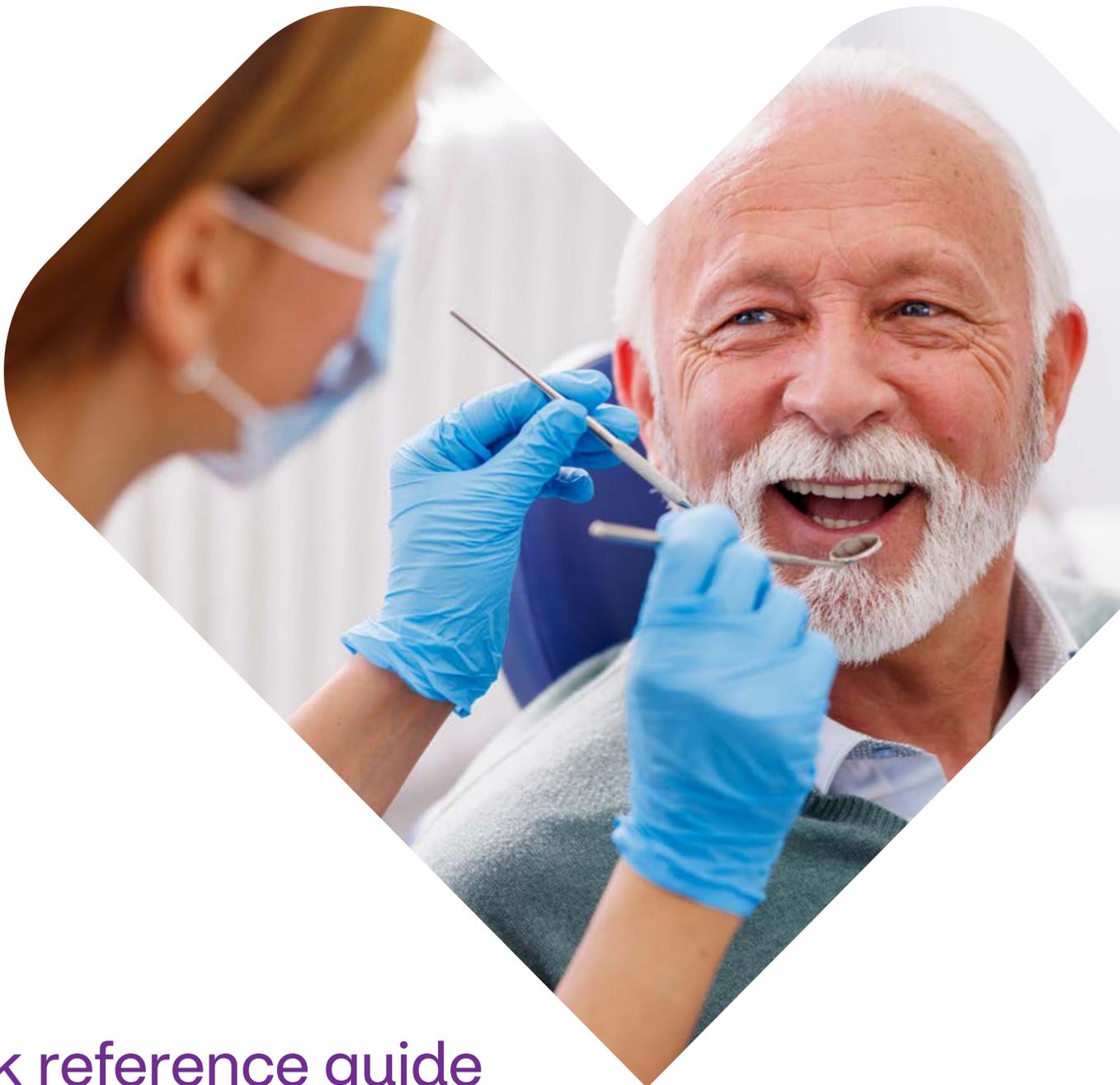




2026 Dental Medicare Advantage



Quick reference guide



Dental Medicare Advantage

Quick reference guide

Table of contents:

Interactive map	iv
Contact and claim information	1
Liberty and DentaQuest	2
ID card examples	3

Plan name links

Choice PPO 100/80	31
Deluxe EPO Combo & Deluxe EPO Mandatory	46
Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo, Deluxe RPPO Combo	53
Enhanced SNP EPO Mandatory	60
Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory	76
Essential PPO 100/50 & Essential EPO POS 100/50	92
Essential PPO 100/80 & Essential EPO POS 100/80	108
Essential INN Only EPO	122
Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50	136
Preventive Only 0% OON EPO POS Mandatory	152
Preventive Only EPO Mandatory	154
Preventive Only PPO Mandatory, Preventive Only EPO POS Mandatory	156

Important contact information

AetnaDental.com

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

We're here for you. You can call to confirm member eligibility and benefits, check claims status and more.

Fax backs

Save time by skipping the phone line and instead receive a fax back with member eligibility. Call and select Coverage & Benefits and follow the prompts. You will receive the member's plan eligibility status and remaining annual maximum balance of their allowance.

You will have the opportunity to enter any ADA procedure codes and receive benefit information specific to the members plan, including the INN & OON coverage.

Send claims to:

Aetna Medicare
PO Box 981106
El Paso, TX 79998-1106 **EDI Payer ID#60054**

Important plan information

Changes for 2026

We are offering a new plan with in-network coverage that covers most ADA recognized dental services excluding implants, orthodontics, cosmetic services, those considered medical in nature, and administrative services. Most of the other current plans will again be offered in 2026.

Many members will have different dental plans in 2026. **Members may no longer have comprehensive dental service coverage and/or may have plans with different coinsurance levels.** Please confirm benefits before treating members by logging into [Aetna Dental | Solutions and Resources for Dentists](#) or calling Medicare Provider Services **1-800-624-0756 (TTY: 711)**

Reminders

Documentation is often required to be submitted on select services along with a claim or pre-determination. Review requirements at the procedure code level in our guidelines [DENTAL AND ORAL SURGERY CLAIM DOCUMENTATION GUIDELINES](#).

