aetna Medicare Freedom Plan (PPO)	LA	Total PPO Passive	\$1,000
H5521	234	Aetna Medicare Freedom Plan (PPO)	LA	Total PPO Passive	\$1,000

## Aetna Medicare package names by market

### Georgia/Gulf States (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H5521	235	Aetna Medicare Eagle Plan (PPO)	LA	Total PPO Passive	\$2,500
H5521	324	Aetna Medicare Eagle Plan (PPO)	MS	Total PPO Passive	\$2,500
H5521	326	Aetna Medicare Value Plus Plan (PPO)	LA	Total PPO Passive	\$2,500
H5521	328	Aetna Medicare Choice Plan (PPO)	GA	Total PPO Passive	\$2,000
H5521	360	Aetna Medicare Signature Plan (PPO)	GA	Total PPO Passive	\$2,000
H5521	364	Aetna Medicare Value Plus Plan (PPO)	GA	Total PPO Passive	\$2,250
H5521	365	Aetna Medicare Signature Plan (PPO)	LA	Total PPO Passive	\$2,000
H5521	366	Aetna Medicare Signature Plan (PPO)	LA	Total PPO Passive	\$2,000

## Aetna Medicare package names by market

### Mid South

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3146	001	Aetna Medicare Value Plan (HMO-POS)	NC	Total EPO POS Mandatory	\$1,500
H3146	002	Aetna Medicare Assure Plan (HMO D-SNP)	NC	Total EPO Mandatory	\$4,000
H3146	003	Aetna Medicare Assure Plan (HMO D-SNP)	NC	Total EPO Mandatory	\$4,000
H3146	004	Aetna Medicare Value Plan (HMO-POS)	NC	Total EPO POS Mandatory	\$1,500
H3146	006	Aetna Medicare Value Plus Plan (HMO)	NC	Total EPO Mandatory	\$2,500
H3146	007	Aetna Medicare Prime (HMO-POS)	NC	Total EPO POS Mandatory	\$2,000
H3146	008	Aetna Medicare Assure Plan (HMO D-SNP)	NC	Total EPO Mandatory	\$4,000
H3146	009	Aetna Medicare Assure Plan (HMO D-SNP)	NC	Total EPO Mandatory	\$4,000
H3146	011	Aetna Medicare Value Plus Plan (HMO)	SC	Total EPO Mandatory	\$2,000
H3146	012	Aetna Medicare Value Plus Plan (HMO)	TN	Total EPO Mandatory	\$2,500
H3146	013	Aetna Medicare Value Plus Plan (HMO)	TN	Total EPO Mandatory	\$2,000
H3146	014	Aetna Medicare Prime Plan (HMO-POS)	SC	Total EPO POS Mandatory	\$1,500
H3146	015	Aetna Medicare Assure Plan (HMO D-SNP)	NC	Total EPO Mandatory	\$4,000
H3146	016	Aetna Medicare Assure Plan (HMO D-SNP)	SC	Total EPO Mandatory	\$4,000
H3146	017	Aetna Medicare Assure Plan (HMO D-SNP)	SC	Total EPO Mandatory	\$4,000
H5521	081	Aetna Medicare Premier Plan (PPO)	NC	Total PPO Passive	\$1,400
H5521	139	Aetna Medicare Value Plan (PPO)	NC	Total PPO Passive	\$750
H5521	140	Aetna Medicare Premier Plan (PPO)	SC	Total PPO Passive	\$1,000
H5521	141	Aetna Medicare Premier Plan (PPO)	TN	Total PPO Passive	\$1,100
H5521	154	Aetna Medicare Premier Plan (PPO)	TN	Total PPO Passive	\$350
H5521	168	Aetna Medicare Essential Plan (PPO)	NC	Total PPO Passive	\$1,400
H5521	169	Aetna Medicare Value Plan (PPO)	NC	Total PPO Passive	\$3,000
H5521	170	Aetna Medicare Premier Plus Plan (PPO)	NC	Total PPO Passive	\$1,500
H5521	236	Aetna Medicare Premier Plan (PPO)	NC	Total PPO Passive	\$1,000
H5521	241	Aetna Medicare Eagle Plan (PPO)	NC	Total PPO Passive	\$3,000
H5521	243	Aetna Medicare Value Plan (PPO)	NC	Total PPO Passive	\$2,000
H5521	245	Aetna Medicare Premier Plan (PPO)	SC	Total PPO Passive	\$2,200
H5521	247	Aetna Medicare Premier Plan (PPO)	SC	Total PPO Passive	\$2,000
H5521	249	Aetna Medicare Premier Plan (PPO)	SC	Total PPO Passive	\$2,250
H5521	251	Aetna Medicare Value Plan (PPO)	SC	Total PPO Passive	\$750
H5521	254	Aetna Medicare Premier Plan (PPO)	TN	Total PPO Passive	\$1,000
H5521	279	Aetna Medicare Eagle Plan (PPO)	SC	Total PPO Passive	\$2,500
H5521	280	Aetna Medicare Premier Plan (PPO)	TN	Total PPO Passive	\$1,125



## Aetna Medicare package names by market

### Mid South (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H5521	281	Aetna Medicare Value Plan (PPO)	TN	Total PPO Passive	\$2,200
H5521	319	Aetna Medicare Premier Plus Plan (PPO)	SC	Total PPO Passive	\$2,000
H5521	321	Aetna Medicare Premier Plus Plan (PPO)	TN	Total PPO Passive	\$2,000
H5521	348	Aetna Medicare Essential Plan (PPO)	NC	Total PPO Passive	\$1,000
H5521	354	Aetna Medicare Essential Plan (PPO)	NC	Total PPO Passive	\$1,000
H5521	355	Aetna Medicare Eagle Plan (PPO)	TN	Total PPO Passive	\$2,500
H5521	373	Aetna Medicare Essential Plan (PPO)	SC	Total PPO Passive	\$1,000

## Aetna Medicare package names by market

### Capitol

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H1610	001	Aetna Better Health of Virginia (HMO D-SNP)	VA	DentaQuest 1 HMO	\$2,000
H1610	002	Aetna Medicare Assure Premier (HMO D-SNP)	VA	DentaQuest 1 HMO	\$2,000
H1610	003	Aetna Medicare Assure Value (HMO D-SNP)	VA	DentaQuest 1 HMO	\$2,000
H3931	095	Aetna Medicare Standard Plan (HMO-POS)	DC	Total EPO POS 50% coins OON Hybrid	\$1,000
H3931	096	Aetna Medicare Prime Plan (HMO-POS)	VA	Total EPO POS 50% coins OON Hybrid	\$475
H3931	098	Aetna Medicare Select Plan (HMO-POS)	VA	Total EPO POS 50% coins OON Hybrid	\$2,000
H3931	099	Aetna Medicare Select Plan (HMO-POS)	VA	Total EPO POS 20% coins OON Hybrid	\$2,000
H3931	100	Aetna Medicare Select Plan (HMO-POS)	VA	Total EPO POS 50% coins OON Hybrid	\$1,000
H3931	101	Aetna Medicare Select Plan (HMO-POS)	VA	Total EPO POS 50% coins OON Hybrid	\$1,000
H3931	124	Aetna Medicare UVA Health System Prime (HMO-POS)	VA	Total EPO POS 50% coins OON Hybrid	\$1,500
H3931	143	Aetna Medicare Select Plan (HMO-POS)	VA	Total EPO POS 50% coins OON Hybrid	\$1,500
H5521	015	Aetna Medicare Premier Plan (PPO)	DC	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	027	Aetna Medicare Choice Plan (PPO)	VA	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	082	Aetna Medicare Essential Plan (PPO)	VA	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	083	Aetna Medicare Essential Plan (PPO)	VA	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	084	Aetna Medicare Essential Plan (PPO)	VA	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	102	Aetna Medicare Essential Plan (PPO)	VA	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	322	Aetna Medicare Eagle (PPO)	VA	Total PPO Passive	\$4,000
H5521	344	Aetna Medicare Premier Plan (PPO)	VA	Total PPO 50% Coins OON Hybrid	\$1,500
H5521	345	Aetna Medicare Premier Plan (PPO)	VA	Total PPO 50% Coins OON Hybrid	\$500

## Aetna Medicare package names by market

### Keystone

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H1608	026	Aetna Medicare Advantra Gold (PPO)	WV	Major PPO Mandatory	\$2,000
H1608	027	Aetna Medicare Advantra Gold (PPO)	WV	Total PPO Passive	\$3,000
H1608	031	Aetna Medicare Advantra Credit Value (PPO)	WV	Total PPO 20% Coins OON Hybrid	\$1,000
H1608	040	Aetna Medicare Advantra Value (PPO)	WV	Total PPO 20% Coins OON Hybrid	\$1,000
H1608	041	Aetna Medicare Advantra Value (PPO)	WV	Total PPO 20% Coins OON Hybrid	\$1,125
H1692	002	Aetna Medicare Advantra Silver (HMO-POS)	WV	Total EPO POS Mandatory	\$2,800
H1692	003	Aetna Medicare Advantra Elite (HMO-POS)	WV	Total EPO POS Mandatory	\$1,000
H1692	005	Aetna Medicare Advantra Cares (HMO D-SNP)	WV	Total EPO Mandatory	\$5,000
H1692	006	Aetna Medicare Advantra Eagle (HMO)	WV	Deluxe EPO Mandatory	\$2,000
H1692	007	Aetna Medicare Silver (HMO)	WV	Total EPO Mandatory	\$1,000
H3931	004	Aetna Medicare Premier Plus (HMO-POS)	PA	Total EPO POS Mandatory	\$3,000
H3931	064	Aetna Medicare Premier (HMO-POS)	PA	Total EPO POS 20% coins OON Hybrid	\$3,500
H3931	070	Aetna Medicare Silver (HMO)	PA	Basic EPO Mandatory	\$2,000
H3931	091	Aetna Medicare PinnacleHealth Prime (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3931	102	Aetna Medicare Premier Plus (HMO)	DE	Deluxe EPO Mandatory	\$3,000
H3931	104	Aetna Medicare Elite (HMO-POS)	DE	Total EPO POS Mandatory	\$1,000
H3931	105	Aetna Medicare Philly Suburban Value (HMO-POS)	PA	Total EPO POS Mandatory	\$1,000
H3959	001	Aetna Medicare Advantra Gold (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	002	Aetna Medicare Advantra Gold (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	010	Aetna Medicare Advantra Silver (HMO-POS)	PA	Total EPO POS Mandatory	\$2,200
H3959	011	Aetna Medicare Advantra Silver (HMO-POS)	PA	Total EPO POS Mandatory	\$2,200
H3959	032	Aetna Medicare Advantra Premier (HMO-POS)	PA	Total EPO POS 20% coins OON Hybrid	\$1,600
H3959	033	Aetna Medicare Advantra Premier (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	035	Aetna Medicare Advantra Cares (HMO D-SNP)	PA	Total EPO Mandatory	\$6,000
H3959	036	Aetna Medicare Advantra Cares (HMO D-SNP)	PA	Total EPO Mandatory	\$7,000

## Aetna Medicare package names by market

### Keystone (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3959	037	Aetna Medicare Advantra Gold (HMO-POS)	PA	Total EPO POS 20% coins OON Hybrid	\$2,500
H3959	039	Aetna Medicare Advantra Premier (HMO-POS)	PA	Total EPO POS 20% coins OON Hybrid	\$3,000
H3959	041	Aetna Medicare Advantra Eagle (HMO)	PA	Total EPO Mandatory	\$3,000
H3959	045	Aetna Medicare PennHighlands Prime (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	046	Aetna Medicare Advantra Washington Prime (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	047	Aetna Medicare Advantra Butler Prime (HMO)	PA	Total EPO Mandatory	\$3,000
H3959	049	Aetna Medicare Advantra Excelsa Prime (HMO-POS)	PA	Total EPO POS 20% coins OON Hybrid	\$3,000
H3959	051	Aetna Medicare Beaver Valley Prime (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	052	Aetna Medicare Advantra Value (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	053	Aetna Medicare Advantra Philly Prime (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	055	Aetna Medicare Advantra Value (HMO-POS)	DE	Total EPO POS 20% coins OON Hybrid	\$3,000
H3959	056	Aetna Medicare Advantra Eagle (HMO-POS)	DE	Total EPO POS 20% coins OON Hybrid	\$3,000
H3959	057	Aetna Medicare Advantra Eagle (HMO)	PA	Deluxe EPO Mandatory	\$3,000
H3959	063	Aetna Medicare Advantra Cares (HMO D-SNP)	DE	Total EPO Mandatory	\$4,000
H3959	066	Aetna Medicare Longevity Plan (HMO I-SNP)	PA	Total EPO Mandatory	\$3,500
H5521	095	Aetna Medicare Premier Plus (PPO)	DE	Deluxe PPO Mandatory	\$3,000
H5521	122	Aetna Medicare Gold Plan (PPO)	PA	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	261	Aetna Medicare Value (PPO)	PA	Total PPO 20% Coins OON Hybrid	\$2,700
H5521	262	Aetna Medicare Value (PPO)	DE	Total PPO 20% Coins OON Hybrid	\$800
H5521	263	Aetna Medicare Value (PPO)	PA	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	294	Aetna Medicare The Valley Plan (PPO)	PA	Deluxe PPO Mandatory	\$2,000
H5522	001	Aetna Medicare Advantra Premier Plus (PPO)	PA	Deluxe PPO Mandatory	\$3,000

## Aetna Medicare package names by market

### Keystone (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H5522	002	Aetna Medicare Advantra Premier Plus (PPO)	PA	Deluxe PPO Mandatory	\$3,000
H5522	004	Aetna Medicare Advantra Silver (PPO)	PA	Total PPO 20% Coins OON Hybrid	\$1,500
H5522	005	Aetna Medicare Advantra Silver (PPO)	PA	Total PPO 20% Coins OON Hybrid	\$3,000
H5522	013	Aetna Medicare Advantra Silver Plus (PPO)	PA	Deluxe PPO Mandatory	\$3,000
H5522	014	Aetna Medicare Advantra Premier Plus (PPO)	PA	Deluxe PPO Mandatory	\$3,000
H5522	017	Aetna Medicare Advantra Credit Value (PPO)	PA	Basic PPO Mandatory	\$1,000
H5522	020	Aetna Medicare Advantra Central Value (PPO)	PA	Total PPO 20% Coins OON Hybrid	\$1,125
H5522	021	Aetna Medicare Value Plus (PPO)	PA	Deluxe PPO Mandatory	\$1,000
H5522	022	Aetna Medicare Silver Back (PPO)	PA	Total PPO 20% Coins OON Hybrid	\$2,000

## Aetna Medicare package names by market

### New England

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3597	001	Aetna Medicare Value Plan (HMO)	ME	DMR HMO Mandatory	\$1,000
H3597	007	Aetna Medicare Value Plan (HMO)	ME	50% DMR HMO Mandatory	\$1,000
H3597	009	Aetna Medicare Value Plan (HMO)	ME	DMR HMO Mandatory	\$500
H3597	011	Aetna Medicare Assure Plan (HMO-POS D-SNP)	ME	Total EPO POS Mandatory	\$2,000
H5521	013	Aetna Medicare Explorer Premier Plan (PPO)	CT	DMR PPO Mandatory	\$300
H5521	144	Aetna Medicare Explorer Plan (PPO)	ME	DMR PPO Mandatory	\$1,000
H5521	157	Aetna Medicare Elite Plan (PPO)	CT	Total PPO 50% coins INN/OON Hybrid	\$1,000
H5521	159	Aetna Medicare Explorer Plan (PPO)	MA	Total PPO Passive	\$1,000
H5521	160	Aetna Medicare Explorer Plan (PPO)	MA	Total PPO Passive	\$1,000
H5521	296	Aetna Medicare Eagle Plan (PPO)	MA	Total PPO Passive	\$1,500
H5521	349	Aetna Medicare Eagle Plan (PPO)	ME, NH	DMR PPO Mandatory	\$1,000
H5521	350	Aetna Medicare Eagle Plan (PPO)	CT	Total PPO Passive	\$1,000
H5521	352	Aetna Medicare Essential Elite Plan (PPO)	CT	Total PPO Passive	\$1,000
H5521	374	Aetna Medicare Explorer Plan (PPO)	NH	50% DMR PPO Mandatory	\$1,000
H5521	375	Aetna Medicare Explorer Plan (PPO)	RI	Total PPO Passive	\$1,000
H5521	376	Aetna Medicare Value Plus (PPO)	NH	DMR PPO Mandatory	\$1,000
H5793	001	Aetna Medicare Value Plan (HMO-POS)	CT	Total EPO POS Mandatory	\$1,000
H5793	010	Aetna Medicare Elite Plan (HMO)	CT	DMR HMO Mandatory	\$200
H5793	014	Aetna Medicare Value Plan (HMO-POS)	MA	Total EPO POS 50% coins INN/OON	\$1,000
H5793	015	Aetna Medicare Elite Plan (HMO)	NH	50% DMR HMO Mandatory	\$1,000
H5793	016	Aetna Medicare Value Plan (HMO-POS)	RI	Total EPO POS 50% coins INN/OON	\$1,000
H5793	017	Aetna Medicare Assure Plan (HMO-POS D-SNP)	CT	Total EPO POS Mandatory	\$2,000
H5793	018	Aetna Medicare Value Plan (HMO-POS)	MA	Total EPO POS 50% coins INN/OON	\$1,000
H5793	019	Aetna Medicare Prime Plan (HMO-POS)	RI	Total EPO POS Mandatory	\$1,500

## Aetna Medicare package names by market

### New York/New Jersey

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H3152	022	Aetna Medicare Explorer Premier (HMO-POS)	NJ	Total EPO POS 20% coins OON Hybrid	\$1,000
H3152	045	Aetna Medicare Eagle (HMO)	NJ	DMR HMO Mandatory	\$2,000
H3152	048	Aetna Medicare Explorer Premier Plus (HMO-POS)	NJ	Total EPO POS 20% coins OON Hybrid	\$2,000
H3152	080	Aetna Medicare Prime Value (HMO-POS)	NJ	Total EPO POS 20% coins OON Hybrid	\$1,100
H3152	082	Aetna Medicare Explorer Value (HMO)	NJ	Deluxe EPO OSB	\$2,000
H3152	084	Aetna Medicare Explorer Elite (HMO)	NJ	Deluxe EPO Combo	N/A
H3152	088	Aetna Medicare Elite 3 (HMO)	NJ	Deluxe EPO OSB	\$2,000
H3152	092	Aetna Medicare Explorer Elite 2 (HMO)	NJ	Deluxe EPO Combo	N/A
H3312	002	Aetna Medicare Value Plan (HMO)	NY	Deluxe EPO Combo	N/A
H3312	018	Aetna Medicare Value Plan (HMO)	NY	Total EPO Mandatory	\$1,000
H3312	048	Aetna Medicare Value Plan (HMO)	NY	DMR HMO Mandatory	\$1,250
H3312	062	Aetna Medicare Value Plan (HMO-POS)	NY	Total EPO POS Mandatory	\$1,000
H3312	064	Aetna Medicare Value Plan (HMO)	NY	Deluxe EPO Combo	N/A
H3312	065	Aetna Medicare Value Plan (HMO-POS)	NY	Total EPO POS Mandatory	\$2,000
H3312	069	Aetna Medicare Assure Plan (HMO D-SNP)	NY	Total EPO Mandatory	\$2,000
H3312	070	Aetna Medicare Assure Plan (HMO D-SNP)	NY	Total EPO Mandatory	\$2,000
H3312	072	Aetna Medicare Value Plan (HMO)	NY	Deluxe EPO Combo	N/A
H5521	037	Aetna Medicare Explorer Premier (PPO)	NJ	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	040	Aetna Medicare Premier Plan (PPO)	NY	Deluxe PPO Combo	N/A
H5521	076	Aetna Medicare Premier Plan (PPO)	NY	Deluxe PPO Combo	N/A
H5521	077	Aetna Medicare Premier Plan (PPO)	NY	DMR PPO Mandatory	\$1,500
H5521	110	Aetna Medicare Premier Plan (PPO)	NY	DMR PPO Mandatory	\$1,000
H5521	117	Aetna Medicare Premier Plan (PPO)	NY	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	118	Aetna Medicare Value Plan (PPO)	NY	DMR PPO Mandatory	\$1,000
H5521	119	Aetna Medicare Elite Plan (PPO)	NY	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	120	Aetna Medicare Elite Plan (PPO)	NY	Deluxe PPO Combo	N/A
H5521	121	Aetna Medicare Premier Plan (PPO)	NY	Deluxe PPO Combo	N/A
H5521	123	Aetna Medicare SNJ Prime Elite (PPO)	NJ	Deluxe PPO Combo	N/A
H5521	124	Aetna Medicare Explorer Premier 2 (PPO)	NJ	Deluxe PPO Combo	N/A
H5521	215	Aetna Medicare Premier Plan (PPO)	NY	Total PPO Passive	\$2,000
H5521	275	Aetna Medicare Prime Premier (PPO)	NJ	DMR PPO Mandatory	\$750
H5521	277	Aetna Medicare Prime Credit (PPO)	NJ	Deluxe PPO OSB	\$2,000



## Aetna Medicare package names by market

### New York/New Jersey (continued)

Contract	PBP	Plan name on ID card	State	Dental package	Benefit Maximum
H5521	278	Aetna Medicare Explorer Premier Plus (PPO)	NJ	Deluxe PPO Combo	N/A
H5521	295	Aetna Medicare Explorer Elite (PPO)	NJ	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	298	Aetna Medicare Explorer Premier (PPO)	NJ	Deluxe PPO Combo	N/A
H5521	310	Aetna Medicare Elite Plan 3 (PPO)	NY	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	312	Aetna Medicare Discover Value Plan (PPO)	NY	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	313	Aetna Medicare Credit Plan (PPO)	NY	Deluxe PPO OSB	\$1,000
H5521	318	Aetna Medicare Discover Value Plan (PPO)	NY	Deluxe PPO Combo	N/A
H5521	320	Aetna Medicare Eagle Plan (PPO)	NY	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	323	Aetna Medicare Eagle Plan (PPO)	NY	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	340	Aetna Medicare Discover Value Plan (PPO)	NY	Total PPO Passive	\$1,500
H5521	341	Aetna Medicare Premier Plus Plan (PPO)	NY	Deluxe PPO OSB	\$2,000
H5521	381	Aetna Medicare Discover Value Plan (PPO)	NY	Total PPO Passive	\$2,000
H5521	382	Aetna Medicare Premier Plus Plan (PPO)	NY	Total PPO Passive	\$1,000
H5521	383	Aetna Medicare Discover Value Plan (PPO)	NY	Total PPO Passive	\$1,000
H5521	384	Aetna Medicare Discover Value Plan (PPO)	NY	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	390	Aetna Medicare Value Plan (PPO)	NJ	Deluxe PPO OSB	\$2,000
H5521	391	Aetna Medicare Premier Plan (PPO)	NJ	Deluxe PPO Combo	N/A
H5521	392	Aetna Medicare Prime Value (PPO)	NJ	Total PPO 20% Coins OON Hybrid	\$1,125
R6694	006	Aetna Medicare Premier (Regional PPO)	NJ	Deluxe RPPO Combo	N/A

## Aetna Medicare



### Basic EPO Mandatory

These Aetna Dental® Medicare plans offer both preventive and basic comprehensive coverage. For these plans:

- Preventive services are covered at 100%
- Basic services are covered at 50%
- No out-of-network (OON) benefits
- Member must see an in-network PPO provider

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	N/A
Covered preventive services	\$0	
Covered comprehensive services	50%	
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3931	070	Aetna Medicare Silver (HMO)	Basic EPO Mandatory	\$2,000
H4523	001	Aetna Medicare Premier Plan (HMO)	Basic EPO Mandatory	\$1,000
H4523	021	Aetna Medicare Prime Plan (HMO)	Basic EPO Mandatory	\$1,000

## Plan coverage details

### Basic EPO Mandatory

Deductible	\$0
What members pay:	Copay/coinsurance
<b>Exams – Two procedures per calendar year</b>	
D0120 – Periodic oral exam	\$0
D0150 – Comprehensive oral exam	\$0
<b>Exams – Two procedures per calendar year</b>	
D0140 – Limited oral evaluation - Problem focused	\$0
<b>Cleanings – Two procedures per calendar year</b>	
D1110 – Adult prophylaxis	\$0
<b>Bitewing X-ray – One procedure per calendar year</b>	
D0270 – Single radiographic image	\$0
D0272 – Two radiographic images	\$0
D0273 – Three radiographic images	\$0
D0274 – Four radiographic images	\$0
D0373 – Intraoral tomosynthesis – Bitewing radiographic image	\$0
<b>Periapical X-ray – as needed</b>	
D0220 – Periapical – First image	\$0
D0230 – Periapical – Each additional image	\$0
D0374 – Intraoral tomosynthesis – Periapical radiographic image	\$0
<b>Panoramic and full mouth series – One procedure every three years</b>	
D0210 – Full mouth series	\$0
D0330 – Panoramic image	\$0
D0372 – Intraoral tomosynthesis – Comprehensive series of radiographic images	\$0
<b>Restorative (fillings) – Amalgam and composite – Once per tooth per calendar year</b>	
D2140 – Amalgam – One surface	50%
D2150 – Amalgam – Two surfaces	50%
D2160 – Amalgam – Three surfaces	50%
D2161 – Amalgam – Four or more surfaces	50%
D2330 – Resin – One surface – Anterior	50%
D2331 – Resin – Two surfaces – Anterior	50%
D2332 – Resin – Three surfaces – Anterior	50%
D2335 – Resin – Four or more surfaces – Anterior	50%
D2390 – Resin – Based composite crown – Anterior	50%
D2391 – Resin – One surface – Posterior	50%
D2392 – Resin – Two surfaces	50%
D2393 – Resin – Three surfaces	50%
D2394 – Resin – Four or more surfaces	50%
<b>Re-cementation – one per tooth per year</b>	
D2910 – Re-cement inlay, onlay, veneer	50%
D2915 – Re-cement cast or prefabricated post and core	50%
D2920 – Re-cement crown	50%

## Plan coverage details (continued)

### Basic EPO Mandatory

Deductible	\$0
What members pay:	Copay/coinsurance
<b>Root canal – one per tooth per lifetime</b>	
D3310 – Anterior excluding final restoration	50%
D3320 – Premolar excluding final restoration	50%
<b>Retreatment of root canal – One per tooth per lifetime</b>	
D3346 – Retreatment – Anterior	50%
D3347 – Retreatment – Premolar	50%
<b>Scaling and root planing – Each quad every two years</b>	
D4341 – Periodontal scaling and root planing, 4 or more teeth per quadrant	50%
D4342 – Periodontal scaling and root planing, 1–3 teeth per quadrant	50%
<b>Periodontal maintenance – Two per calendar year</b>	
D4910 – Periodontal maintenance – Procedures	50%
<b>Extractions – One per tooth per lifetime</b>	
D7140 – Extraction – Erupted tooth or exposed	50%
D7210 – Surgical removal of erupted tooth	50%
D7220 – Removal of impacted tooth – Soft tissue	50%
D7250 – Surgical removal of residual tooth	50%
<b>Pain treatment – As medically necessary</b>	
D9110 – Palliative treatment of dental pain, minor	50%

## Limitations and exclusions

There are no waiting periods for covered services. We don't cover care from an out-of-network provider. Coverage is only available for services listed above.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Dental services received from a non-network dentist
- Services listed in the exclusions section or services that exceed frequency limitations
- Services performed outside the United States of America
- Services related to teeth whitening
- Late/missed appointment penalties or fees
- Copying/duplication of records
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**

- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

This document contains only a summary of benefits and doesn't represent a guarantee of coverage or specific payment. All plan benefits are subject to the terms, conditions and limitations of the specific policy issued, including, but not limited to, eligibility, precertification, exclusions and limitations, and medical necessity requirements. Please refer to the Certificate of Coverage or Summary Plan Description for a more complete explanation of benefits, including a full listing of exclusions and limitations. In the event of a discrepancy, the Certificate of Coverage or Summary Plan Description will govern.

**For internal use and release to authorized providers only.**

## Aetna Medicare



### Basic PPO Mandatory

This Aetna Dental® Medicare plan offers in- and out-of-network coverage for both preventive and basic comprehensive coverage. For this plan:

- Preventive services are covered at 100% in-network
- A member coinsurance of 50% applies to basic comprehensive services in-network
- Out-of-network (OON) benefits are included at a higher cost share amount

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	\$0
Covered preventive services	\$0	30%
Covered comprehensive services	50%	70%
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3288	003	Aetna Medicare Choice Plan (PPO)	Basic PPO Mandatory	\$1,000
H3288	007	Aetna Medicare Choice Plan (PPO)	Basic PPO Mandatory	\$2,000
H3288	009	Aetna Medicare Choice Plan (PPO)	Basic PPO Mandatory	\$2,000
H3288	011	Aetna Medicare Choice Plan (PPO)	Basic PPO Mandatory	\$1,000
H3288	021	Aetna Medicare Freedom Core Plan (PPO)	Basic PPO Mandatory	\$1,000
H3288	047	Aetna Medicare Value Plan (PPO)	Basic PPO Mandatory	\$2,000
H3288	048	Aetna Medicare Choice II Plan (PPO)	Basic PPO Mandatory	\$2,000
H5521	085	Aetna Medicare Value Plan (PPO)	Basic PPO Mandatory	\$2,000
H5521	087	Aetna Medicare Value Plan (PPO)	Basic PPO Mandatory	\$1,000
H5521	088	Aetna Medicare Value Plan (PPO)	Basic PPO Mandatory	\$2,000
H5521	089	Aetna Medicare Value Plan (PPO)	Basic PPO Mandatory	\$1,000
H5521	090	Aetna Medicare Value Plan (PPO)	Basic PPO Mandatory	\$1,000
H5522	017	Aetna Medicare Advantra Credit Value (PPO)	Basic PPO Mandatory	\$1,000

## Plan coverage details

### Basic PPO Mandatory

Deductible		\$0
What members pay:	IN	OON
<b>Exams – Two procedures per calendar year</b>		
D0120 – Periodic oral exam	\$0	30%
D0150 – Comprehensive oral exam	\$0	30%
<b>Exams – Two procedures per calendar year</b>		
D0140 – Limited oral evaluation – Problem focused	\$0	30%
<b>Cleanings – Two per calendar year</b>		
D1110 – Adult prophylaxis	\$0	30%
<b>Bitewing X-ray – One procedure per calendar year</b>		
D0270 – Single radiographic image	\$0	30%
D0272 – Two radiographic images	\$0	30%
D0273 – Three radiographic images	\$0	30%
D0274 – Four radiographic images	\$0	30%
D0373 – Intraoral tomosynthesis – Bitewing radiographic image	\$0	30%
<b>Periapical X-ray – As needed</b>		
D0220 – Periapical – First image	\$0	30%
D0230 – Periapical – Each additional image	\$0	30%
D0374 – Intraoral tomosynthesis – Periapical radiographic image	\$0	30%
<b>Panoramic and full mouth series – one procedure every three years</b>		
D0210 – Full mouth series	\$0	30%
D0330 – Panoramic image	\$0	30%
D0372 – Intraoral tomosynthesis – Comprehensive series of radiographic images	\$0	30%
<b>Restorative (fillings) – Amalgam and composite – Once per tooth per calendar year</b>		
D2140 – Amalgam – 1 surface	50%	70%
D2150 – Amalgam – 2 surfaces	50%	70%
D2160 – Amalgam – 3 surfaces	50%	70%
D2161 – Amalgam – 4 or more surfaces	50%	70%
D2330 – Resin-based – 1 surface – Anterior	50%	70%
D2331 – Resin-based – 2 surfaces – Anterior	50%	70%
D2332 – Resin-based – 3 surfaces – Anterior	50%	70%
D2335 – Resin-based – 4 or more surfaces – Anterior	50%	70%
D2390 – Resin-based composite crown – Anterior	50%	70%
D2391 – Resin-based – One surface – Posterior	50%	70%
D2392 – Resin-based – Two surfaces	50%	70%
D2393 – Resin-based – Three surfaces	50%	70%
D2394 – Resin-based – Four or more surfaces	50%	70%
<b>Re-cementation – One per tooth per year</b>		
D2910 – Re-cement inlay, onlay, veneer	50%	70%
D2915 – Re-cement cast or prefabricated post and core	50%	70%
D2920 – Re-cement crown	50%	70%



## Plan coverage details (continued)

### Basic PPO Mandatory

Deductible		\$0
What members pay:	IN	OON
<b>Root canal – One per tooth per lifetime</b>		
D3310 – Anterior excluding final restoration	50%	70%
D3320 – Premolar excluding final restoration	50%	70%
<b>Retreatment of root canal – One per tooth per lifetime</b>		
D3346 – Retreatment of root canal – Anterior	50%	70%
D3347 – Retreatment of root canal – Premolar	50%	70%
<b>Scaling and root planing – Each quad every two years</b>		
D4341 – Periodontal scaling and root planing, 4 or more teeth per quadrant	50%	70%
D4342 – Periodontal scaling and root planing, 1-3 teeth per quadrant	50%	70%
<b>Periodontal maintenance – Two per calendar year</b>		
D4910 – Periodontal maintenance – Procedures	50%	70%
<b>Extractions – One per tooth per lifetime</b>		
D7140 – Extraction – Erupted tooth or exposed	50%	70%
D7210 – Surgical removal of erupted tooth	50%	70%
D7220 – Removal of impacted tooth – Soft tissue	50%	70%
D7250 – Surgical removal of residual tooth	50%	70%
<b>Pain treatment – As medically necessary</b>		
D9110 – Palliative treatment of dental pain, minor	50%	70%

## Out-of-network benefits

Members may receive covered services from providers who are not in our network. Billing arrangements are between the provider and the member. Members may need to pay the provider in full at the time services are provided. Members or the provider can submit a claim to:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

EDI Payer ID#60054

## Limitations and exclusions

Members are responsible for all charges related to any excluded services. Members must also pay the costs of any services received greater than the limits specified.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

This document contains only a summary of benefits and doesn't represent a guarantee of coverage or specific payment. All plan benefits are subject to the terms, conditions and limitations of the specific policy issued, including, but not limited to, eligibility, precertification, exclusions and limitations, and medical necessity requirements. Please refer to the Certificate of Coverage or Summary Plan Description for a more complete explanation of benefits, including a full listing of exclusions and limitations. In the event of a discrepancy, the Certificate of Coverage or Summary Plan Description will govern.