We encourage submission of pre-determinations on services exceeding \$350.

Liberty Dental

Liberty Dental Plan will continue to service certain plans in FL, NV, OK and NY in 2026. Please visit <https://www.libertydentalplan.com/> for more information.

Liberty Provider Service:

(888) 352-7924 Mon - Fri 5am-5pm PT

FL/OK/NY Claims address

LIBERTY Dental Plan
Attn: Claims Department
PO Box 15149
Tampa, FL 33684-5149
Payor ID: CX083

NV Claims address

LIBERTY Dental Plan
Attn: Claims Department
PO Box 401086
Las Vegas, NV 89140
NV Payor ID: CX083

DentaQuest

DentaQuest will continue to service certain plans in VA for 2026. Services are expanding to certain plans in IL and MI. Please visit [DentaQuest.com](https://www.dentaquest.com) for more information.

DentaQuest Provider Service:

IL, MI & VA Providers: 1-844-822-8109

IL, MI & VA Claims Address

DentaQuest - Claims
P.O. Box 2906
Milwaukee, WI 53201-2906
Payor ID: CX014

2026 Member ID card samples

Refer to the contract number and PBP to review the member plan details.



- If you are directly contracted with Aetna®, you'll be able to see all Aetna Dental® Medicare Advantage members.
- If a member references having an HMO, D-SNP or HMO-POS plan — this refers to their medical plan.
- You'll be reimbursed according to the PPO fee schedule you have with us.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Plan features and availability may vary by service area. Prior to engaging in the sale of Aetna Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states, and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale. This communication is intended for use by brokers only and is not intended for distribution to Medicare beneficiaries. Any publication or distribution of this communication to unauthorized recipients without Aetna's approval is prohibited.

Aetna Medicare Advantage package names by state

Alabama

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
AL	H3239	002	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
AL	H3239	010	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,200	No
AL	H3239	020	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$2,500	No
AL	H3239	026	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
AL	H5521	116	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
AL	H5521	171	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
AL	H5521	224	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
AL	H5521	227	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
AL	H5521	229	Aetna Medicare Eagle Plus (PPO)	Deluxe PPO Mandatory	\$4,000	Yes
AL	H5521	467	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
AL	H5521	475	Aetna Medicare Signature Giveback (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
AL	H5521	644	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$1,500	Yes

Alaska

No Aetna Medicare Advantage dental plans are offered in Alaska.

Arizona

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
AZ	H3931	092	Aetna Medicare Prime Extra (HMO)	Deluxe EPO Mandatory	\$2,000	No
AZ	H3931	129	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$1,250	No
AZ	H3931	146	Aetna Medicare Signature Advantage (HMO)	Deluxe EPO Mandatory	\$2,000	No
AZ	H3931	188	Aetna Medicare Prime Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$1,500	No
AZ	H4835	001	Aetna Medicare Prime (HMO)	Deluxe EPO Mandatory	\$500	No
AZ	H4835	002	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$500	No
AZ	H5521	329	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$3,000	Yes
AZ	H5521	363	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
AZ	H5521	554	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
AZ	H5521	649	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$1,000	Yes



Aetna Medicare Advantage package names by state

Arkansas

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
AR	H1608	021	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
AR	H1608	054	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$3,000	Yes
AR	H1608	074	Aetna Medicare Eagle Giveback (PPO)	Deluxe PPO Mandatory	\$4,000	Yes
AR	H1608	076	Aetna Medicare Dual Extra (PPO D-SNP)	Choice PPO 100/80	\$1,500	Yes
AR	H1608	077	Aetna Medicare Dual (PPO D-SNP)	Choice PPO 100/80	\$1,000	Yes
AR	H1608	079	Aetna Medicare Signature Giveback (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
AR	H1608	105	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
AR	H2663	029	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$2,500	Yes
AR	H2663	039	Aetna Medicare Signature Plus (HMO)	Deluxe EPO Mandatory	\$2,500	No
AR	H2663	067	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$2,500	No
AR	H2663	097	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,750	No
AR	H5325	007	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,750	No
AR	H5325	011	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,200	No

California

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
CA	H0523	022	Aetna Medicare Signature (HMO)	Preventive Only EPO Mandatory	N/A	No
CA	H0523	065	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$750	No
CA	H0523	070	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
CA	H0523	073	Aetna Medicare Prime (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
CA	H0523	074	Aetna Medicare Value Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
CA	H0523	075	Aetna Medicare Prime (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
CA	H0523	083	Aetna Medicare Enhanced (HMO-POS)	Deluxe EPO POS Mandatory	\$500	Yes
CA	H0523	085	Aetna Medicare Prime (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
CA	H0523	086	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$500	No
CA	H0523	088	Aetna Medicare Prime (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
CA	H0523	089	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$750	No
CA	H0523	091	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$750	No
CA	H0523	092	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$750	No
CA	H4982	001	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,000	No
CA	H4982	002	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,000	No
CA	H4982	003	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$500	No
CA	H4982	004	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,000	No
CA	H4982	007	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$400	No



Aetna Medicare Advantage package names by state

California (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
CA	H4982	022	Aetna Medicare Prime Value Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
CA	H4982	025	Aetna Medicare Prime Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
CA	H4982	026	Aetna Medicare Prime Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
CA	H4982	030	Aetna Medicare Enhanced Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$500	Yes
CA	H5521	292	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
CA	H5521	369	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$3,000	Yes
CA	H5521	419	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CA	H5521	422	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CA	H5521	425	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CA	H5521	478	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
CA	H5521	578	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
CA	H5521	580	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
CA	H5521	581	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
CA	H5521	676	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes

Colorado

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
CO	H3931	153	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
CO	H3931	154	Aetna Medicare Signature (HMO-POS)	Preventive Only EPO POS Mandatory	N/A	Yes
CO	H3931	175	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
CO	H3931	196	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
CO	H4711	008	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
CO	H4711	010	Aetna Medicare Eagle (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
CO	H4711	012	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
CO	H5521	207	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CO	H5521	250	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CO	H5521	378	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
CO	H5521	443	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$2,000	Yes