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## Aetna Medicare



### Deluxe EPO Mandatory, Deluxe EPO OSB

These Aetna Dental® Medicare plans offer both preventive and comprehensive coverage. For these plans:

- Preventive services are covered at 100%
- A member coinsurance of 20% applies to Basic comprehensive services
- A member coinsurance of 50% applies to Major comprehensive services
- No out-of-network (OON) benefits
- Member must see an in-network PPO provider

**Note:** For members with the Deluxe EPO OSB package, please call the National Dental Provider services team to confirm if the member elected the optional dental coverage.

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	N/A
Covered preventive services	\$0	
Covered Basic comprehensive services	20%	
Covered Major comprehensive services	50%	
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H1692	006	Aetna Medicare Advantra Eagle (HMO)	Deluxe EPO Mandatory	\$2,000
H2663	026	Aetna Medicare Premier (HMO)	Deluxe EPO Mandatory	\$3,000
H2663	034	Aetna Medicare Premier Plan (HMO)	Deluxe EPO Mandatory	\$2,000
H2663	038	Aetna Medicare Premier (HMO)	Deluxe EPO Mandatory	\$3,000
H2663	039	Aetna Medicare Premier (HMO)	Deluxe EPO Mandatory	\$3,000
H2663	040	Aetna Medicare Premier (HMO)	Deluxe EPO Mandatory	\$3,000
H2663	042	Aetna Medicare Premier (HMO)	Deluxe EPO Mandatory	\$3,000
H2663	043	Aetna Medicare Value (HMO)	Deluxe EPO Mandatory	\$3,000
H3152	082	Aetna Medicare Explorer Value (HMO)	Deluxe EPO OSB	\$2,000
H3152	084	Aetna Medicare Explorer Elite (HMO)	Deluxe EPO Combo	N/A
H3152	088	Aetna Medicare Elite 3 (HMO)	Deluxe EPO OSB	\$2,000
H3152	092	Aetna Medicare Explorer Elite 2 (HMO)	Deluxe EPO Combo	N/A
H3312	002	Aetna Medicare Value Plan (HMO)	Deluxe EPO Combo	N/A
H3312	064	Aetna Medicare Value Plan (HMO)	Deluxe EPO Combo	N/A

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3312	072	Aetna Medicare Value Plan (HMO)	Deluxe EPO Combo	N/A
H3931	091	Aetna Medicare PinnacleHealth Prime (HMO)	Deluxe EPO Mandatory	\$3,000
H3931	102	Aetna Medicare Premier Plus (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	001	Aetna Medicare Advantra Gold (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	002	Aetna Medicare Advantra Gold (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	033	Aetna Medicare Advantra Premier (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	045	Aetna Medicare PennHighlands Prime (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	046	Aetna Medicare Advantra Washington Prime (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	051	Aetna Medicare Beaver Valley Prime (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	052	Aetna Medicare Advantra Value (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	053	Aetna Medicare Advantra Philly Prime (HMO)	Deluxe EPO Mandatory	\$3,000
H3959	057	Aetna Medicare Advantra Eagle (HMO)	Deluxe EPO Mandatory	\$3,000
H4523	015	Aetna Medicare Premier Plan (HMO)	Deluxe EPO Mandatory	\$2,000
H4523	020	Aetna Medicare Prime Plan (HMO)	Deluxe EPO Mandatory	\$3,000
H8332	001	Aetna Medicare Value Plan (HMO)	Deluxe EPO Mandatory	\$3,000
H8332	002	Aetna Medicare Value Plan (HMO)	Deluxe EPO Mandatory	\$2,000
H8332	003	Aetna Medicare Select Plan (HMO)	Deluxe EPO Mandatory	\$3,000
H8332	004	Aetna Medicare Value Plan (HMO)	Deluxe EPO Mandatory	\$3,000
H8332	005	Aetna Medicare Value Plan (HMO)	Deluxe EPO Mandatory	\$2,000

## Plan coverage details

### Deluxe EPO Mandatory, Deluxe EPO OSB

<b>Deductible</b>	<b>\$0</b>
<b>What members pay:</b>	<b>IN</b>
<b>Exams – Two procedures per calendar year</b>	
D0120 – Periodic oral exam	\$0
D0150 – Comprehensive oral exam	\$0
<b>Exams – Two procedures per calendar year</b>	
D0140 – Limited oral evaluation – Problem focused	\$0
<b>Cleanings – Two procedures per calendar year</b>	
D1110 – Adult prophylaxis	\$0
<b>Bitewing X-ray – One procedure per calendar year</b>	
D0270 – Single radiographic image	\$0
D0272 – Two radiographic images	\$0
D0273 – Three radiographic images	\$0
D0274 – Four radiographic images	\$0
D0373 – Intraoral tomosynthesis – Bitewing radiographic image	\$0

## Plan coverage details (continued)

### Deluxe EPO Mandatory, Deluxe EPO OSB

Deductible	\$0
What members pay:	IN
<b>Periapical X-ray – As needed</b>	
D0220 – Periapical – First image	\$0
D0230 – Periapical – Each additional image	\$0
D0374 – Intraoral tomosynthesis – Periapical radiographic image	\$0
<b>Panoramic and full mouth series – One procedure every three years</b>	
D0210 – Full mouth series	\$0
D0330 – Panoramic image	\$0
D0372 – Intraoral tomosynthesis – Comprehensive series of radiographic images	\$0
<b>Restorative (fillings) – Amalgam and composite – Once per tooth per calendar year</b>	
D2140 – Amalgam – One surface	20%
D2150 – Amalgam – Two surfaces	20%
D2160 – Amalgam – Three surfaces	20%
D2161 – Amalgam – Four or more surfaces	20%
D2330 – Resin-based composite – One surface – Anterior	20%
D2331 – Resin-based composite – Two surfaces – Anterior	20%
D2332 – Resin-based composite – Three surfaces anterior	20%
D2335 – Resin-based composite – Four or more surfaces – Anterior	20%
D2390 – Resin-based composite – Crown – Anterior	20%
D2391 – Resin-based composite – One surface – Posterior	20%
D2392 – Resin-based composite – Two surfaces	20%
D2393 – Resin-based composite – Three surfaces	20%
D2394 – Resin-based composite – Four or more surfaces	20%
<b>Re-cementation – One per tooth per year</b>	
D2910 – Re-cement inlay, onlay or veneer	20%
D2915 – Re-cement cast or prefabricated post and core	20%
D2920 – Re-cement crown	20%
<b>Root canal – One per tooth per lifetime</b>	
D3310 – Anterior excluding final restoration	20%
D3320 – Premolar excluding final restoration	20%
D3330 – Molar excluding final restoration	20%
<b>Retreatment of root canal – One per tooth per lifetime</b>	
D3346 – Retreatment – Anterior	20%
D3347 – Retreatment – Premolar	20%
D3348 – Retreatment – Molar	20%
<b>Scaling and root planing – Each quad every two years</b>	
D4341 – Periodontal scaling and root planing, four or more teeth per quadrant	20%
D4342 – Periodontal scaling and root planing, one to three teeth per quadrant	20%
<b>Periodontal maintenance – Two per calendar year</b>	
D4910 – Periodontal maintenance – Procedures	20%

## Plan coverage details (continued)

### Deluxe EPO Mandatory, Deluxe EPO OSB

Deductible	\$0
What members pay:	IN
<b>Extractions – One per tooth per lifetime</b>	
D7140 – Extraction – Erupted tooth or exposed	20%
D7210 – Surgical removal of erupted tooth	20%
D7220 – Removal of impacted tooth – Soft tissue	20%
D7250 – Surgical removal of residual tooth	20%
<b>Pain treatment – As medically necessary</b>	
D9110 – Palliative treatment of dental pain, minor	20%
<b>Crown/buildups – One per tooth every five years</b>	
D2720 – Crown – Resin with high noble metal	50%
D2740 – Crown – Porcelain/ceramic substrate	50%
D2750 – Crown – Porcelain fused high noble metal	50%
D2751 – Crown – Porcelain fused predominantly base metal	50%
D2752 – Crown – Porcelain fused to noble metal	50%
D2753 – Crown – Porcelain fused to titanium and titanium alloy	50%
D2780 – Crown – 3/4 cast high noble metal	50%
D2781 – Crown – 3/4 cast predominantly base metal	50%
D2782 – Crown – 3/4 cast noble metal	50%
D2783 – Crown – 3/4 cast porcelain/ceramic	50%
D2790 – Crown – Full cast high noble metal	50%
D2791 – Crown – Full cast predominantly metal	50%
D2792 – Crown – Full cast noble metal	50%
<b>Crown/buildups – One per tooth every five years</b>	
D2950 – Core buildup, including any pins	50%
D2952 – Cast post and core in addition to crown	50%
D2953 – Cast post – Each additional – Same tooth	50%
D2954 – Prefabricated post and core in addition to crown	50%
D2957 – Prefabricated post – Each additional – Same tooth	50%
D2980 – Crown repair	50%
<b>Debridement – One per lifetime</b>	
D4355 – Full mouth debridement	50%
<b>Complete dentures – One per arch every five years</b>	
D5110 – Complete denture – Maxillary	50%
D5120 – Complete denture – Mandibular	50%
<b>Partial dentures – One per arch every five years</b>	
D5211 – Maxillary partial denture – Resin base	50%
D5212 – Mandibular partial denture – Resin base	50%
D5213 – Maxillary partial denture – Cast base	50%
D5214 – Mandibular partial denture – Cast base	50%
D5225 – Maxillary partial denture – Flexible base (including retentive/clasping materials, rests, and teeth)	50%



## Plan coverage details (continued)

### Deluxe EPO Mandatory, Deluxe EPO OSB

Deductible	\$0
What members pay:	IN
<b>Partial dentures – One per arch every five years (continued)</b>	
D5226 – Mandibular partial denture – Flexible base (including retentive/clasping materials, rests, and teeth)	50%
D5282 – Rem unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	50%
D5283 – Rem unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	50%
D5284 – Rem unilateral partial denture – One piece flexible base (including retentive/clasping materials, rests, and teeth) – Per quadrant	50%
D5286 – Rem unilateral partial denture – One piece resin (including retentive/clasping materials, rests, and teeth) – Per quadrant	50%
<b>Denture adjustment, repair and rebase – As needed</b>	
D5410 – Adjustments maxillary complete denture	50%
D5411 – Adjustments mandibular complete denture	50%
D5421 – Adjustments partial denture – Maxillary	50%
D5422 – Adjustments partial denture – Mandibular	50%
D5511 – Repair broken complete denture base – Mandibular	50%
D5512 – Repair broken complete denture base – Maxillary	50%
D5520 – Replace missing or broken teeth, complete denture (each tooth)	50%
D5611 – Repair resin denture base – Mandibular	50%
D5612 – Repair resin denture base – Maxillary	50%
D5621 – Repair cast framework – Mandibular	50%
D5622 – Repair cast framework – Maxillary	50%
D5630 – Repair or replace broken clasp	50%
D5640 – Replace broken teeth – Per tooth	50%
D5650 – Add tooth to existing partial denture	50%
D5660 – Add clasp to existing partial denture	50%
D5670 – Replace all teeth – Upper partial	50%
D5671 – Replace all teeth – Lower partial	50%
D5710 – Rebase complete maxillary denture	50%
D5711 – Rebase complete mandibular denture	50%
D5720 – Rebase partial maxillary denture	50%
D5721 – Rebase partial mandibular denture	50%
D5730 – Reline complete maxillary denture (direct)	50%
D5731 – Reline complete mandibular denture (direct)	50%
D5740 – Reline maxillary partial denture (direct)	50%
D5741 – Reline mandibular partial denture (direct)	50%
D5750 – Reline complete maxillary denture (indirect)	50%
D5751 – Reline complete mandibular denture (indirect)	50%
D5760 – Reline maxillary partial denture (indirect)	50%
D5761 – Reline mandibular partial denture (indirect)	50%
D5876 – Add metal substructure to acrylic full denture (per arch)	50%
<b>Fixed partial denture – As medically necessary</b>	
D6980 – Fixed partial denture repair	50%

## Plan coverage details (continued)

### Deluxe EPO Mandatory, Deluxe EPO OSB

Deductible	\$0
What members pay:	IN
<b>Pontic – One per tooth every five years</b>	
D6210 – Pontic – Cast high noble metal	50%
D6211 – Pontic – Cast predominantly base metal	50%
D6212 – Pontic – Cast noble metal	50%
D6240 – Pontic – Porcelain fused to high noble	50%
D6241 – Pontic – Porcelain fused to base metal	50%
D6242 – Pontic – Porcelain fused to noble metal	50%
D6243 – Pontic – Porcelain fused to titanium and titanium alloys	50%
D6245 – Pontic – Porcelain/ceramic	50%
D6250 – Pontic – Resin with high noble metal	50%
D6251 – Pontic – Resin with predominantly base metal	50%
D6252 – Pontic – Resin with noble metal	50%
<b>Bridge retainers – One per tooth every five years</b>	
D6545 – Retainer – Cast metal for resin bonded	50%
D6548 – Retainer – Porcelain/ceramic resin bonded fixed prosthesis	50%
D6720 – Crown-Resin with high noble metal	50%
D6721 – Crown – Resin with predominately base metal	50%
D6722 – Crown – Resin with noble metal	50%
D6740 – Crown – Porcelain/ceramic	50%
D6750 – Crown – Porcelain fused to high noble metal	50%
D6751 – Crown – Porcelain fused predominately base metal	50%
D6752 – Crown – Porcelain fused noble metal	50%
D6753 – Retainer crown – Porcelain fused to titanium and titanium alloys	50%
D6780 – Crown – 3/4 cast high noble metal	50%
D6781 – Crown – 3/4 cast predominantly based metal	50%
D6782 – Crown – 3/4 cast noble metal	50%
D6783 – Crown – 3/4 porcelain/ceramic	50%
D6784 – Retainer crown – 3/4 titanium and titanium alloys	50%
D6790 – Crown – Full cast high noble metal	50%
D6791 – Crown – Full cast predominantly base metal	50%
D6792 – Crown – Full cast noble metal	50%
<b>Oral surgery – Once per tooth per lifetime</b>	
D7230 – Removal of impacted tooth – Part bony	50%
D7240 – Removal of impacted tooth – Full bony	50%
D7241 – Removal of impacted tooth – Complication	50%
<b>Anesthesia – As needed/medical necessity</b>	
D9219 – Evaluation – Deep sedation or general anesthesia	50%
D9222 – General anesthesia – First 15 minutes	50%
D9223 – General anesthesia – 15-minute increment	50%
D9239 – Intravenous sed/analgesia – First 15 minutes	50%
D9243 – Intravenous sed/analgesia – 15-minute increment	50%
D9613 – Infiltration of sustained release therapeutic drug – Single or multiple sites	50%

## Limitations and exclusions

Members are responsible for all charges related to any excluded services.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

This document contains only a summary of benefits and doesn't represent a guarantee of coverage or specific payment. All plan benefits are subject to the terms, conditions and limitations of the specific policy issued, including, but not limited to, eligibility, precertification, exclusions and limitations, and medical necessity requirements. Please refer to the Certificate of Coverage or Summary Plan Description for a more complete explanation of benefits, including a full listing of exclusions and limitations. In the event of a discrepancy, the Certificate of Coverage or Summary Plan Description will govern.