Aetna Medicare Advantage package names by state

Connecticut

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
CT	H5521	157	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CT	H5521	296	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$2,000	Yes
CT	H5521	352	Aetna Medicare Elite Extra (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CT	H5521	446	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
CT	H5521	506	Aetna Medicare Longevity (PPO I-SNP)	Enhanced SNP PPO Mandatory	\$2,250	Yes
CT	H5793	001	Aetna Medicare Signature (HMO-POS)	Preventive Only EPO POS Mandatory	N/A	Yes
CT	H5793	010	Aetna Medicare Elite (HMO-POS)	Essential EPO POS 100/50	\$1,000	Yes
CT	H5793	017	Aetna Medicare Full Dual (HMO-POS D-SNP)	Enhanced SNP EPO POS Mandatory	\$1,500	Yes
CT	H5793	020	Aetna Medicare Partial Dual (HMO-POS D-SNP)	Enhanced SNP EPO POS Mandatory	\$1,000	Yes

Delaware

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
DE	H3931	102	Aetna Medicare Enhanced (HMO)	Deluxe EPO Mandatory	\$1,000	No
DE	H3959	055	Aetna Medicare Advantra Signature (HMO)	Deluxe EPO Mandatory	\$750	No
DE	H3959	056	Aetna Medicare Advantra Eagle Plus (HMO)	Essential INN Only EPO	\$2,500	No
DE	H3959	083	Aetna Medicare Chronic Care Total (HMO C-SNP)	Deluxe EPO Mandatory	\$1,000	No
DE	H3959	084	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$500	No
DE	H5521	095	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$1,500	Yes

Florida

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
FL	H1609	017	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Provider Network
FL	H1609	018	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	019	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Provider Network
FL	H1609	020	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	021	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	022	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network

Aetna Medicare Advantage package names by state

Florida (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
FL	H1609	025	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	027	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	028	Aetna Medicare Select Extra (HMO-POS)	FL Liberty Den 200 HMO POS Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	041	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	043	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	044	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	045	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	046	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	047	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	048	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Provider Network
FL	H1609	049	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	055	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	056	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	059	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	061	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	062	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	063	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	064	Aetna Medicare Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	073	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	074	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	075	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	076	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	077	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	078	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	079	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	080	Aetna Medicare Chronic Care (HMO C-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	081	Aetna Medicare Chronic Care (HMO C-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network



Aetna Medicare Advantage package names by state

Florida (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
FL	H1609	082	Aetna Medicare Chronic Care (HMO C-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	083	Aetna Medicare Chronic Care (HMO C-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H1609	084	Aetna Medicare Chronic Care (HMO C-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	085	Aetna Medicare Chronic Care (HMO C-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	086	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	087	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	088	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	089	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	090	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,500	Must use Liberty Provider Network
FL	H1609	092	Aetna Medicare Full Dual Select (HMO D-SNP)	FL Liberty Den 200 HMO Mandatory	\$1,000	Must use Liberty Provider Network
FL	H1609	093	Aetna Medicare Select (HMO)	FL Liberty Den 200 HMO Mandatory	\$1,500	Must use Liberty Provider Network
FL	H1609	094	Aetna Medicare Chronic Care (HMO C-SNP)	FL Liberty Den 200 HMO Mandatory	\$2,000	Must use Liberty Provider Network
FL	H5521	033	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$750	Yes
FL	H5521	269	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
FL	H5521	270	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
FL	H5521	271	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
FL	H5521	272	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
FL	H5521	273	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$750	Yes
FL	H5521	305	Aetna Medicare Signature Extra (PPO)	Essential PPO 100/50	\$1,000	Yes
FL	H5521	306	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$1,000	Yes
FL	H5521	432	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
FL	H5521	433	Aetna Medicare Signature (PPO)	Essential PPO 100/50	\$2,250	Yes
FL	H5521	434	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
FL	H5521	435	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
FL	H5521	439	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
FL	H5521	569	Aetna Medicare Signature (PPO)	Essential PPO 100/50	\$1,000	Yes
FL	H5521	586	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$2,000	Yes
FL	H5521	688	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$1,500	Yes
FL	H5521	702	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
FL	H5521	704	Aetna Medicare Signature Extra (PPO)	Preventive Only PPO Mandatory	N/A	Yes
FL	H5521	705	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
FL	H5521	706	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$1,500	Yes
FL	H5521	710	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes



Aetna Medicare Advantage package names by state

Georgia

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
GA	H1109	005	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,500	No
GA	H1608	028	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
GA	H1608	109	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$500	Yes
GA	H2293	001	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
GA	H2293	002	Aetna Medicare Dual Extra Care (PPO D-SNP)	Choice PPO 100/80	\$1,750	Yes
GA	H2293	004	Aetna Medicare Dual Care (PPO D-SNP)	Choice PPO 100/80	\$1,000	Yes
GA	H2293	009	Aetna Medicare Eagle Plus (PPO)	Deluxe PPO Mandatory	\$4,000	Yes
GA	H2293	010	Aetna Medicare Elite Giveback (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
GA	H2293	021	Aetna Medicare Dual Extra (PPO D-SNP)	Choice PPO 100/80	\$1,750	Yes
GA	H2293	023	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$2,250	Yes
GA	H2293	029	Aetna Medicare Signature Care (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
GA	H2293	031	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
GA	H2293	033	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
GA	H2293	035	Aetna Medicare Chronic Care (PPO C-SNP)	Deluxe PPO Mandatory	\$1,500	Yes
GA	H3288	027	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
GA	H3288	034	Aetna Medicare Eagle Plus (PPO)	Deluxe PPO Mandatory	\$4,000	Yes
GA	H3288	042	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
GA	H5302	012	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
GA	H5302	020	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,200	No
GA	H5302	022	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$2,500	No
GA	H5302	023	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$2,000	No
GA	H5302	024	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$4,500	No
GA	H5302	026	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,000	No
GA	H5521	091	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
GA	H5521	364	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
GA	H5521	598	Aetna Medicare Elite Care (PPO)	Deluxe PPO Mandatory	\$2,000	Yes

Hawaii

No Aetna Medicare Advantage dental plans are offered in Hawaii.

Idaho

No Aetna Medicare Advantage dental plans are offered in Idaho.



Aetna Medicare Advantage package names by state

Illinois

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
IL	H1206	003	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$2,250	Yes
IL	H1206	004	Aetna Medicare Prime Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,500	No
IL	H1206	008	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
IL	H1206	009	Aetna Medicare Prime Chronic Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$3,500	No
IL	H1608	013	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
IL	H1608	050	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes
IL	H2663	006	Aetna Medicare Enhanced Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$4,000	Yes
IL	H2663	017	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
IL	H2663	100	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$1,250	No
IL	H2663	103	Aetna Medicare Signature (HMO-POS)	Preventive Only EPO POS Mandatory	N/A	Yes
IL	H3192	001	Aetna Medicare Prime (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
IL	H3192	013	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
IL	H5521	016	Aetna Medicare Premier (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
IL	H5521	086	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
IL	H5521	286	Aetna Medicare Eagle (PPO)	Essential PPO 100/80	\$3,750	Yes
IL	H5521	314	Aetna Medicare Duly Prime (PPO)	Deluxe PPO Mandatory	\$2,750	Yes
IL	H7301	002	Aetna Medicare Advantra (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
IL	H7301	006	Aetna Medicare Advantra Extra (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
IL	H7301	007	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
IL	H7301	009	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
IL	H7301	013	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$2,250	Yes
IL	H7301	021	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
IL	H7301	023	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
IL	H7301	027	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
IL	H7301	032	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
IL	H7301	033	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
IL	H7301	034	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
IL	H9771	001	Aetna Medicare FIDE (HMO D-SNP)	DentaQuest Enhanced Wrap IL	\$2,500	Must Use DentaQuest Provider Network

Indiana

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
IN	H3192	005	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
IN	H3192	020	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,250	Yes

Aetna Medicare Advantage package names by state

Indiana (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
IN	H3192	028	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
IN	H3192	029	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,250	No
IN	H5521	099	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$750	Yes
IN	H5521	211	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
IN	H5521	223	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
IN	H5521	231	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$750	Yes
IN	H5521	286	Aetna Medicare Eagle (PPO)	Essential PPO 100/80	\$3,750	Yes
IN	H5521	302	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
IN	H5521	406	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
IN	H5521	496	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$1,250	Yes

Iowa

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
IA	H1608	001	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
IA	H1608	037	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes
IA	H1608	117	Aetna Medicare Enhanced Extra (PPO)	Essential In-Network Preferred PPO 100/50	\$1,500	Yes
IA	H1609	001	Aetna Medicare Signature (HMO-POS)	Essential In-Network Preferred EPO POS 100/50	\$900	Yes
IA	H1609	058	Aetna Medicare Eagle (HMO-POS)	Essential In-Network Preferred EPO POS 100/50	\$1,500	Yes
IA	H1609	068	Aetna Medicare Value Care (HMO-POS)	Essential In-Network Preferred EPO POS 100/50	\$1,100	Yes
IA	H1609	069	Aetna Medicare Signature Extra (HMO-POS)	Essential In-Network Preferred EPO POS 100/50	\$1,000	Yes
IA	H5593	001	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,000	No

Kansas

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
KS	H1608	016	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
KS	H1608	017	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
KS	H1608	018	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
KS	H1608	024	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
KS	H1608	052	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes



Aetna Medicare Advantage package names by state

Kansas (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
KS	H1608	070	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
KS	H1608	072	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$500	Yes
KS	H2663	025	Aetna Medicare Eagle (HMO-POS)	Essential EPO POS 100/80	\$2,000	Yes
KS	H2663	026	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
KS	H2663	028	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$3,500	Yes
KS	H2663	038	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
KS	H2663	040	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
KS	H2663	042	Aetna Medicare Signature (HMO)	Preventive Only EPO Mandatory	N/A	No
KS	H2663	043	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
KS	H2663	052	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$3,000	No
KS	H2663	053	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$3,500	No
KS	H2663	056	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$1,500	No
KS	H2663	061	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$2,500	Yes
KS	H2663	063	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
KS	H2663	064	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$2,500	No
KS	H2663	098	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$1,500	No
KS	H2663	099	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$975	No

Kentucky

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
KY	H0628	007	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
KY	H0628	008	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
KY	H0628	010	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,250	Yes
KY	H0628	012	Aetna Medicare HIDE (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,750	No
KY	H0628	024	Aetna Medicare Signature (HMO-POS)	Preventive Only 0% OON EPO POS Mandatory	N/A	Yes
KY	H0628	040	Aetna Medicare Partial Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,850	No
KY	H5521	020	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$1,000	Yes
KY	H5521	085	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
KY	H5521	156	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
KY	H5521	260	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
KY	H5521	488	Aetna Medicare Eagle Giveback (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
KY	H5521	490	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,500	Yes



Aetna Medicare Advantage package names by state

Louisiana

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
LA	H3239	001	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,000	No
LA	H3239	007	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,000	No
LA	H3239	022	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$2,500	No
LA	H3239	023	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
LA	H3239	027	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,500	No
LA	H3239	030	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$3,000	No
LA	H3928	001	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$2,500	No
LA	H5521	233	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
LA	H5521	235	Aetna Medicare Eagle Plus Giveback (PPO)	Deluxe PPO Mandatory	\$4,000	Yes
LA	H5521	326	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
LA	H5521	365	Aetna Medicare Signature Care (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
LA	H5521	472	Aetna Medicare Dual Care (PPO D-SNP)	Choice PPO 100/80	\$2,500	Yes
LA	H5521	476	Aetna Medicare Signature Giveback (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
LA	H5521	645	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
LA	H5521	646	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,500	Yes