**For internal use and release to authorized providers only.**

## Aetna Medicare



### Deluxe PPO Mandatory, Deluxe PPO OSB, Deluxe PPO combo and Deluxe RPPO Combo

These Aetna Dental® Medicare plans offer in- and out-of-network coverage for both preventive and comprehensive coverage. For these plans:

- Preventive services are covered at 100% in-network
- A member coinsurance of 20% applies to Basic comprehensive services in-network
- A member coinsurance of 50% applies to Major comprehensive services in-network
- There is a higher out-of-pocket cost for out-of-network services

**Note:** For members with the Deluxe PPO OSB & Deluxe PPO Combo packages, please call the National Dental Provider services team to confirm if the member elected the optional dental coverage.

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	
Covered preventive services	\$0	30%
Covered Basic comprehensive services	20%	50%
Covered Major comprehensive services	50%	70%
Annual maximum benefit	Varies below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H1608	016	Aetna Medicare Premier Plus (PPO)	Deluxe PPO Mandatory	\$1,000
H1608	017	Aetna Medicare Premier Plus (PPO)	Deluxe PPO Mandatory	\$4,000
H2293	012	Aetna Medicare Eagle II (PPO)	Deluxe PPO Mandatory	\$2,000
H2293	013	Aetna Medicare Freedom Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H2293	014	Aetna Medicare Freedom Preferred Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H2293	015	Aetna Medicare Eagle II (PPO)	Deluxe PPO Mandatory	\$3,000
H2293	016	Aetna Medicare Freedom Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H2293	017	Aetna Medicare Freedom Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H2293	019	Aetna Medicare Freedom Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H2293	020	Aetna Medicare Eagle II Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H3288	005	Aetna Medicare Choice Plan (PPO)	Deluxe PPO Mandatory	\$3,000
H3288	017	Aetna Medicare Freedom Preferred Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H3288	019	Aetna Medicare Freedom Preferred Plan (PPO)	Deluxe PPO Mandatory	\$3,000
H3288	020	Aetna Medicare Freedom Core Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H3288	049	Aetna Medicare Eagle Plan (PPO)	Deluxe PPO Mandatory	\$3,000

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3288	050	Aetna Medicare Eagle Plan (PPO)	Deluxe PPO Mandatory	\$3,000
H3288	051	Aetna Medicare Eagle Plan (PPO)	Deluxe PPO Mandatory	\$3,000
H3288	052	Aetna Medicare Eagle Plan (PPO)	Deluxe PPO Mandatory	\$3,000
H5521	040	Aetna Medicare Premier Plan (PPO)	Deluxe PPO Combo	N/A
H5521	076	Aetna Medicare Premier Plan (PPO)	Deluxe PPO Combo	N/A
H5521	095	Aetna Medicare Premier Plus (PPO)	Deluxe PPO Mandatory	\$3,000
H5521	120	Aetna Medicare Elite Plan (PPO)	Deluxe PPO Combo	N/A
H5521	121	Aetna Medicare Premier Plan (PPO)	Deluxe PPO Combo	N/A
H5521	123	Aetna Medicare SNJ Prime Elite (PPO)	Deluxe PPO Combo	N/A
H5521	124	Aetna Medicare Explorer Premier 2 (PPO)	Deluxe PPO Combo	N/A
H5521	277	Aetna Medicare Prime Credit (PPO)	Deluxe PPO OSB	\$2,000
H5521	278	Aetna Medicare Explorer Premier Plus (PPO)	Deluxe PPO Combo	N/A
H5521	294	Aetna Medicare The Valley Plan (PPO)	Deluxe PPO Mandatory	\$2,000
H5521	298	Aetna Medicare Explorer Premier (PPO)	Deluxe PPO Combo	N/A
H5521	313	Aetna Medicare Credit Plan (PPO)	Deluxe PPO OSB	\$1,000
H5521	318	Aetna Medicare Discover Value Plan (PPO)	Deluxe PPO Combo	N/A
H5521	341	Aetna Medicare Premier Plus Plan (PPO)	Deluxe PPO OSB	\$2,000
H5521	390	Aetna Medicare Value Plan (PPO)	Deluxe PPO OSB	\$2,000
H5521	391	Aetna Medicare Premier Plan (PPO)	Deluxe PPO Combo	N/A
H5522	001	Aetna Medicare Advantra Premier Plus (PPO)	Deluxe PPO Mandatory	\$3,000
H5522	002	Aetna Medicare Advantra Premier Plus (PPO)	Deluxe PPO Mandatory	\$3,000
H5522	013	Aetna Medicare Advantra Silver Plus (PPO)	Deluxe PPO Mandatory	\$3,000
H5522	014	Aetna Medicare Advantra Premier Plus (PPO)	Deluxe PPO Mandatory	\$3,000
H5522	021	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,000
H9431	017	Aetna Medicare Eagle Plan (PPO)	Deluxe PPO Mandatory	\$3,000
R6694	006	Aetna Medicare Premier (Regional PPO)	Deluxe RPPO Combo	N/A

## Plan coverage details

### Deluxe PPO Mandatory, Deluxe PPO OSB, Deluxe PPO combo and Deluxe RPPO Combo

Deductible			\$0
What members pay:		IN	OON
<b>Exams – Two procedures per calendar year</b>			
D0120 – Periodic oral exam		\$0	30%
D0150 – Comprehensive oral exam		\$0	30%
<b>Exams – Two procedures per calendar year</b>			
D0140 – Limited oral evaluation – Problem focused		\$0	30%
<b>Cleanings – Two procedures per calendar year</b>			
D1110 – Adult prophylaxis		\$0	30%

## Plan coverage details (continued)

### Deluxe PPO Mandatory, Deluxe PPO OSB, Deluxe PPO combo and Deluxe RPPO Combo

Deductible			\$0
What members pay:	IN	OON	
<b>Bitewing X-ray – One procedure per calendar year</b>			
D0270 – Single radiographic image	\$0	30%	
D0272 – Two radiographic images	\$0	30%	
D0273 – Three radiographic images	\$0	30%	
D0274 – Four radiographic images	\$0	30%	
D0373 – Intraoral tomosynthesis – Bitewing radiographic image	\$0	30%	
<b>Periapical – As needed</b>			
D0220 – Periapical – First image	\$0	30%	
D0230 – Periapical – Each additional image	\$0	30%	
D0374 – Intraoral tomosynthesis – Periapical radiographic image	\$0	30%	
<b>Panoramic and full mouth series – One procedure every three years</b>			
D0210 – Full mouth series	\$0	30%	
D0330 – Panoramic image	\$0	30%	
D0372 – Intraoral tomosynthesis – Comprehensive series of radiographic images	\$0	30%	
<b>Restorative (fillings) – Amalgam and composite – Once per tooth per calendar year</b>			
D2140 – Amalgam – One surface	20%	50%	
D2150 – Amalgam – Two surfaces	20%	50%	
D2160 – Amalgam – Three surfaces	20%	50%	
D2161 – Amalgam – Four or more surfaces	20%	50%	
D2330 – Resin-based composite – One surface – Anterior	20%	50%	
D2331 – Resin-based composite – Two surfaces – Anterior	20%	50%	
D2332 – Resin-based composite – Three surfaces – Anterior	20%	50%	
D2335 – Resin-based composite – Four or more surfaces – Anterior	20%	50%	
D2390 – Resin-based composite crown – Anterior	20%	50%	
D2391 – Resin-based composite – One surface – Posterior	20%	50%	
D2392 – Resin-based composite – Two surfaces	20%	50%	
D2393 – Resin-based composite – Three surfaces	20%	50%	
D2394 – Resin-based composite – Four or more surfaces	20%	50%	
<b>Re-cementation – One per tooth per year</b>			
D2910 – Re-cement inlay, onlay or veneer	20%	50%	
D2915 – Re-cement cast or prefabricated post and core	20%	50%	
D2920 – Re-cement crown	20%	50%	
<b>Root canal – One per tooth per lifetime</b>			
D3310 – Anterior excluding final restoration	20%	50%	
D3320 – Premolar excluding final restoration	20%	50%	
D3330 – Molar excluding final restoration	20%	50%	
<b>Retreatment of root canal – One per tooth per lifetime</b>			
D3346 – Retreatment of root canal – Anterior	20%	50%	
D3347 – Retreatment of root canal – Premolar	20%	50%	
D3348 – Retreatment of root canal – Molar	20%	50%	

## Plan coverage details (continued)

### Deluxe PPO Mandatory, Deluxe PPO OSB, Deluxe PPO combo and Deluxe RPPO Combo

Deductible			\$0
What members pay:	IN	OOH	
<b>Scaling and root planing – Each quad every two years</b>			
D4341 – Periodontal scaling and root planing, four or more teeth per quadrant	20%	50%	
D4342 – Periodontal scaling and root planing, one to three teeth per quadrant	20%	50%	
<b>Periodontal maintenance – Two per calendar year</b>			
D4910 – Periodontal maintenance – Procedures	20%	50%	
<b>Extractions – One per tooth per lifetime</b>			
D7140 – Extraction – Erupted tooth or exposed	20%	50%	
D7210 – Surgical removal of erupted tooth	20%	50%	
D7220 – Removal of impacted tooth – soft tissue	20%	50%	
D7250 – Surgical removal of residual tooth	20%	50%	
<b>Pain treatment – As medically necessary</b>			
D9110 – Palliative treatment of dental pain, minor	20%	50%	
<b>Crown/buildups – One per tooth every five years</b>			
D2720 – Crown – Resin with high noble metal	50%	70%	
D2740 – Crown – Porcelain/ceramic substrate	50%	70%	
D2750 – Crown – Porcelain fused high noble metal	50%	70%	
D2751 – Crown – Porcelain fused predominantly base metal	50%	70%	
D2752 – Crown – Porcelain fused to noble metal	50%	70%	
D2753 – Crown – Porcelain fused to titanium and titanium alloy	50%	70%	
D2780 – Crown – 3/4 cast high noble metal	50%	70%	
D2781 – Crown – 3/4 cast predominantly base metal	50%	70%	
D2782 – Crown – 3/4 cast noble metal	50%	70%	
D2783 – Crown – 3/4 cast porcelain/ceramic	50%	70%	
D2790 – Crown – Full cast high noble metal	50%	70%	
D2791 – Crown – Full cast predominantly metal	50%	70%	
D2792 – Crown – Full cast noble metal	50%	70%	
<b>Crown/buildups – One per tooth every five years</b>			
D2950 – Core buildup, including any pins	50%	70%	
D2952 – Cast post and core in addition to crown	50%	70%	
D2953 – Cast post – Each additional – Same tooth	50%	70%	
D2954 – Prefabricated post and core in addition to crown	50%	70%	
D2957 – Prefabricated post – Each additional – Same tooth	50%	70%	
<b>Crown repair – One per tooth per year</b>			
D2980 – Crown repair	50%	70%	
<b>Debridement – One per lifetime</b>			
D4355 – Full mouth debridement	50%	70%	
<b>Complete dentures – One per arch every five years</b>			
D5110 – Complete denture – Maxillary	50%	70%	
D5120 – Complete denture – Mandibular	50%	70%	



## Plan coverage details (continued)

### Deluxe PPO Mandatory, Deluxe PPO OSB, Deluxe PPO combo and Deluxe RPPO Combo

Deductible		\$0
What members pay:	IN	OON
<b>Partial dentures – One per arch every five years</b>		
D5211 – Maxillary partial denture – Resin base	50%	70%
D5212 – Mandibular partial denture – Resin base	50%	70%
D5213 – Maxillary partial denture – Cast base	50%	70%
D5214 – Mandibular partial denture cast base	50%	70%
D5225 – Max partial dent – Flexible base (incl retentive/clasp mat, rests and teeth)	50%	70%
D5226 – Mand partial dent – Flexible base (incl retentive/clasp mat, rests and teeth)	50%	70%
D5282 – Removal unilateral partial dent one piece cast metal (incl retentive/clasp materials, rests and teeth), maxillary	50%	70%
D5283 – Removal unilateral partial denture one piece cast metal (including retentive/clasp materials, rests and teeth), mandibular	50%	70%
D5284 – Removal unilateral partial denture – One piece flexible base (including retentive/clasp materials, rests and teeth) – Per quadrant	50%	70%
D5286 – Removal unilateral partial denture – One piece resin (including retentive/clasp materials, rests and teeth) – Per quadrant	50%	70%
<b>Denture adjustment, repair and rebase – As needed</b>		
D5410 – Adjustments maxillary complete denture	50%	70%
D5411 – Adjustments mandibular complete denture	50%	70%
D5421 – Adjustments partial denture – Maxillary	50%	70%
D5422 – Adjustments partial denture – Mandibular	50%	70%
D5511 – Repair broken complete denture base – Mandibular	50%	70%
D5512 – Repair broken complete denture base – Maxillary	50%	70%
D5520 – Replace missing or broken teeth, complete denture (each tooth)	50%	70%
D5611 – Repair resin denture base – Mandibular	50%	70%
D5612 – Repair resin denture base – Maxillary	50%	70%
D5621 – Repair cast framework – Mandibular	50%	70%
D5622 – Repair cast framework – Maxillary	50%	70%
D5630 – Repair or replace broken clasp	50%	70%
D5640 – Replace broken teeth – Per tooth	50%	70%
D5650 – Add tooth to existing partial denture	50%	70%
D5660 – Add clasp to existing partial denture	50%	70%
D5670 – Replace all teeth – Upper partial	50%	70%
D5671 – Replace all teeth – Lower partial	50%	70%
D5710 – Rebase complete maxillary denture	50%	70%
D5711 – Rebase complete mandibular denture	50%	70%
D5720 – Rebase partial maxillary denture	50%	70%
D5721 – Rebase partial mandibular denture	50%	70%
D5730 – Reline complete maxillary denture (direct)	50%	70%
D5731 – Reline complete mandibular denture (direct)	50%	70%
D5740 – Reline complete maxillary partial denture (direct)	50%	70%
D5741 – Reline complete mandibular partial denture (direct)	50%	70%
D5750 – Reline complete maxillary denture (indirect)	50%	70%

## Plan coverage details (continued)

### Deluxe PPO Mandatory, Deluxe PPO OSB, Deluxe PPO combo and Deluxe RPPO Combo

Deductible			\$0
What members pay:	IN	OON	
<b>Denture adjustment, repair and rebase – As needed (continued)</b>			
D5751 – Reline complete mandibular denture (indirect)	50%	70%	
D5760 – Reline maxillary partial denture (indirect)	50%	70%	
D5761 – Reline mandibular partial denture (indirect)	50%	70%	
D5876 – Add metal substructure to acrylic full denture (per arch)	50%	70%	
<b>Fixed partial denture – As medically necessary</b>			
D6980 – Fixed partial denture repair	50%	70%	
<b>Pontic – One per tooth every five years</b>			
D6210 – Pontic – Cast high noble metal	50%	70%	
D6211 – Pontic – Cast predominantly base metal	50%	70%	
D6212 – Pontic – Cast noble metal	50%	70%	
D6240 – Pontic – Porcelain fused to high noble	50%	70%	
D6241 – Pontic – Porcelain fused to base metal	50%	70%	
D6242 – Pontic – Porcelain fused to noble metal	50%	70%	
D6243 – Pontic – Porcelain fused to titanium and titanium alloys	50%	70%	
D6245 – Pontic – Porcelain/ceramic	50%	70%	
D6250 – Pontic – Resin with high noble metal	50%	70%	
D6251 – Pontic – Resin with predominantly base metal	50%	70%	
D6252 – Pontic – Resin with noble metal	50%	70%	
<b>Bridge retainers – One per tooth every five years</b>			
D6545 – Retainer – Cast metal for resin bonded	50%	70%	
D6548 – Retainer – Porcelain/ceramic resin bonded fixed prosthesis	50%	70%	
D6720 – Crown – Resin with high noble metal	50%	70%	
D6721 – Crown – Resin with predominately base metal	50%	70%	
D6722 – Crown – Resin with noble metal	50%	70%	
D6740 – Crown – Porcelain/ceramic	50%	70%	
D6750 – Crown – Porcelain fused to high noble metal	50%	70%	
D6751 – Crown – Porcelain fused predominately base metal	50%	70%	
D6752 – Crown – Porcelain fused noble metal	50%	70%	
D6753 – Retainer crown – Porcelain fused to titanium and titanium alloys	50%	70%	
D6780 – Crown – 3/4 cast high noble metal	50%	70%	
D6781 – Crown – 3/4 cast predominantly base metal	50%	70%	
D6782 – Crown – 3/4 cast noble metal	50%	70%	
D6783 – Crown – 3/4 porcelain/ceramic	50%	70%	
D6784 – Retainer crown – 3/4 titanium and titanium alloys	50%	70%	
D6790 – Crown – Full cast high noble metal	50%	70%	
D6791 – Crown – Full cast predominantly base metal	50%	70%	
D6792 – Crown – Full cast noble metal	50%	70%	
<b>Oral surgery – Once per tooth per lifetime</b>			
D7230 – Removal of impacted tooth – Part bony	50%	70%	
D7240 – Removal of impacted tooth – Full bony	50%	70%	
D7241 – Removal of impacted tooth – Complication	50%	70%	

Deductible			\$0
What members pay:		IN	OON
<b>Anesthesia – As needed/medical necessity</b>			
D9219 – Evaluation – Deep sedation or general anesthesia		50%	70%
D9222 – General anesthesia – First 15 minutes		50%	70%
D9223 – General anesthesia – 15-minute increment		50%	70%
D9239 – Intravenous sed/analgesia – First 15 minutes		50%	70%
D9243 – Intravenous sed/analgesia – 15-minute increment		50%	70%
D9613 – Infiltration of sustained release therapeutic drug – Single or multiple sites		50%	70%

## Out-of-network benefits

Members may receive covered services from providers who are not in our network.

Members are responsible for amounts charged by the provider that exceed benefits. Members may also need to pay at the time of service. Billing arrangements are between the member and the provider.

If members obtain services from a dental provider that isn't part of our network, they may need to pay the provider in full at the time services are provided. The member or provider can then submit a claim to:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

EDI Payer ID#60054

Make sure to include a completed ADA claim form with your submission. You can call Member Services at the phone number on the back of the member's ID card to obtain this form.

## Limitations and exclusions

Members are responsible for all charges related to any excluded services. Members must also pay the costs of any services received greater than the limits specified.

### The plan doesn't cover the following:

- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered

- by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
  - Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

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**For internal use and release to authorized providers only.**

## Aetna Medicare



### Major EPO Mandatory

This Aetna Dental® Medicare plan offers preventive, Basic and Major comprehensive coverage. For this plan:

- Preventive services are covered at 100%
- Basic services are covered at 50%
- No out-of-network (OON) benefits
- Members must see an in-network PPO provider

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Covered preventive services	100%	N/A
Covered Basic and Major comprehensive services	50%	
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H0628	011	Aetna Medicare Premier (HMO)	Major EPO Mandatory	\$1,000
H0628	014	Aetna Medicare Eagle (HMO)	Major EPO Mandatory	\$2,000
H0628	015	Aetna Medicare Eagle (HMO)	Major EPO Mandatory	\$2,000

## Plan coverage details

### Major EPO Mandatory

Deductible	\$0
What members pay:	
<b>Exams – Two procedures per calendar year</b>	
D0120 – Periodic oral exam	\$0
D0150 – Comprehensive oral exam	\$0
<b>Exams – Two procedures per calendar year</b>	
D0140 – Limited oral evaluation – Problem focused	\$0
<b>Cleanings – Two procedures per calendar year</b>	
D1110 – Adult prophylaxis	\$0

## Plan coverage details (continued)

### Major EPO Mandatory

Deductible		\$0
		What members pay:
<b>Bitewing X-ray – One procedure per calendar year</b>		
D0270 – Single radiographic image		\$0
D0272 – Two radiographic images		\$0
D0273 – Three radiographic images		\$0
<b>Bitewing X-ray – One procedure per calendar year (continued)</b>		
D0274 – Four radiographic images		\$0
D0373 – Intraoral tomosynthesis – Bitewing radiographic image		\$0
<b>Periapical X-ray – As needed</b>		
D0220 – Periapical – First image		\$0
D0230 – Periapical – Each additional image		\$0
D0374 – Intraoral tomosynthesis – Periapical radiographic image		\$0
<b>Panoramic and full mouth series – One procedure every three years</b>		
D0210 – Full mouth series		\$0
D0330 – Panoramic image		\$0
D0372 – Intraoral tomosynthesis – Comprehensive series of radiographic images		\$0
<b>Basic services</b>		
<b>Restorative (fillings) – Amalgam and composite – Once per tooth per calendar year</b>		
D2140 – Amalgam – One surface		50%
D2150 – Amalgam – Two surfaces		50%
D2160 – Amalgam – Three surfaces		50%
D2161 – Amalgam – Four or more surfaces		50%
D2330 – Resin – One surface – Anterior		50%
D2331 – Resin – Two surfaces – Anterior		50%
D2332 – Resin – Three surfaces anterior		50%
D2335 – Resin – Four or more surfaces – Anterior		50%
D2390 – Resin – Based composite crown – Anterior		50%
D2391 – Resin – One surface – Posterior		50%
D2392 – Resin – Two surfaces		50%
D2393 – Resin – Three surfaces		50%
D2394 – Resin – Four or more surfaces		50%
<b>Re-cementation – One per tooth per year</b>		
D2910 – Re-cement inlay, onlay or veneer		50%
D2915 – Re-cement cast or prefabricated post and core		50%
D2920 – Re-cement crown		50%

## Plan coverage details (continued)

### Major EPO Mandatory

Deductible		\$0
		What members pay:
<b>Root canal – One per tooth per lifetime</b>		
D3310 – Anterior excluding final restoration		50%
D3320 – Premolar excluding final restoration		50%
D3330 – Molar excluding final restoration		50%
<b>Retreatment of root canal – One per tooth per lifetime</b>		
D3346 – Retreatment – Anterior		50%
D3347 – Retreatment – Premolar		50%
D3348 – Retreatment – Molar		50%
<b>Scaling and root planing – Each quadrant every two years</b>		
D4341 – Periodontal scaling and root planing, four or more teeth per quadrant		50%
D4342 – Periodontal scaling and root planing, one to three teeth per quadrant		50%
<b>Periodontal maintenance – Two per calendar year</b>		
D4910 – Periodontal maintenance – Procedures		50%
<b>Extractions – One per tooth per lifetime</b>		
D7140 – Extraction – Erupted tooth or exposed		50%
D7210 – Surgical removal of erupted tooth		50%
D7220 – Removal of impacted tooth – Soft tissue		50%
D7250 – Surgical removal of residual tooth		50%
<b>Pain treatment – As medically necessary</b>		
D9110 – Palliative treatment of dental pain, minor		50%
<b>Major services</b>		
<b>Crown/buildups – One per tooth every five years</b>		
D2720 – Crown – Resin with high noble metal		50%
D2740 – Crown – Porcelain/ceramic substrate		50%
D2750 – Crown – Porcelain fused high noble metal		50%
D2751 – Crown – Porcelain fused predominantly base metal		50%
D2752 – Crown – Porcelain fused to noble metal		50%
D2753 – Crown – Porcelain fused to titanium and titanium alloy		50%
D2780 – Crown – 3/4 cast high noble metal		50%
D2781 – Crown – 3/4 cast predominantly base metal		50%
D2782 – Crown – 3/4 cast noble metal		50%
D2783 – Crown – 3/4 cast porcelain/ceramic		50%
D2790 – Crown – Full cast high noble metal		50%
D2791 – Crown – Full cast predominantly metal		50%
D2792 – Crown – Full cast noble metal		50%
D2950 – Core buildup, including any pins		50%



## Plan coverage details (continued)

### Major EPO Mandatory

Deductible	\$0
What members pay:	
<b>Crown/buildups – One per tooth every five years (continued)</b>	
D2952 – Cast post and core in addition to crown	50%
D2953 – Cast post – Each additional – Same tooth	50%
D2954 – Prefabricated post and core in addition to crown	50%
D2957 – Prefabricated post – Each additional – Same tooth	50%
<b>Crown repair – One per tooth per year</b>	
D2980 – Crown repair	50%

## Limitations and exclusions

Members are responsible for all charges related to any excluded services.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Dental services received from a non-network dentist
- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

**Have questions or need assistance?**

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

**Frequently Asked Questions (FAQs)****1. What fee schedule should I use?**

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

**2. How are claims submitted?**

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

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## Aetna Medicare



### Major PPO Mandatory

This Aetna Dental® Medicare plan offers both preventive and comprehensive coverage. For this plan:

- Preventive services are covered at 100% in-network
- Members pay a 50% coinsurance for Basic comprehensive services in-network
- Out-of-network (OON) benefits are included at a higher cost share amount

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible (Basic and Major comp services)	\$0	
Covered preventive services	\$0	30%
Covered basic comprehensive services	50%	70%
Covered major comprehensive services	50%	70%
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H1608	026	Aetna Medicare Advantra Gold (PPO)	Major PPO Mandatory	\$2,000
H1608	029	Aetna Medicare Advantra Silver (PPO)	Major PPO Mandatory	\$1,000
H2293	018	Aetna Medicare Freedom Plan (PPO)	Major PPO Mandatory	\$2,000
H9431	001	Aetna Medicare Choice Plan (PPO)	Major PPO Mandatory	\$2,000

## Plan coverage details

### Major PPO Mandatory

Deductible			\$0
What members pay:		IN	OON
<b>Exams – Two procedures per calendar year</b>			
D0120 – Periodic oral exam		\$0	30%
D0150 – Comprehensive oral exam		\$0	30%
<b>Exams – Two procedures per calendar year</b>			
D0140 – Limited oral evaluation – Problem focused		\$0	30%
<b>Cleanings – Two procedures per calendar year</b>			
D1110 – Adult prophylaxis		\$0	30%

## Plan coverage details (continued)

### Major PPO Mandatory

Deductible			\$0
What members pay:	IN	OON	
<b>Bitewing X-ray – One procedure per calendar year</b>			
D0270 – Single radiographic image	\$0	30%	
D0272 – Two radiographic images	\$0	30%	
D0273 – Three radiographic images	\$0	30%	
D0274 – Four radiographic images	\$0	30%	
D0373 – Intraoral tomosynthesis – Bitewing radiographic image	\$0	30%	
<b>Periapical X-ray – As needed</b>			
D0220 – Periapical – First image	\$0	30%	
D0230 – Periapical – Each additional image	\$0	30%	
D0374 – Intraoral tomosynthesis – Periapical radiographic image	\$0	30%	
<b>Panoramic and full mouth series – One procedure every three years</b>			
D0210 – Full mouth series	\$0	30%	
D0330 – Panoramic image	\$0	30%	
D0372 – Intraoral tomosynthesis – Comprehensive series of radiographic images	\$0	30%	
<b>Restorative (fillings) – Amalgam and composite – Once per tooth per calendar year</b>			
D2140 – Amalgam – One surface	50%	70%	
D2150 – Amalgam – Two surfaces	50%	70%	
D2160 – Amalgam – Three surfaces	50%	70%	
D2161 – Amalgam – Four or more surfaces	50%	70%	
D2330 – Resin-based composite – One surface – Anterior	50%	70%	
D2331 – Resin-based composite – Two surfaces – Anterior	50%	70%	
D2332 – Resin-based composite – Three surfaces – Anterior	50%	70%	
D2335 – Resin-based composite – Four or more surfaces – Anterior	50%	70%	
D2390 – Resin-based composite crown – Anterior	50%	70%	
D2391 – Resin-based composite – One surface – Posterior	50%	70%	
D2392 – Resin-based composite – Two surfaces	50%	70%	
D2393 – Resin-based composite – Three surfaces	50%	70%	
D2394 – Resin-based composite – Four or more surfaces	50%	70%	
<b>Re-cementation – One per tooth per year</b>			
D2910 – Re-cement inlay, onlay or veneer	50%	70%	
D2915 – Re-cement cast or prefabricated post and core	50%	70%	
D2920 – Re-cement crown	50%	70%	
<b>Root canal – One per tooth per lifetime</b>			
D3310 – Anterior excluding final restoration	50%	70%	
D3320 – Premolar excluding final restoration	50%	70%	
D3330 – Molar excluding final restoration	50%	70%	

## Plan coverage details (continued)

### Major PPO Mandatory

Deductible			\$0
What members pay:	IN	OON	
<b>Retreatment of root canal – One per tooth per lifetime</b>			
D3346 – Retreatment of root canal – Anterior	50%	70%	
D3347 – Retreatment of root canal – Premolar	50%	70%	
D3348 – Retreatment of root canal – Molar	50%	70%	
<b>Scaling and root planing – Each quad every two years</b>			
D4341 – Periodontal scaling and root planing, four or more teeth per quadrant	50%	70%	
D4342 – Periodontal scaling and root planing, one to three teeth per quadrant	50%	70%	
<b>Periodontal maintenance – Two per calendar year</b>			
D4910 – Periodontal maintenance – Procedures	50%	70%	
<b>Extractions – One per tooth per lifetime</b>			
D7140 – Extraction – Erupted tooth or exposed	50%	70%	
D7210 – Surgical removal of erupted tooth	50%	70%	
D7220 – Removal of impacted tooth – Soft tissue	50%	70%	
D7250 – Surgical removal of residual tooth	50%	70%	
<b>Pain treatment – As medically necessary</b>			
D9110 – Palliative treatment of dental pain, minor	50%	70%	
<b>Crown/buildups – One per tooth every five years</b>			
D2720 – Crown – Resin with high noble metal	50%	70%	
D2740 – Crown – Porcelain/ceramic substrate	50%	70%	
D2750 – Crown – Porcelain fused high noble metal	50%	70%	
D2751 – Crown – Porcelain fused predominantly base metal	50%	70%	
D2752 – Crown – Porcelain fused to noble metal	50%	70%	
D2753 – Crown – Porcelain fused to titanium and titanium alloys	50%	70%	
D2780 – Crown – 3/4 cast high noble metal	50%	70%	
D2781 – Crown – 3/4 cast predominantly base metal	50%	70%	
D2782 – Crown – 3/4 cast noble metal	50%	70%	
D2783 – Crown – 3/4 cast porcelain/ceramic	50%	70%	
D2790 – Crown – Full cast high noble metal	50%	70%	
D2791 – Crown – Full cast predominantly metal	50%	70%	
D2792 – Crown – Full cast noble metal	50%	70%	
D2950 – Core buildup, including any pins	50%	70%	
D2952 – Cast post and core in addition to crown	50%	70%	
D2953 – Cast post – Each additional – Same tooth	50%	70%	
D2954 – Prefabricated post and core in addition to crown	50%	70%	
D2957 – Prefabricated post – Each additional – Same tooth	50%	70%	

Plan coverage details (continued)

Major PPO Mandatory

Deductible			\$0
What members pay:	IN	OON	
Crown repair – One per tooth per year			
D2980 – Crown repair	50%	70%	

Out-of-network benefits

Members may receive services from providers who are not in our network.

Members are responsible for amounts charged by the provider that exceed benefits. Members may also need to pay at the time of service. Billing arrangements are between the member and the provider.

Members may need to pay the provider in full at the time services are provided. The member or the provider can then submit a claim to:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Payer ID#60054

Please be sure to include a completed ADA claim form with your submission.