Maine

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
ME	H3597	001	Aetna Medicare Signature (HMO-POS)	Preventive Only EPO POS Mandatory	N/A	Yes
ME	H3597	011	Aetna Medicare Full Dual (HMO-POS D-SNP)	Preventive Only EPO POS Mandatory	\$1,000	Yes
ME	H3597	012	Aetna Medicare Partial Dual (HMO-POS D-SNP)	Preventive Only EPO POS Mandatory	\$1,000	Yes
ME	H3597	017	Aetna Medicare Enhanced (HMO-POS)	Essential EPO POS 100/50	\$1,000	Yes
ME	H3597	018	Aetna Medicare Signature (HMO-POS)	Preventive Only 0% OON EPO POS Mandatory	N/A	Yes
ME	H5521	296	Aetna Medicare Eagle Giveback (PPO)	Essential EPO POS 100/50	\$2,000	Yes
ME	H5521	495	Aetna Medicare Premier (PPO)	Essential EPO POS 100/50	\$1,000	Yes



Aetna Medicare Advantage package names by state

Maryland

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
MD	H5521	480	Aetna Medicare Eagle Giveback (PPO)	Deluxe PPO Mandatory	\$750	Yes
MD	H5521	482	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$500	Yes

Massachusetts

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
MA	H5521	159	Aetna Medicare Signature Extra (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MA	H5521	160	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MA	H5521	296	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$2,000	Yes
MA	H5521	450	Aetna Medicare Signature Extra (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MA	H5521	451	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MA	H5793	014	Aetna Medicare Signature (HMO-POS)	Essential EPO POS 100/50	\$1,000	Yes
MA	H5793	018	Aetna Medicare Signature (HMO-POS)	Essential EPO POS 100/50	\$500	Yes

Michigan

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
MI	H3192	003	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
MI	H3192	007	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
MI	H3192	010	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
MI	H3192	021	Aetna Medicare Prime Care (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
MI	H3192	033	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$1,500	No
MI	H5521	194	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
MI	H5521	214	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
MI	H5521	219	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
MI	H5521	285	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$500	Yes
MI	H5521	286	Aetna Medicare Eagle (PPO)	Essential PPO 100/80	\$3,750	Yes
MI	H5521	399	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
MI	H5521	404	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
MI	H5521	407	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
MI	H5521	607	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
MI	H9314	001	Aetna Medicare HIDE (HMO D-SNP)	DentaQuest Enhanced Wrap MI	\$2,600	Must Use DentaQuest Provider Network

Aetna Medicare Advantage package names by state

Minnesota - Allina Health | Aetna

State	Contract	PBP	Plan Name on Card	Dental Plan Name	Allowance	Out-of-network Coverage Included?
MN	H3219	001	Allina Health Aetna Medicare Signature (PPO)	Essential PPO 100/80	\$1,400	Yes
MN	H3219	002	Allina Health Aetna Medicare Enhanced (PPO)	Essential PPO 100/80	\$1,500	Yes
MN	H3219	003	Allina Health Aetna Medicare Grand (PPO)	Essential In-Network Preferred PPO 100/50	\$1,750	Yes
MN	H3219	004	Allina Health Aetna Medicare Grand Extra (PPO)	Essential PPO 100/80	\$2,100	Yes
MN	H3219	005	Allina Health Aetna Medicare Eagle (PPO)	Essential PPO 100/80	\$2,100	Yes
MN	H3219	008	Allina Health Aetna Medicare Signature Fit (PPO)	Essential PPO 100/50	\$2,050	Yes
MN	H3219	012	Allina Health Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MN	H3219	014	Allina Health Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
MN	H3219	015	Allina Health Aetna Medicare Chronic (PPO C-SNP)	Deluxe PPO Mandatory	\$1,500	Yes
MN	H3219	016	Allina Health Aetna Medicare Value (PPO C-SNP)	Deluxe PPO Mandatory	\$2,000	Yes

Mississippi

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
MS	H3239	005	Aetna Medicare Dual Extra (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MS	H3239	012	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,250	No
MS	H3239	014	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$2,000	No
MS	H3239	015	Aetna Medicare Dual Extra Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MS	H3239	017	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$2,000	No
MS	H3239	028	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,500	No
MS	H5521	218	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
MS	H5521	324	Aetna Medicare Eagle Plus (PPO)	Deluxe PPO Mandatory	\$4,000	Yes
MS	H5521	464	Aetna Medicare Dual Extra Care (PPO D-SNP)	Choice PPO 100/80	\$1,500	Yes
MS	H5521	465	Aetna Medicare Dual Care (PPO D-SNP)	Choice PPO 100/80	\$1,000	Yes
MS	H5521	470	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
MS	H5521	477	Aetna Medicare Elite Giveback (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
MS	H5521	553	Aetna Medicare Signature Plus (PPO)	Deluxe PPO Mandatory	\$1,500	Yes



Aetna Medicare Advantage package names by state

Missouri

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
MO	H1608	013	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
MO	H1608	016	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MO	H1608	018	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
MO	H1608	050	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MO	H1608	051	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
MO	H1608	052	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MO	H1608	067	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
MO	H2663	005	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
MO	H2663	006	Aetna Medicare Enhanced Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$4,000	Yes
MO	H2663	021	Aetna Medicare Premier (HMO-POS)	Deluxe EPO POS Mandatory	\$4,000	Yes
MO	H2663	022	Aetna Medicare Eagle (HMO-POS)	Essential EPO POS 100/80	\$3,500	Yes
MO	H2663	023	Aetna Medicare Select (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
MO	H2663	025	Aetna Medicare Eagle (HMO-POS)	Essential EPO POS 100/80	\$2,000	Yes
MO	H2663	026	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
MO	H2663	041	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
MO	H2663	042	Aetna Medicare Signature (HMO)	Preventive Only PPO Mandatory	N/A	No
MO	H2663	043	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
MO	H2663	052	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$3,000	No
MO	H2663	056	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$1,500	No
MO	H2663	057	Aetna Medicare Value Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
MO	H2663	061	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$2,500	Yes
MO	H2663	063	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
MO	H2663	064	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$2,500	No
MO	H2663	069	Aetna Medicare Eagle (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
MO	H2663	098	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$1,500	No
MO	H2663	102	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$1,500	No
MO	H5325	003	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MO	H5325	004	Aetna Medicare Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MO	H5325	005	Aetna Medicare Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MO	H5325	006	Aetna Medicare Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MO	H5325	012	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MO	H5325	013	Aetna Medicare Full Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MO	H5325	014	Aetna Medicare Full Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
MO	H5325	015	Aetna Medicare Full Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No

Montana

No Aetna Medicare Advantage dental plans are offered in Montana.