## Limitations and exclusions

Members may receive covered services from providers who are not in our network.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054



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## Aetna Medicare



### Major Plus EPO Mandatory

This Aetna Dental® Medicare plan offers preventive, Basic and Major comprehensive coverage. For this plan:

- Preventive services are covered at 100%
- Basic services are covered at 80%
- Major services are covered at 50%
- No out-of-network (OON) benefits
- Members must see an in-network PPO provider

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Covered preventive services	100%	N/A
Covered basic comprehensive services	80%	N/A
Covered major comprehensive services	50%	N/A
Benefit maximum	Varies per chart below	Varies per chart below

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H4523	024	Aetna Medicare Prime Plan (HMO)	Major Plus EPO Mandatory	\$2,000

## Plan coverage details

### Major Plus EPO Mandatory

Deductible	\$0
What members pay:	
<b>Exams – Two procedures per calendar year</b>	
D0120 – Periodic oral exam	\$0
D0150 – Comprehensive oral exam	\$0
<b>Exams – Two procedures per calendar year</b>	
D0140 – Limited oral evaluation – Problem focused	\$0
<b>Cleanings – Two procedures per calendar year</b>	
D1110 – Adult prophylaxis	\$0

## Plan coverage details (continued)

### Major Plus EPO Mandatory

Deductible		\$0
What members pay:		
<b>Bitewing X-ray – One procedure per calendar year</b>		
D0270 – Single radiographic image		\$0
D0272 – Two radiographic images		\$0
D0273 – Three radiographic images		\$0
D0274 – Four radiographic images		\$0
D0373 – Intraoral tomosynthesis – Bitewing radiographic image		\$0
<b>Periapical X-ray – As needed</b>		
D0220 – Periapical – First image		\$0
D0230 – Periapical – Each additional image		\$0
D0374 – Intraoral tomosynthesis – Periapical radiographic image		\$0
<b>Panoramic and full mouth series – One procedure every three years</b>		
D0210 – Full mouth series		\$0
D0330 – Panoramic image		\$0
D0372 – Intraoral tomosynthesis – Comprehensive series of radiographic images		\$0
<b>Basic services</b>		
<b>Restorative (fillings) – Amalgam and composite – Once per tooth per calendar year</b>		
D2140 – Amalgam – One surface		80%
D2150 – Amalgam – Two surfaces		80%
D2160 – Amalgam – Three surfaces		80%
D2161 – Amalgam – Four or more surfaces		80%
D2330 – Resin – One surface – Anterior		80%
D2331 – Resin – Two surfaces – Anterior		80%
D2332 – Resin – Three surfaces anterior		80%
D2335 – Resin – Four or more surfaces – Anterior		80%
D2390 – Resin – Based composite crown – Anterior		80%
D2391 – Resin – One surface – Posterior		80%
D2392 – Resin – Two surfaces		80%
D2393 – Resin – Three surfaces		80%
D2394 – Resin – Four or more surfaces		80%
<b>Re-cementation – One per tooth per year</b>		
D2910 – Re-cement inlay, onlay or veneer		80%
D2915 – Re-cement cast or prefabricated post and core		80%
D2920 – Re-cement crown		80%

## Plan coverage details (continued)

### Major Plus EPO Mandatory

Deductible		\$0
What members pay:		
<b>Root canal – One per tooth per lifetime</b>		
D3310 – Anterior excluding final restoration		80%
D3320 – Premolar excluding final restoration		80%
D3330 – Molar excluding final restoration		80%
<b>Retreatment of root canal – One per tooth per lifetime</b>		
D3346 – Retreatment – Anterior		80%
D3347 – Retreatment – Premolar		80%
D3348 – Retreatment – Molar		80%
<b>Scaling and root planing – Each quadrant every two years</b>		
D4341 – Periodontal scaling and root planing, four or more teeth per quadrant		80%
D4342 – Periodontal scaling and root planing, one to three teeth per quadrant		80%
<b>Periodontal maintenance – Two per calendar year</b>		
D4910 – Periodontal maintenance – Procedures		80%
<b>Extractions – One per tooth per lifetime</b>		
D7140 – Extraction – Erupted tooth or exposed		80%
D7210 – Surgical removal of erupted tooth		80%
D7220 – Removal of impacted tooth – Soft tissue		80%
D7250 – Surgical removal of residual tooth		80%
<b>Pain treatment – As medically necessary</b>		
D9110 – Palliative treatment of dental pain, minor		80%
<b>Major services</b>		
<b>Crown/buildups – One per tooth every five years</b>		
D2720 – Crown – Resin with high noble metal		50%
D2740 – Crown – Porcelain/ceramic substrate		50%
D2750 – Crown – Porcelain fused high noble metal		50%
D2751 – Crown – Porcelain fused predominantly base metal		50%
D2752 – Crown – Porcelain fused to noble metal		50%
D2753 – Crown – Porcelain fused to titanium and titanium alloy		50%
D2780 – Crown – 3/4 cast high noble metal		50%
D2781 – Crown – 3/4 cast predominantly base metal		50%
D2782 – Crown – 3/4 cast noble metal		50%
D2783 – Crown – 3/4 cast porcelain/ceramic		50%
D2790 – Crown – Full cast high noble metal		50%
D2791 – Crown – Full cast predominantly metal		50%
D2792 – Crown – Full cast noble metal		50%
D2950 – Core buildup, including any pins		50%

## Plan coverage details (continued)

### Major Plus EPO Mandatory

Deductible		\$0
		What members pay:
<b>Crown/buildups – One per tooth every five years (continued)</b>		
D2952 – Cast post and core in addition to crown		50%
D2953 – Cast post – Each additional – Same tooth		50%
D2954 – Prefabricated post and core in addition to crown		50%
D2957 – Prefabricated post – Each additional – Same tooth		50%
<b>Crown repair – One per tooth per year</b>		
D2980 – Crown repair		50%

## Limitations and exclusions

Members are responsible for all charges related to any excluded services.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

**Have questions or need assistance?**

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

**Frequently Asked Questions (FAQs)****1. What fee schedule should I use?**

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

**2. How are claims submitted?**

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

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## Aetna Medicare



### Preventive Only EPO Mandatory

This Aetna Dental® Medicare plan offers preventive-only coverage for in-network benefits. For this plan:

- Preventive services are covered at 100%
- No out-of-network (OON) benefits
- Members must see an in-network PPO provider

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	N/A
Covered preventive services only	\$0	
Annual maximum benefit	None	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3931	108	Aetna Medicare Value Plan (HMO)	Preventive Only EPO Mandatory	None

## Plan coverage details

### Preventive Only EPO Mandatory

<b>Maximum benefit</b>	<b>\$0</b>
<b>What members pay:</b>	<b>IN</b>
<b>Exams – Two procedures per calendar year</b>	
D0120 – Periodic oral exam	\$0
D0150 – Comprehensive oral exam	\$0
<b>Exams – Two procedures pr calendar year</b>	
D0140 – Limited oral evaluation – Problem focused	\$0
<b>Cleanings – Two procedures per calendar year</b>	
D1110 – Adult prophylaxis	\$0
<b>Bitewing X-ray – One procedure per calendar year</b>	
D0270 – Single radiographic image	\$0
D0272 – Two radiographic images	\$0
D0273 – Three radiographic images	\$0
D0274 – Four radiographic images	\$0



## Limitations and exclusions

Members may receive covered services from providers who are not in our network.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

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## Aetna Medicare



### Preventive Only PPO Mandatory

This Aetna Dental® Medicare plan covers preventive only. For this plan:

- Preventive services are covered at 100% in-network
- Out-of-network (OON) benefits are included at a higher cost share amount

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	\$0
Covered preventive services only	\$0	30%
Annual maximum benefit	None	None

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3288	001	Aetna Medicare Choice Plan (PPO)	Preventive Only PPO Mandatory	None
H3288	002	Aetna Medicare Choice II Plan (PPO)	Preventive Only PPO Mandatory	None
H3288	004	Aetna Medicare Choice Plan (PPO)	Preventive Only PPO Mandatory	None
H3288	006	Aetna Medicare Choice Plan (PPO)	Preventive Only PPO Mandatory	None
H3288	008	Aetna Medicare Choice Plan (PPO)	Preventive Only PPO Mandatory	None
H3288	016	Aetna Medicare Choice Plan (PPO)	Preventive Only PPO Mandatory	None
H3288	018	Aetna Medicare Choice II Plan (PPO)	Preventive Only PPO Mandatory	None
H3288	046	Aetna Medicare Choice Plan (PPO)	Preventive Only PPO Mandatory	None

## Plan coverage details

### Preventive Only PPO Mandatory

Maximum benefit	None	
What members pay:	IN	OON
<b>Exams – Two procedures per calendar year</b>		
D0120 – Periodic oral exam	0%	30%
D0150 – Comprehensive oral exam	0%	30%
<b>Exams – Two procedures per calendar year</b>		
D0140 – Limited oral evaluation – Problem focused	0%	30%
<b>Cleanings – Two procedures per calendar year</b>		
D110 – Adult prophylaxis	0%	30%
<b>Bitewing X-ray – One procedure per calendar year</b>		
D0270 – Single radiographic image	0%	30%
D0272 – Two radiographic images	0%	30%
D0273 – Three radiographic images	0%	30%
D0274 – Four radiographic images	0%	30%
D0373 – Intraoral tomosynthesis – Bitewing radiographic image	0%	30%

## Out-of-network benefits

Members may receive covered services from providers who are not in our network.

Members are responsible for amounts charged by the provider that exceed benefits. Members may also need to pay at the time of service. Billing arrangements are between the member and the provider.

Members may need to pay the provider in full at the time of service. The member or the provider can then submit a claim to:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Payer ID#60054

Please be sure to include a completed ADA claim form with your submission.

## Limitations and exclusions

Members are responsible for all charges related to any excluded services.

### The plan doesn't cover the following:

- Dental services not listed in the table above
- Services or items listed in the exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America
- Coverage is limited to those services listed in the table above. If a service is not listed, it is not included and is **not covered**
- Any services related to implants, including implant removal, repair, restoration or placement, are **not covered**
- Fees related to broken appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are **not covered**
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to you by any municipality, county or other political subdivision is **not covered**
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is **not covered**
- Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy to the extent permitted by federal or state statute is **not covered**

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

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## Aetna Medicare



### Total Choice EPO Mandatory

This Aetna Dental® Medicare plan covers all preventive and comprehensive services associated with an ADA except for cosmetic services (such as teeth whitening). For this plan:

- Preventive and comprehensive services are covered at 100% (excluding cosmetic services)
- No out-of-network (OON) benefits
- Members must see an in-network PPO provider

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	N/A
Preventive and comprehensive services	\$0	
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H0628	012	Aetna Medicare Assure 1 (HMO D-SNP)	Total EPO Mandatory	\$6,000
H0628	013	Aetna Medicare Assure 1 (HMO D-SNP)	Total EPO Mandatory	\$6,000
H1109	005	Aetna Medicare Select Plan (HMO)	Total EPO Mandatory	\$500
H1109	006	Aetna Medicare Select Plan (HMO)	Total EPO Mandatory	\$500
H1692	005	Aetna Medicare Advantra Cares (HMO D-SNP)	Total EPO Mandatory	\$5,000
H1692	007	Aetna Medicare Silver (HMO)	Total EPO Mandatory	\$1,000
H3146	002	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3146	003	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3146	006	Aetna Medicare Value Plus Plan (HMO)	Total EPO Mandatory	\$2,500
H3146	008	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3146	009	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3146	011	Aetna Medicare Value Plus Plan (HMO)	Total EPO Mandatory	\$2,000
H3146	012	Aetna Medicare Value Plus Plan (HMO)	Total EPO Mandatory	\$2,500
H3146	013	Aetna Medicare Value Plus Plan (HMO)	Total EPO Mandatory	\$2,000
H3146	015	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3146	016	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3146	017	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3192	007	Aetna Medicare Assure Premier (HMO D-SNP)	Total EPO Mandatory	\$3,000
H3192	008	Aetna Medicare Assure Premier (HMO D-SNP)	Total EPO Mandatory	\$3,000
H3192	009	Aetna Medicare Assure Premier (HMO D-SNP)	Total EPO Mandatory	\$3,000

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3239	001	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H3239	002	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$3,000
H3239	003	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3239	005	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H3239	006	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$3,500
H3239	007	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$3,500
H3239	008	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H3239	010	Aetna Medicare Dual Select Plan (HMO D-SNP)	Total EPO Mandatory	\$2,700
H3239	011	Aetna Medicare Dual Select Plan (HMO D-SNP)	Total EPO Mandatory	\$3,000
H3239	012	Aetna Medicare Dual Select Plan (HMO D-SNP)	Total EPO Mandatory	\$2,500
H3239	013	Aetna Medicare Dual Plus Plan (HMO D-SNP)	Total EPO Mandatory	\$5,000
H3312	018	Aetna Medicare Value Plan (HMO)	Total EPO Mandatory	\$1,000
H3312	069	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$2,000
H3312	070	Aetna Medicare Assure Plan (HMO D-SNP)	Total EPO Mandatory	\$2,000
H3928	001	Aetna Medicare Advantra Plan (HMO)	Total EPO Mandatory	\$2,500
H3928	002	Aetna Medicare Advantra Plan (HMO)	Total EPO Mandatory	\$750
H3959	035	Aetna Medicare Advantra Cares (HMO D-SNP)	Total EPO Mandatory	\$6,000
H3959	036	Aetna Medicare Advantra Cares (HMO D-SNP)	Total EPO Mandatory	\$7,000
H3959	041	Aetna Medicare Advantra Eagle (HMO)	Total EPO Mandatory	\$3,000
H3959	047	Aetna Medicare Advantra Butler Prime (HMO)	Total EPO Mandatory	\$3,000
H3959	063	Aetna Medicare Advantra Cares (HMO D-SNP)	Total EPO Mandatory	\$4,000
H3959	066	Aetna Medicare Longevity Plan (HMO I-SNP)	Total EPO Mandatory	\$3,500
H4711	012	Aetna Medicare Assure Premier (HMO D-SNP)	Total EPO Mandatory	\$3,000
H5302	012	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H5302	013	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H5302	014	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H5302	018	Aetna Medicare Premier Plan (HMO)	Total EPO Mandatory	\$2,000
H5302	019	Aetna Medicare Premier Plan (HMO)	Total EPO Mandatory	\$2,000
H5302	020	Aetna Medicare Dual Select Plan (HMO D-SNP)	Total EPO Mandatory	\$3,000
H5325	001	Aetna Medicare Assure (HMO D-SNP)	Total EPO Mandatory	\$4,000
H5325	002	Aetna Medicare Assure (HMO D-SNP)	Total EPO Mandatory	\$4,000
H5325	003	Aetna Medicare Assure (HMO D-SNP)	Total EPO Mandatory	\$4,000
H5325	004	Aetna Medicare Assure (HMO D-SNP)	Total EPO Mandatory	\$4,500
H5325	005	Aetna Medicare Assure Gold Prime (HMO D-SNP)	Total EPO Mandatory	\$4,500
H5325	006	Aetna Medicare Assure (HMO D-SNP)	Total EPO Mandatory	\$4,500
H5325	007	Aetna Medicare Assure (HMO D-SNP)	Total EPO Mandatory	\$4,000
H5325	009	Aetna Medicare Assure (HMO D-SNP)	Total EPO Mandatory	\$2,500
H5593	001	Aetna Medicare Assure Premier (HMO D-SNP)	Total EPO Mandatory	\$3,250
H7149	006	Aetna Medicare Assure Premier (HMO D-SNP)	Total EPO Mandatory	\$4,000
H8597	001	Aetna Medicare Dual Complete Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H8597	002	Aetna Medicare Dual Complete Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H8597	003	Aetna Medicare Dual Complete Plan (HMO D-SNP)	Total EPO Mandatory	\$4,500
H8649	010	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	Total EPO Mandatory	\$4,000

## Plan coverage details

### Total EPO Mandatory

### Excluded code/non-covered details

Service	CDT/ADA code
Missing and canceled appointments	D9986
Bleaching external per arch	D9972
Bleaching external per tooth	D9973
Bleaching external for home application	D9975
Bleaching internal per tooth	D9974
Bleaching canceled appointment	D9987
Addressing appointment compliance	D9991
Duplicating/copy of patient records	D9961

## Limitations and exclusions

There are no waiting periods for covered services. Coverage is only available for services that have a valid ADA/CDT code and are recognized by the ADA.