Aetna Medicare Advantage package names by state

Nebraska

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
NE	H1608	012	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
NE	H1608	038	Aetna Medicare Signature Extra (PPO)	Preventive Only PPO Mandatory	N/A	Yes
NE	H1608	118	Aetna Medicare Enhanced Extra (PPO)	Essential In-Network Preferred PPO 100/50	\$2,000	Yes
NE	H7149	001	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
NE	H7149	006	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,550	No
NE	H7149	007	Aetna Medicare Eagle (HMO-POS)	Essential In-Network Preferred PPO 100/50	\$1,500	Yes

Nevada

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
NV	H3931	094	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$1,500	No
NV	H3931	151	Aetna Medicare Prime Extra (HMO)	Deluxe EPO Mandatory	\$2,000	No
NV	H3931	152	Aetna Medicare Signature Extra (HMO)	Preventive Only EPO Mandatory	N/A	No
NV	H3931	157	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$1,250	No
NV	H3931	160	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$500	No
NV	H3931	191	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,000	No
NV	H4711	001	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$750	No
NV	H4711	002	Aetna Medicare Prime (HMO)	Deluxe EPO Mandatory	\$750	No
NV	H4711	005	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$500	No
NV	H4711	011	Aetna Medicare Dual Prime (HMO D-SNP)	Liberty Dental Complete	\$3,000	Must use Liberty Provider Network
NV	H4711	013	Aetna Medicare Dual (HMO D-SNP)	Liberty Dental Complete	\$3,000	Must use Liberty Provider Network
NV	H5521	022	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
NV	H5521	055	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
NV	H5521	299	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
NV	H5521	303	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
NV	H5521	353	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
NV	H5521	558	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes



Aetna Medicare Advantage package names by state

New Hampshire

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
NH	H5521	296	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$2,000	Yes
NH	H5793	015	Aetna Medicare Elite (HMO-POS)	Preventive Only EPO POS Mandatory	N/A	Yes

New Jersey

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
NJ	H3152	022	Aetna Medicare Enhanced (HMO-POS)	Essential EPO POS 100/50	\$1,000	Yes
NJ	H3152	045	Aetna Medicare Eagle Giveback (HMO)	Essential INN Only EPO	\$1,500	No
NJ	H3152	048	Aetna Medicare Signature (HMO)	Deluxe EPO Combo	\$1,500	No
NJ	H3152	080	Aetna Medicare Prime (HMO-POS)	Essential EPO POS 100/50	\$1,000	Yes
NJ	H3152	082	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Combo	\$1,500	No
NJ	H3152	098	Aetna Medicare Elite (HMO)	Deluxe EPO Combo	\$1,500	No
NJ	H5521	037	Aetna Medicare Signature (PPO)	Essential PPO 100/50	\$750	Yes
NJ	H5521	123	Aetna Medicare Elite (PPO)	Deluxe PPO Combo	\$1,000	Yes
NJ	H5521	124	Aetna Medicare Enhanced Extra (PPO)	Deluxe PPO Combo	\$1,500	Yes
NJ	H5521	275	Aetna Medicare Prime Extra (PPO)	Essential PPO 100/50	\$750	Yes
NJ	H5521	277	Aetna Medicare Prime Giveback (PPO)	Deluxe PPO Combo	\$1,500	Yes
NJ	H5521	392	Aetna Medicare Prime (PPO)	Deluxe PPO Combo	\$1,500	Yes
NJ	H5521	504	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$1,500	Yes
NJ	H5521	510	Aetna Medicare Enhanced Advantage (PPO)	Essential PPO 100/50	\$1,000	Yes
NJ	H5521	512	Aetna Medicare Enhanced (PPO)	Deluxe PPO Combo	\$1,500	Yes
NJ	H5521	513	Aetna Medicare Enhanced Extra (PPO)	Essential PPO 100/50	\$1,000	Yes
NJ	H6399	001	Aetna Medicare FIDE (HMO D-SNP)	NJ FIDE SNP	N/A	Must use Liberty Provider Network
NJ	R6694	006	Aetna Medicare Signature (Regional PPO)	Deluxe RPPO Combo	\$1,000	Yes

New Mexico

No Aetna Medicare Advantage dental plans are offered in New Mexico.



Aetna Medicare Advantage package names by state

New York

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
NY	H3312	002	Aetna Medicare Signature (HMO)	Deluxe EPO Combo	\$1,500	No
NY	H3312	018	Aetna Medicare Enhanced (HMO-POS)	Essential EPO POS 100/50	\$750	Yes
NY	H3312	048	Aetna Medicare Signature (HMO)	Deluxe EPO Combo	\$1,000	No
NY	H3312	062	Aetna Medicare Signature (HMO)	Deluxe EPO Combo	\$1,500	No
NY	H3312	064	Aetna Medicare Enhanced (HMO)	Deluxe EPO Combo	\$1,500	No
NY	H3312	065	Aetna Medicare Signature (HMO-POS)	Essential EPO POS 100/50	\$750	Yes
NY	H3312	069	Aetna Medicare Full Dual Care (HMO D-SNP)	NY DSNP	N/A	Must use Liberty Provider Network
NY	H3312	070	Aetna Medicare Full Dual (HMO D-SNP)	NY DSNP	N/A	Must use Liberty Provider Network
NY	H3312	073	Aetna Medicare FIDE Care (HMO D-SNP)	NY DSNP	N/A	Must use Liberty Provider Network
NY	H3312	074	Aetna Medicare Signature Care (HMO)	Deluxe EPO Combo	\$1,500	No
NY	H3312	081	Aetna Medicare Enhanced (HMO)	Deluxe EPO Combo	\$1,000	No
NY	H3312	082	Aetna Medicare Enhanced (HMO)	Deluxe EPO Combo	\$1,500	No
NY	H3312	087	Aetna Medicare Full Dual (HMO D-SNP)	NY DSNP	N/A	Must use Liberty Provider Network
NY	H3312	089	Aetna Medicare Partial Dual (HMO D-SNP)	NY DSNP	N/A	Must use Liberty Provider Network
NY	H3312	090	Aetna Medicare Partial Dual Care (HMO D-SNP)	NY DSNP	N/A	Must use Liberty Provider Network
NY	H3312	091	Aetna Medicare Chronic Care (HMO C-SNP)	Essential INN Only EPO	\$750	No
NY	H3312	097	Aetna Medicare Signature (HMO)	Deluxe EPO Combo	\$1,500	No
NY	H5521	077	Aetna Medicare Signature (PPO)	Deluxe PPO Combo	\$1,000	Yes
NY	H5521	119	Aetna Medicare Elite (PPO)	Essential PPO 100/50	\$750	Yes
NY	H5521	120	Aetna Medicare Elite (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	121	Aetna Medicare Enhanced (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	215	Aetna Medicare Signature (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	320	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/80	\$1,500	Yes
NY	H5521	323	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/80	\$2,000	Yes
NY	H5521	340	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$1,500	Yes
NY	H5521	381	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$2,000	Yes
NY	H5521	457	Aetna Medicare Enhanced Extra (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	461	Aetna Medicare Longevity (PPO I-SNP)	Enhanced SNP PPO Mandatory	\$1,500	Yes
NY	H5521	520	Aetna Medicare Enhanced (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	521	Aetna Medicare Elite (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	522	Aetna Medicare Enhanced (PPO)	Essential PPO 100/50	\$1,000	Yes
NY	H5521	536	Aetna Medicare Elite (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	537	Aetna Medicare Elite (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	661	Aetna Medicare Enhanced (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	662	Aetna Medicare Enhanced (PPO)	Deluxe PPO Combo	\$1,500	Yes



Aetna Medicare Advantage package names by state

New York (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
NY	H5521	664	Aetna Medicare Enhanced Extra (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	665	Aetna Medicare Enhanced (PPO)	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	669	Aetna Medicare Enhanced (PPO)	Essential PPO 100/50	\$1,000	Yes
NY	H5521	674	Aetna Medicare Elite Extra (PPO)	Essential PPO 100/50	\$1,000	Yes
NY	H5521	698	Aetna Medicare Elite Extra (PPO)	Essential PPO 100/50	\$1,500	Yes
NY	H5521	699	Aetna Medicare Elite Extra (PPO)	Essential PPO 100/50	\$1,500	Yes

North Carolina

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
NC	H3146	001	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,500	No
NC	H3146	002	Aetna Medicare Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
NC	H3146	004	Aetna Medicare Signature (HMO)	Preventive Only EPO Mandatory	N/A	No
NC	H3146	006	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$1,500	No
NC	H3146	007	Aetna Medicare Prime (HMO)	Deluxe EPO Mandatory	\$2,000	No
NC	H3146	021	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$1,000	No
NC	H3146	022	Aetna Medicare Full Dual Care (HMO D-SNP)	Preventive Only EPO Mandatory	N/A	No
NC	H3146	037	Aetna Medicare Chronic Care (HMO C-SNP)	Preventive Only EPO Mandatory	N/A	No
NC	H3146	039	Aetna Medicare Enhanced (HMO)	Deluxe EPO Mandatory	\$1,750	No
NC	H3146	044	Aetna Medicare Chronic Care Value (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$1,000	No
NC	H5521	081	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
NC	H5521	139	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
NC	H5521	169	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
NC	H5521	170	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
NC	H5521	236	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
NC	H5521	241	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$2,000	Yes
NC	H5521	243	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
NC	H5521	348	Aetna Medicare Signature Giveback (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
NC	H5521	609	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes



Aetna Medicare Advantage package names by state

North Dakota

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
ND	H1608	081	Aetna Medicare Signature Extra (PPO)	Preventive Only PPO Mandatory	N/A	Yes
ND	H9431	014	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes

Ohio

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
OH	H0628	001	Aetna Medicare Signature Care (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	003	Aetna Medicare Signature Extra (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	005	Aetna Medicare Signature Care (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
OH	H0628	013	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,000	No
OH	H0628	017	Aetna Medicare Signature Care (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	018	Aetna Medicare Longevity (HMO I-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
OH	H0628	019	Aetna Medicare Enhanced (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	021	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	027	Aetna Medicare Enhanced (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	031	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
OH	H0628	032	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
OH	H0628	033	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
OH	H0628	034	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
OH	H0628	035	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
OH	H0628	036	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,000	No
OH	H0628	037	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,000	No
OH	H0628	038	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,000	No
OH	H0628	039	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,000	No
OH	H0628	041	Aetna Medicare Partial Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
OH	H1608	029	Aetna Medicare Advantra (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
OH	H3931	107	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes
OH	H3931	108	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,500	No
OH	H3931	109	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H5521	020	Aetna Medicare Premier (PPO)	Essential PPO 100/50	\$1,000	Yes
OH	H5521	087	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
OH	H5521	088	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
OH	H5521	089	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
OH	H5521	487	Aetna Medicare Eagle Giveback (PPO)	Deluxe PPO Mandatory	\$2,000	Yes



Aetna Medicare Advantage package names by state

Oklahoma

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
OK	H2663	034	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,000	No
OK	H3288	017	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$500	Yes
OK	H3288	019	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
OK	H3288	020	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
OK	H3288	021	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
OK	H3288	051	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
OK	H3288	053	Aetna Medicare Dual Care (PPO D-SNP)	Liberty Dental OK PPO	\$2,000	Must use Liberty Provider Network

Oregon

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
OR	H2056	003	Aetna Medicare Elite (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
OR	H2056	005	Aetna Medicare Elite (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
OR	H5521	492	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
OR	H5521	493	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
OR	H5521	685	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,250	Yes