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

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## Aetna Medicare



### Total Choice PPO, Total Choice EPO POS, Total Choice Passive

These Aetna Dental® Medicare plans cover all preventive and comprehensive services associated with an ADA except for cosmetic services (such as teeth whitening). For these plans:

- Preventive and comprehensive services are covered at 100% (excluding cosmetic services) in and out of network

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	\$0
Preventive and comprehensive services	\$0	\$0
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H1608	001	Aetna Medicare Premier (PPO)	Total PPO Passive	\$1,000
H1608	012	Aetna Medicare Premier (PPO)	Total PPO Passive	\$1,000
H1608	027	Aetna Medicare Advantra Gold (PPO)	Total PPO Passive	\$3,000
H1608	028	Aetna Medicare Advantra Preferred Plan (PPO)	Total PPO Passive	\$500
H1608	037	Aetna Medicare Elite (PPO)	Total PPO Passive	\$1,000
H1608	038	Aetna Medicare Elite (PPO)	Total PPO Passive	\$1,000
H1608	043	Aetna Medicare Elite (PPO)	Total PPO Passive	\$1,000
H1608	048	Aetna Medicare Premier Plus (PPO)	Total PPO Passive	\$1,000
H1608	062	Aetna Medicare Assure Premier (PPO D-SNP)	Total PPO Passive	\$2,000
H1609	001	Aetna Medicare Premier (HMO-POS)	Total EPO POS Mandatory	\$1,500
H1692	002	Aetna Medicare Advantra Silver (HMO-POS)	Total EPO POS Mandatory	\$2,800
H1692	003	Aetna Medicare Advantra Elite (HMO-POS)	Total EPO POS Mandatory	\$1,000
H2293	001	Aetna Medicare Value Plus Plan (PPO)	Total PPO Passive	\$1,750
H2293	002	Aetna Medicare Dual Choice Plus Plan (PPO D-SNP)	Total PPO Passive	\$3,500
H2293	003	Aetna Medicare Dual Choice Plan (PPO D-SNP)	Total PPO Passive	\$2,500
H2293	004	Aetna Medicare Dual Choice Plan (PPO D-SNP)	Total PPO Passive	\$2,500
H2293	005	Aetna Medicare Dual Choice Plus Plan (PPO D-SNP)	Total PPO Passive	\$3,500
H2293	006	Aetna Medicare Signature Plan (PPO)	Total PPO Passive	\$2,000
H2293	007	Aetna Medicare Freedom Plus Plan (PPO)	Total PPO Passive	\$1,500
H2293	008	Aetna Medicare Freedom Plus Plan (PPO)	Total PPO Passive	\$1,500
H2293	009	Aetna Medicare Eagle Plus Plan (PPO)	Total PPO Passive	\$1,500

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H2293	010	Aetna Medicare Advantage Plus Plan (PPO)	Total PPO Passive	\$750
H2293	011	Aetna Medicare Value Plus Plan (PPO)	Total PPO Passive	\$2,250
H2663	021	Aetna Medicare Premier (HMO-POS)	Total EPO POS Mandatory	\$1,500
H2663	022	Aetna Medicare Eagle (HMO-POS)	Total EPO POS Mandatory	\$1,500
H2663	023	Aetna Medicare Premier Plus (HMO-POS)	Total EPO POS Mandatory	\$1,500
H2663	025	Aetna Medicare Eagle (HMO-POS)	Total EPO POS Mandatory	\$2,000
H2663	028	Aetna Medicare Premier (HMO-POS)	Total EPO POS Mandatory	\$2,000
H2663	029	Aetna Medicare Premier (HMO-POS)	Total EPO POS Mandatory	\$2,500
H3146	001	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS Mandatory	\$1,500
H3146	004	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS Mandatory	\$1,500
H3146	007	Aetna Medicare Prime (HMO-POS)	Total EPO POS Mandatory	\$2,000
H3146	014	Aetna Medicare Prime Plan (HMO-POS)	Total EPO POS Mandatory	\$1,500
H3192	014	Aetna Medicare Premier Plus (HMO-POS)	Total EPO POS Mandatory	\$1,500
H3192	015	Aetna Medicare Premier Plus (HMO-POS)	Total EPO POS Mandatory	\$1,500
H3219	001	Allina Health Aetna Medicare Plus (PPO)	Total PPO Passive	\$850
H3219	002	Allina Health Aetna Medicare Premier (PPO)	Total PPO Passive	\$800
H3219	003	Allina Health Aetna Medicare Grand (PPO)	Total PPO Passive	\$1,500
H3219	004	Allina Health Aetna Medicare Elite (PPO)	Total PPO Passive	\$2,250
H3219	005	Allina Health Aetna Medicare Eagle (PPO)	Total PPO Passive	\$2,250
H3288	023	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,100
H3288	024	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,100
H3288	025	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H3288	026	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,100
H3288	027	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,100
H3288	028	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,050
H3288	029	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,050
H3288	030	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,100
H3288	031	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,100
H3288	032	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,050
H3288	033	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,050
H3288	034	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$1,500
H3288	042	Aetna Medicare Preferred Premium Plan (PPO)	Total PPO Passive	\$1,300
H3288	045	Aetna Medicare Plus Plan (PPO)	Total PPO Passive	\$750
H3312	062	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS Mandatory	\$1,000
H3312	065	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS Mandatory	\$2,000
H3597	011	Aetna Medicare Assure Plan (HMO-POS D-SNP)	Total EPO POS Mandatory	\$2,000
H3931	004	Aetna Medicare Premier Plus (HMO-POS)	Total EPO POS Mandatory	\$3,000
H3931	104	Aetna Medicare Elite (HMO-POS)	Total EPO POS Mandatory	\$1,000
H3931	105	Aetna Medicare Philly Suburban Value (HMO-POS)	Total EPO POS Mandatory	\$1,000
H3931	109	Aetna Medicare Value (HMO-POS)	Total EPO POS Mandatory	\$1,900

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3931	153	Aetna Medicare Premier 1 (HMO-POS)	Total EPO POS Mandatory	\$2,000
H3931	154	Aetna Medicare Premier 2 (HMO-POS)	Total EPO POS Mandatory	\$2,000
H3959	010	Aetna Medicare Advantra Silver (HMO-POS)	Total EPO POS Mandatory	\$2,200
H3959	011	Aetna Medicare Advantra Silver (HMO-POS)	Total EPO POS Mandatory	\$2,200
H4711	006	Aetna Medicare Elite 1 (HMO-POS)	Total EPO POS Mandatory	\$1,500
H4711	007	Aetna Medicare Elite 2 (HMO-POS)	Total EPO POS Mandatory	\$1,500
H4711	008	Aetna Medicare Premier 1 (HMO-POS)	Total EPO POS Mandatory	\$1,200
H4711	009	Aetna Medicare Premier 2 (HMO-POS)	Total EPO POS Mandatory	\$1,000
H4711	010	Aetna Medicare Eagle (HMO-POS)	Total EPO POS Mandatory	\$2,000
H5521	081	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$1,400
H5521	091	Aetna Medicare Essential Plan (PPO)	Total PPO Passive	\$1,000
H5521	099	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,250
H5521	116	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H5521	139	Aetna Medicare Value Plan (PPO)	Total PPO Passive	\$750
H5521	140	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$1,000
H5521	141	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$1,100
H5521	150	Aetna Medicare Premier (PPO)	Total PPO Passive	\$2,000
H5521	154	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$350
H5521	159	Aetna Medicare Explorer Plan (PPO)	Total PPO Passive	\$1,000
H5521	160	Aetna Medicare Explorer Plan (PPO)	Total PPO Passive	\$1,000
H5521	168	Aetna Medicare Essential Plan (PPO)	Total PPO Passive	\$1,400
H5521	169	Aetna Medicare Value Plan (PPO)	Total PPO Passive	\$3,000
H5521	170	Aetna Medicare Premier Plus Plan (PPO)	Total PPO Passive	\$1,500
H5521	171	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H5521	177	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$500
H5521	178	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H5521	190	Aetna Medicare Premier (PPO)	Total PPO Passive	\$1,500
H5521	194	Aetna Medicare Premier (PPO)	Total PPO Passive	\$2,000
H5521	195	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,500
H5521	207	Aetna Medicare Premier Plus 2 (PPO)	Total PPO Passive	\$1,500
H5521	211	Aetna Medicare Value (PPO)	Total PPO Passive	\$750
H5521	214	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,250
H5521	215	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$2,000
H5521	216	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H5521	217	Aetna Medicare Premier Plus (PPO)	Total PPO Passive	\$1,750
H5521	218	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$2,200
H5521	219	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,250
H5521	220	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$2,000
H5521	222	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$2,000
H5521	223	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,000
H5521	224	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$2,200

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H5521	226	Aetna Medicare Premier (PPO)	Total PPO Passive	\$2,000
H5521	227	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H5521	229	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$3,500
H5521	230	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$2,700
H5521	231	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,500
H5521	232	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$2,200
H5521	233	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H5521	234	Aetna Medicare Freedom Plan (PPO)	Total PPO Passive	\$1,000
H5521	235	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$2,500
H5521	236	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$1,000
H5521	241	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$3,000
H5521	243	Aetna Medicare Value Plan (PPO)	Total PPO Passive	\$2,000
H5521	245	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$2,200
H5521	247	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$2,000
H5521	249	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$2,250
H5521	250	Aetna Medicare Premier Plus 1 (PPO)	Total PPO Passive	\$1,500
H5521	251	Aetna Medicare Value Plan (PPO)	Total PPO Passive	\$750
H5521	254	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$1,000
H5521	279	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$2,500
H5521	280	Aetna Medicare Premier Plan (PPO)	Total PPO Passive	\$1,125
H5521	281	Aetna Medicare Value Plan (PPO)	Total PPO Passive	\$2,200
H5521	283	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,500
H5521	284	Aetna Medicare Premier (PPO)	Total PPO Passive	\$2,000
H5521	285	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,000
H5521	286	Aetna Medicare Eagle (PPO)	Total PPO Passive	\$3,000
H5521	288	Aetna Medicare Value (PPO)	Total PPO Passive	\$1,000
H5521	293	Aetna Medicare Elite Plan (PPO)	Total PPO Passive	\$1,000
H5521	296	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$1,500
H5521	302	Aetna Medicare Premier (PPO)	Total PPO Passive	\$2,500
H5521	314	Aetna Medicare Duly Prime (PPO)	Total PPO Passive	\$2,500
H5521	319	Aetna Medicare Premier Plus Plan (PPO)	Total PPO Passive	\$2,000
H5521	321	Aetna Medicare Premier Plus Plan (PPO)	Total PPO Passive	\$2,000
H5521	322	Aetna Medicare Eagle (PPO)	Total PPO Passive	\$4,000
H5521	324	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$2,500
H5521	326	Aetna Medicare Value Plus Plan (PPO)	Total PPO Passive	\$2,500
H5521	328	Aetna Medicare Choice Plan (PPO)	Total PPO Passive	\$2,000
H5521	332	Aetna Medicare Elite Plan (PPO)	Total PPO Passive	\$1,000
H5521	340	Aetna Medicare Discover Value Plan (PPO)	Total PPO Passive	\$1,500
H5521	348	Aetna Medicare Essential Plan (PPO)	Total PPO Passive	\$1,000
H5521	350	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$1,000
H5521	352	Aetna Medicare Essential Elite Plan (PPO)	Total PPO Passive	\$1,000
H5521	354	Aetna Medicare Essential Plan (PPO)	Total PPO Passive	\$1,000
H5521	355	Aetna Medicare Eagle Plan (PPO)	Total PPO Passive	\$2,500

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H5521	360	Aetna Medicare Signature Plan (PPO)	Total PPO Passive	\$2,000
H5521	364	Aetna Medicare Value Plus Plan (PPO)	Total PPO Passive	\$2,250
H5521	365	Aetna Medicare Signature Plan (PPO)	Total PPO Passive	\$2,000
H5521	366	Aetna Medicare Signature Plan (PPO)	Total PPO Passive	\$2,000
H5521	370	Aetna Medicare Elite Plan (PPO)	Total PPO Passive	\$750
H5521	371	Aetna Medicare Elite Plan (PPO)	Total PPO Passive	\$750
H5521	372	Aetna Medicare Elite Plan (PPO)	Total PPO Passive	\$1,000
H5521	373	Aetna Medicare Essential Plan (PPO)	Total PPO Passive	\$1,000
H5521	375	Aetna Medicare Explorer Plan (PPO)	Total PPO Passive	\$1,000
H5521	378	Aetna Medicare Eagle 1 (PPO)	Total PPO Passive	\$3,000
H5521	381	Aetna Medicare Discover Value Plan (PPO)	Total PPO Passive	\$2,000
H5521	382	Aetna Medicare Premier Plus Plan (PPO)	Total PPO Passive	\$1,000
H5521	383	Aetna Medicare Discover Value Plan (PPO)	Total PPO Passive	\$1,000
H5793	001	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS Mandatory	\$1,000
H5793	017	Aetna Medicare Assure Plan (HMO-POS D-SNP)	Total EPO POS Mandatory	\$2,000
H5793	019	Aetna Medicare Prime Plan (HMO-POS)	Total EPO POS Mandatory	\$1,500
H7149	001	Aetna Medicare Premier (HMO-POS)	Total EPO POS Mandatory	\$2,000
H7301	002	Aetna Medicare Premier Advantra (PPO)	Total PPO Passive	\$2,500
H7301	006	Aetna Medicare Value Advantra (PPO)	Total PPO Passive	\$1,500
H9431	013	Aetna Medicare Premier (PPO)	Total PPO Passive	\$125
H9431	014	Aetna Medicare Elite (PPO)	Total PPO Passive	\$1,000

## Plan coverage details

### Total PPO, Total EPO POS Mandatory and Total PPO Passive Excluded code/Non-covered details

Service	CDT/ADA code
Missing and canceled appointments	D9986
Bleaching external per arch	D9972
Bleaching external per tooth	D9973
Bleaching external for home application	D9975
Bleaching internal per tooth	D9974
Bleaching canceled appointment	D9987
Addressing appointment compliance	D9991
Duplicating/copy of patient records	D9961
Sales tax	D9985

## Limitations and exclusions

There are no waiting periods for covered services. Coverage is only available for services that have a valid ADA/CDT code and are recognized by the ADA.

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## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

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Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

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## Aetna Medicare



### Total PPO 20% OON, Total Choice EPO POS 20% OON

These Aetna Dental® Medicare plans cover all preventive and comprehensive services associated with an ADA except for cosmetic services such as teeth whitening. For these plans:

- In-network: Cover all preventive and comprehensive services at 100% (excluding cosmetic services)
- Out of Network: Cover all preventive and comprehensive services at 20% (excluding cosmetic services)

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	\$0
Preventive and comprehensive services	\$0	20%
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H1608	018	Aetna Medicare Premier Plus (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H1608	021	Aetna Medicare Premier Plus (PPO)	Total PPO 20% Coins OON Hybrid	\$2,250
H1608	024	Aetna Medicare Premier Plus 2 (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H1608	031	Aetna Medicare Advantra Credit Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H1608	039	Aetna Medicare Elite (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H1608	040	Aetna Medicare Advantra Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H1608	041	Aetna Medicare Advantra Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,125
H1608	047	Aetna Medicare Elite (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H1608	052	Aetna Medicare Elite (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H1608	053	Aetna Medicare Elite (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H1608	054	Aetna Medicare Elite (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H1608	059	Aetna Medicare Elite (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H2056	001	Aetna Medicare Elite Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,100
H2056	002	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,100
H2056	003	Aetna Medicare Elite Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,100
H2056	004	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,400
H2056	005	Aetna Medicare Elite Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,100



Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3152	022	Aetna Medicare Explorer Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,000
H3152	048	Aetna Medicare Explorer Premier Plus (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,000
H3152	080	Aetna Medicare Prime Value (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,100
H3192	001	Aetna Medicare Prime (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$3,000
H3192	002	Aetna Medicare Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	003	Aetna Medicare Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	004	Aetna Medicare Prime (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	005	Aetna Medicare Prime (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	006	Aetna Medicare Prime (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,500
H3192	010	Aetna Medicare Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	011	Aetna Medicare Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	012	Aetna Medicare Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3192	013	Aetna Medicare Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,750
H3192	017	Aetna Medicare MyMichigan Prime (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,000
H3748	001	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,000
H3748	003	Aetna Medicare Value Plus Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$775
H3748	004	Aetna Medicare Platinum Plus Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$750
H3748	005	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$650
H3748	006	Aetna Medicare Elite Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,100
H3748	007	Aetna Medicare Elite Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,600
H3748	008	Aetna Medicare Prime Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,600
H3748	009	Aetna Medicare Elite Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,100
H3748	010	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$300
H3748	011	Aetna Medicare Platinum Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$650
H3931	064	Aetna Medicare Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$3,500
H3931	092	Aetna Medicare Prime Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,500
H3931	094	Aetna Medicare Select Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,800
H3931	099	Aetna Medicare Select Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,000
H3931	115	Aetna Medicare Platinum Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3931	126	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$800
H3931	129	Aetna Medicare Platinum Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$3,000
H3931	145	Aetna Medicare Sunrise Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3931	146	Aetna Medicare Sunrise Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,500
H3931	147	Aetna Medicare Sunrise Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3931	148	Aetna Medicare Sunrise Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H3931	149	Aetna Medicare Value Plus Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,000

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3931	151	Aetna Medicare Prime Plus Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,800
H3931	152	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,000
H3959	032	Aetna Medicare Advantra Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,600
H3959	037	Aetna Medicare Advantra Gold (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$2,500
H3959	039	Aetna Medicare Advantra Premier (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$3,000
H3959	049	Aetna Medicare Advantra Excelsa Prime (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$3,000
H3959	055	Aetna Medicare Advantra Value (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$3,000
H3959	056	Aetna Medicare Advantra Eagle (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$3,000
H4711	001	Aetna Medicare Premier Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H4711	002	Aetna Medicare Prime Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H4711	005	Aetna Medicare Premier Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,000
H4835	001	Aetna Medicare Prime Plus Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H4835	002	Aetna Medicare Premier Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$500
H4835	003	Aetna Medicare Premier Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$750
H4835	004	Aetna Medicare Premier Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,500
H4835	005	Aetna Medicare Premier Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$750
H4835	006	Aetna Medicare Premier Plan (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$750
H5521	016	Aetna Medicare Premier Plus (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	022	Aetna Medicare Select Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	053	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	055	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	056	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	086	Aetna Medicare Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,200
H5521	100	Aetna Medicare Freedom Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	101	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	102	Aetna Medicare Essential Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	117	Aetna Medicare Premier Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	119	Aetna Medicare Elite Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	122	Aetna Medicare Gold Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	125	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	127	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,050
H5521	128	Aetna Medicare Select Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,050
H5521	184	Aetna Medicare Platinum Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	196	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	197	Aetna Medicare Value Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	200	Aetna Medicare Platinum Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H5521	246	Aetna Medicare Elite Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	261	Aetna Medicare Value (PPO)	Total PPO 20% Coins OON Hybrid	\$2,700
H5521	262	Aetna Medicare Value (PPO)	Total PPO 20% Coins OON Hybrid	\$800
H5521	263	Aetna Medicare Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	289	Aetna Medicare Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	290	Aetna Medicare Elite Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	292	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	295	Aetna Medicare Explorer Elite (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	299	Aetna Medicare Elite Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	300	Aetna Medicare Select Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	301	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	303	Aetna Medicare Elite Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	310	Aetna Medicare Elite Plan 3 (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	320	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	323	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	329	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$3,000
H5521	330	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,750
H5521	331	Aetna Medicare Elite Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	333	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	351	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	353	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	363	Aetna Medicare Elite Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	369	Aetna Medicare Eagle Plus Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$2,500
H5521	379	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	380	Aetna Medicare Preferred Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H5521	386	Aetna Medicare Premier Plus (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	387	Aetna Medicare Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H5521	388	Aetna Medicare Premier (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H5521	389	Aetna Medicare Premier (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H5521	392	Aetna Medicare Prime Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,125
H5521	393	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$800
H5522	004	Aetna Medicare Advantra Silver (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H5522	005	Aetna Medicare Advantra Silver (PPO)	Total PPO 20% Coins OON Hybrid	\$3,000
H5522	020	Aetna Medicare Advantra Central Value (PPO)	Total PPO 20% Coins OON Hybrid	\$1,125
H5522	022	Aetna Medicare Silver Back (PPO)	Total PPO 20% Coins OON Hybrid	\$2,000
H8649	003	Aetna Medicare Advantra (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$1,400
H8649	008	Aetna Medicare Advantra Select (HMO-POS)	Total EPO POS 20% coins OON Hybrid	\$750
H9431	002	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,600

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H9431	004	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$775
H9431	005	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,500
H9431	006	Aetna Medicare Choice Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,000
H9431	015	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250
H9431	016	Aetna Medicare Eagle Plan (PPO)	Total PPO 20% Coins OON Hybrid	\$1,250

## Plan coverage details

### Total EPO POS 20% Coins OON Mandatory and Total PPO 20% Coin OON Excluded code/Non-covered details

Service	CDT/ADA code
Missing and canceled appointments	D9986
Bleaching external per arch	D9972
Bleaching external per tooth	D9973
Bleaching external for home application	D9975
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Bleaching canceled appointment	D9987
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## Aetna Medicare



### Total Choice PPO 50% OON, Total Choice HMO POS 50% OON

These Aetna Dental® Medicare plans cover all preventive and comprehensive services associated with an ADA except for cosmetic services such as teeth whitening. For these plans:

- In-network: Cover all preventive and comprehensive services at 100% (excluding cosmetic services)
- Out of Network: Cover all preventive and comprehensive services at 50% (excluding cosmetic services)

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	\$0
Preventive and Comprehensive services	\$0	50%
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H0628	001	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,200
H0628	003	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$2,200
H0628	005	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$2,000
H0628	006	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,500
H0628	007	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,225
H0628	008	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,500
H0628	009	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,500
H0628	010	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$2,000
H0628	017	Aetna Medicare Premier (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,500
H1608	061	Aetna Medicare Eagle (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H1609	058	Aetna Medicare Eagle (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$2,000
H3931	095	Aetna Medicare Standard Plan (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,000
H3931	096	Aetna Medicare Prime Plan (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$475
H3931	098	Aetna Medicare Select Plan (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$2,000
H3931	100	Aetna Medicare Select Plan (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,000
H3931	101	Aetna Medicare Select Plan (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,000
H3931	107	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$2,000
H3931	124	Aetna Medicare UVA Health System Prime (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,500



Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H3931	143	Aetna Medicare Select Plan (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$1,500
H5521	015	Aetna Medicare Premier Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	020	Aetna Medicare Premier 2 (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	027	Aetna Medicare Choice Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	037	Aetna Medicare Explorer Premier (PPO)	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	082	Aetna Medicare Essential Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	083	Aetna Medicare Essential Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	084	Aetna Medicare Essential Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	134	Aetna Medicare Premier 1 (PPO)	Total PPO 50% Coins OON Hybrid	\$2,500
H5521	156	Aetna Medicare Value Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	259	Aetna Medicare Value Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	260	Aetna Medicare Value Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	266	Aetna Medicare Value Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$2,000
H5521	267	Aetna Medicare Value Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	312	Aetna Medicare Discover Value Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$1,000
H5521	344	Aetna Medicare Premier Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$1,500
H5521	345	Aetna Medicare Premier Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$500
H5521	384	Aetna Medicare Discover Value Plan (PPO)	Total PPO 50% Coins OON Hybrid	\$1,000
H7149	007	Aetna Medicare Eagle (HMO-POS)	Total EPO POS 50% coins OON Hybrid	\$2,000
R6694	003	Aetna Medicare Premier Plus 1 (Regional PPO)	Total RPPO 50% Coins OON Hybrid	\$1,000
R6694	005	Aetna Medicare Premier Plus 2 (Regional PPO)	Total RPPO 50% Coins OON Hybrid	\$1,000

## Plan coverage details

### Total EPO POS 50% Coins OON Mandatory and Total PPO 50% Coin OON Excluded code/Non-covered details

Service	CDT/ADA code
Missing and canceled appointments	D9986
Bleaching external per arch	D9972
Bleaching external per tooth	D9973
Bleaching external for home application	D9975
Bleaching internal per tooth	D9974
Bleaching canceled appointment	D9987
Addressing appointment compliance	D9991
Duplicating/copy of patient records	D9961
Sales tax	D9985

## Limitations and exclusions

There are no waiting periods for covered services. Coverage is only available for services that have a valid ADA/CDT code and are recognized by the ADA.

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

As a participating dentist, you'll be able to see all Aetna Dental Medicare Advantage members. We reimburse according to the PPO fee schedule you have with us.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

Electronically:

EDI Payer ID#60054

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## Aetna Medicare



### Total Choice 50% PPO, Total Choice 50% HMO POS

#### Total Choice 50% PPO, Total Choice 50% HMO POS

These Aetna Dental® Medicare plans cover all preventive and comprehensive services associated with an ADA except for cosmetic services such as teeth whitening. For these plans:

- In-network: Cover all preventive and comprehensive services at 50% (excluding cosmetic services)
- Out of Network: Cover all preventive and comprehensive services at 50% (excluding cosmetic services)

Have questions or need assistance? You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

2023 Aetna Dental plan benefit	In-network member pays	Out-of-network member pays
Deductible	\$0	\$0
Preventive and Comprehensive services	50%	50%
Annual maximum benefit	Varies per chart below	

Contract	PBP	Plan name on ID card	Dental package	Benefit maximum
H5793	014	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 50% coins INN/OON	\$1,000
H5793	016	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 50% coins INN/OON	\$1,000
H5793	018	Aetna Medicare Value Plan (HMO-POS)	Total EPO POS 50% coins INN/OON	\$1,000
H5521	157	Aetna Medicare Elite Plan (PPO)	Total PPO 50% coins INN/OON Hybrid	\$1,000

## Plan coverage details

### Total Choice 50% PPO, Total Choice 50% HMO POS

#### Excluded code/Non-covered details

Service	CDT/ADA code
Missing and canceled appointments	D9986
Bleaching external per arch	D9972
Bleaching external per tooth	D9973
Bleaching external for home application	D9975
Bleaching internal per tooth	D9974
Bleaching canceled appointment	D9987
Addressing appointment compliance	D9991
Duplicating/copy of patient records	D9961
Sales tax	D9985

## Limitations and exclusions

There are no waiting periods for covered services. Coverage is only available for services that have a valid ADA/CDT code and are recognized by the ADA.

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

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## Aetna Medicare



### Direct Member Reimbursement – 50% DMR HMO Mandatory, 50% DMR PPO Mandatory

These Aetna Dental® plans offer 50% coverage for all services up to the annual maximum amount. Any US licensed provider can see these members as this is not a network plan. The dental office will bill their full fees and the member can submit a reimbursement form from the provider's office to Aetna to be reimbursed up to the allowance amount.

To request reimbursement, members must:

- Get a receipt or proof of payment from the dental provider, along with a description of the services provided.
- Complete the medical reimbursement form, found at [AetnaMedicare.com/FindForms](https://www.aetna.com/FindForms)
- Mail the completed form, along with proof of payment/itemized receipt, to the claims address on their ID card or fax them to **1-866-474-4040** within 365 days from the date of service.
- Include their printed name and Aetna ID number on all receipts and keep copies, as these will not be returned.

We'll reimburse up to the benefit amount, within 45 days once approved. If the request is incomplete, the member will be notified by phone and/or mail. Allowance amounts do not roll over each year.

2023 Aetna Dental plan benefit	In or Out-of-network Member pays
Deductible	\$0
Preventive and comprehensive services	50%
Annual maximum benefit	<b>Varies per chart below</b>

Contract	PBP	Plan name on ID card	Dental package	Allowance
H3597	007	Aetna Medicare Value Plan (HMO)	50% DMR HMO Mandatory	\$1,000
H5521	374	Aetna Medicare Explorer Plan (PPO)	50% DMR PPO Mandatory	\$1,000
H5793	015	Aetna Medicare Elite Plan (HMO)	50% DMR HMO Mandatory	\$1,000

## Plan coverage details

### Direct Member Reimbursement – 50% DMR HMO Mandatory and 50% DMR PPO Mandatory Excluded code/Non-covered details

Service	CDT/ADA code
Missing and canceled appointments	D9986
Bleaching external per arch	D9972
Bleaching external per tooth	D9973
Bleaching external for home application	D9975
Bleaching internal per tooth	D9974
Bleaching canceled appointment	D9987
Addressing appointment compliance	D9991
Duplicating/copy of patient records	D9961
Sales tax	D9985

## Limitations and exclusions

There are no waiting periods for covered services. Coverage is only available for services that have a valid ADA/CDT code and are recognized by the ADA.

### The following services are not covered:

- Services related to teeth whitening
- Late/missed appointment penalties or fees
- Copying/duplication of records
- Sales tax

### Have questions or need assistance?

You can call our National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** for help.

## Frequently Asked Questions (FAQs)

### 1. What fee schedule should I use?

All members are charged the office's full fees and will be reimbursed up to the member allowance amount. Aetna will reimburse the member according to their allowance maximum.

### 2. How are claims submitted?

By mail:

Aetna Medicare  
PO Box 981106  
El Paso, TX 79998-1106

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## Aetna Medicare



### Direct Member Reimbursement – DMR HMO Mandatory, DMR HMO POS Mandatory, DMR PPO Mandatory

These Aetna Dental® plans offer full coverage to the member for all services up to the annual maximum amount. Any provider can see these members as this is not a network plan. The dental office will bill their full fees and the member can submit the completed reimbursement claim form from the provider's office to Aetna to be reimbursed up to the allowance amount.

To request reimbursement, members must:

- Get a receipt or proof of payment from the dental provider, along with a description of the services provided.
- Complete the medical reimbursement form, found at [AetnaMedicare.com/FindForms](https://www.aetna.com/FindForms)
- Mail the completed form, along with proof of payment/itemized receipt, to the claims address on their ID card or fax them to **1-866-474-4040**, within 365 days from the date of service.
- Include their printed name and Aetna ID number on all receipts and keep copies, as these will not be returned.

We'll reimburse up to the benefit amount, within 45 days once approved. If the request is incomplete, the member will be notified by phone and/or mail. Allowance amounts do not roll over each year.

2023 Aetna Dental plan benefit	In or Out-of-network Member pays
Deductible	\$0
Annual maximum benefit	Varies per chart below

Contract	PBP	Plan name on ID card	Dental package	Allowance
H0523	002	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$250
H0523	022	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$250
H0523	031	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$250
H0523	052	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$250
H0523	061	Aetna Medicare Prime Plan (HMO)	DMR HMO Mandatory	\$250
H0523	065	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,000
H0523	066	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,000
H0523	067	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,000
H0523	068	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,500
H0523	069	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,000
H0523	070	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,500
H0523	071	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,000

Contract	PBP	Plan name on ID card	Dental package	Allowance
H0523	072	Aetna Medicare Select Plan (HMO)	DMR HMO Mandatory	\$1,200
H0523	073	Aetna Medicare Prime II Plan (HMO)	DMR HMO Mandatory	\$2,500
H1608	013	Aetna Medicare Premier (PPO)	DMR PPO Mandatory	\$500
H1608	035	Aetna Medicare Premier (PPO)	DMR PPO Mandatory	\$300
H1608	050	Aetna Medicare Elite (PPO)	DMR PPO Mandatory	\$1,000
H1608	051	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$750
H1608	056	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$350
H2663	002	Aetna Medicare Option 2 (HMO)	DMR HMO Mandatory	\$1,500
H2663	005	Aetna Medicare Gold Advantage Prime (HMO)	DMR HMO Mandatory	\$2,000
H2663	006	Aetna Medicare Option 1 (HMO-POS)	DMR HMO POS Mandatory	\$1,100
H2663	017	Aetna Medicare UnityPoint Health Prime (HMO)	DMR HMO Mandatory	\$2,700
H2663	032	Aetna Medicare Gold Advantage Value Prime (HMO)	DMR HMO Mandatory	\$1,000
H2663	041	Aetna Medicare Premier Preferred (HMO)	DMR HMO Mandatory	\$1,250
H3152	045	Aetna Medicare Eagle (HMO)	DMR HMO Mandatory	\$2,000
H3312	048	Aetna Medicare Value Plan (HMO)	DMR HMO Mandatory	\$1,250
H3597	001	Aetna Medicare Value Plan (HMO)	DMR HMO Mandatory	\$1,000
H3597	009	Aetna Medicare Value Plan (HMO)	DMR HMO Mandatory	\$500
H4982	001	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$2,000
H4982	002	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$2,000
H4982	003	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$1,000
H4982	004	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$1,750
H4982	005	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$1,000
H4982	006	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$575
H4982	007	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$1,000
H4982	010	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$1,000
H4982	011	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$750
H4982	012	Aetna Medicare Plus Plan (HMO)	DMR HMO Mandatory	\$750
H4982	013	Aetna Medicare Eagle Plan (HMO)	DMR HMO Mandatory	\$1,500
H5521	013	Aetna Medicare Explorer Premier Plan (PPO)	DMR PPO Mandatory	\$300
H5521	033	Aetna Medicare Premier (PPO)	DMR PPO Mandatory	\$750
H5521	077	Aetna Medicare Premier Plan (PPO)	DMR PPO Mandatory	\$1,500
H5521	110	Aetna Medicare Premier Plan (PPO)	DMR PPO Mandatory	\$1,000
H5521	118	Aetna Medicare Value Plan (PPO)	DMR PPO Mandatory	\$1,000
H5521	144	Aetna Medicare Explorer Plan (PPO)	DMR PPO Mandatory	\$1,000
H5521	268	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$1,600
H5521	269	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$1,900
H5521	270	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$2,100
H5521	271	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$1,500
H5521	272	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$2,100
H5521	273	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$1,275
H5521	275	Aetna Medicare Prime Premier (PPO)	DMR PPO Mandatory	\$750

Contract	PBP	Plan name on ID card	Dental package	Allowance
H5521	305	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$1,600
H5521	306	Aetna Medicare Eagle (PPO)	DMR PPO Mandatory	\$2,000
H5521	307	Aetna Medicare Premier (PPO)	DMR PPO Mandatory	\$2,000
H5521	308	Aetna Medicare Eagle (PPO)	DMR PPO Mandatory	\$2,000
H5521	311	Aetna Medicare Value (PPO)	DMR PPO Mandatory	\$1,500
H5521	347	Aetna Medicare Eagle (PPO)	DMR PPO Mandatory	\$2,000
H5521	349	Aetna Medicare Eagle Plan (PPO)	DMR PPO Mandatory	\$1,000
H5521	376	Aetna Medicare Value Plus (PPO)	DMR PPO Mandatory	\$1,000
H5521	377	Aetna Medicare Premier Plus (PPO)	DMR PPO Mandatory	\$1,275
H5793	010	Aetna Medicare Elite Plan (HMO)	DMR HMO Mandatory	\$200
H7301	007	Aetna Medicare Value (PPO)	DMR PPO Mandatory	\$1,000
H7301	009	Aetna Medicare Premier (PPO)	DMR PPO Mandatory	\$1,500
H7301	011	Aetna Medicare Value (PPO)	DMR PPO Mandatory	\$1,300
H7301	012	Aetna Medicare Value (PPO)	DMR PPO Mandatory	\$750

## Plan coverage details

### Direct Member Reimbursement – DMR HMO Mandatory and DMR HMO POS Mandatory and DMR PPO Mandatory Excluded code/Non-covered details

Service	CDT/ADA code
Missing and canceled appointments	D9986
Bleaching external per arch	D9972
Bleaching external per tooth	D9973
Bleaching external for home application	D9975
Bleaching internal per tooth	D9974
Bleaching canceled appointment	D9987
Addressing appointment compliance	D9991
Duplicating/copy of patient records	D9961
Sales tax	D9985

## Limitations and exclusions

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