Pennsylvania

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
PA	H3931	004	Aetna Medicare Premier (HMO-POS)	Essential EPO POS 100/50	\$2,000	Yes
PA	H3931	091	Aetna Medicare PinnacleHealth Prime (HMO-POS)	Deluxe EPO POS Mandatory	\$1,250	Yes
PA	H3959	001	Aetna Medicare Advantra Enhanced (HMO-POS)	Deluxe EPO POS Mandatory	\$1,250	Yes
PA	H3959	002	Aetna Medicare Advantra Premier (HMO-POS)	Deluxe EPO POS Mandatory	\$2,500	Yes
PA	H3959	010	Aetna Medicare Advantra Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
PA	H3959	011	Aetna Medicare Advantra Signature Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
PA	H3959	032	Aetna Medicare Advantra Signature Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
PA	H3959	033	Aetna Medicare Value Care (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
PA	H3959	035	Aetna Medicare Advantra Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,000	No
PA	H3959	036	Aetna Medicare Advantra Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
PA	H3959	037	Aetna Medicare Advantra Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$500	Yes
PA	H3959	039	Aetna Medicare Advantra Enhanced (HMO-POS)	Deluxe EPO POS Mandatory	\$1,500	Yes

Aetna Medicare Advantage package names by state

Pennsylvania (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
PA	H3959	041	Aetna Medicare Advantra Eagle Plus (HMO-POS)	Essential EPO POS 100/50	\$2,500	Yes
PA	H3959	052	Aetna Medicare Advantra Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$500	Yes
PA	H3959	053	Aetna Medicare Advantra Prime Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$500	Yes
PA	H3959	066	Aetna Medicare Longevity (HMO I-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
PA	H3959	069	Aetna Community HealthChoices (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
PA	H3959	070	Aetna Community HealthChoices (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,000	No
PA	H3959	071	Aetna Community HealthChoices (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
PA	H3959	072	Aetna Community HealthChoices (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
PA	H3959	073	Aetna Community HealthChoices (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
PA	H3959	074	Aetna Medicare Chronic Care Value (HMO C-SNP)	Deluxe EPO Mandatory	\$750	No
PA	H3959	075	Aetna Medicare Chronic Care Value (HMO C-SNP)	Deluxe EPO Mandatory	\$1,500	No
PA	H3959	076	Aetna Medicare Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$500	No
PA	H3959	085	Aetna Medicare Chronic Care Value (HMO C-SNP)	Deluxe EPO Mandatory	\$1,000	No
PA	H5521	122	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
PA	H5521	261	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
PA	H5521	263	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$500	Yes
PA	H5522	001	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
PA	H5522	002	Aetna Medicare Advantra Premier (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
PA	H5522	004	Aetna Medicare Advantra Signature (PPO)	Deluxe PPO Mandatory	\$500	Yes
PA	H5522	005	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
PA	H5522	013	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
PA	H5522	014	Aetna Medicare Advantra Premier (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
PA	H5522	017	Aetna Medicare Advantra Signature Giveback (PPO)	Deluxe PPO Mandatory	\$500	Yes
PA	H5522	022	Aetna Medicare Signature Giveback (PPO)	Deluxe PPO Mandatory	\$500	Yes
PA	H5522	028	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
PA	H5522	029	Aetna Medicare PinnacleHealth Prime (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
PA	H5522	032	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes

Rhode Island

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
RI	H5521	296	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$2,000	Yes
RI	H5521	375	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
RI	H5521	449	Aetna Medicare Value Plus (PPO)	Essential PPO 100/50	\$2,000	Yes
RI	H5793	019	Aetna Medicare Prime Care (HMO-POS)	Essential EPO POS 100/50	\$1,000	Yes



Aetna Medicare Advantage package names by state

South Carolina

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
SC	H3146	011	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$1,000	No
SC	H3146	014	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,250	No
SC	H3146	016	Aetna Medicare Full Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
SC	H3146	023	Aetna Medicare Full Dual Care (HMO D-SNP)	Preventive Only EPO Mandatory	N/A	No
SC	H3146	036	Aetna Medicare Chronic Care Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,000	No
SC	H3146	038	Aetna Medicare Chronic Care (HMO C-SNP)	Preventive Only EPO Mandatory	N/A	No
SC	H3146	040	Aetna Medicare Enhanced (HMO)	Deluxe EPO Mandatory	\$2,500	No
SC	H3146	047	Aetna Medicare Enhanced (HMO)	Deluxe EPO Mandatory	\$1,000	No
SC	H5521	140	Aetna Medicare Signature Giveback (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
SC	H5521	245	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
SC	H5521	249	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
SC	H5521	251	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
SC	H5521	279	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$2,000	Yes
SC	H5521	319	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
SC	H5521	500	Aetna Medicare Signature Care (PPO)	Preventive Only PPO Mandatory	N/A	Yes

South Dakota

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
SD	H1608	061	Aetna Medicare Eagle (PPO)	Essential In-Network Preferred PPO 100/50	\$2,000	Yes
SD	H1608	062	Aetna Medicare Dual (PPO D-SNP)	Enhanced SNP PPO Mandatory	\$1,275	Yes
SD	H1608	119	Aetna Medicare Enhanced Extra (PPO)	Essential In-Network Preferred PPO 100/50	\$1,500	Yes
SD	H1608	120	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
SD	H1608	121	Aetna Medicare Full Dual (PPO D-SNP)	Enhanced SNP PPO Mandatory	\$1,900	Yes

Tennessee

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
TN	H3146	012	Aetna Medicare Value Plus (HMO)	Deluxe EPO Mandatory	\$1,000	No
TN	H3146	041	Aetna Medicare Enhanced (HMO)	Deluxe EPO Mandatory	\$1,750	No



Aetna Medicare Advantage package names by state

Tennessee (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
TN	H3146	046	Aetna Medicare Enhanced (HMO)	Deluxe EPO Mandatory	\$1,000	No
TN	H5521	141	Aetna Medicare Signature Giveback (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
TN	H5521	254	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TN	H5521	279	Aetna Medicare Eagle Giveback (PPO)	Essential PPO 100/50	\$2,000	Yes
TN	H5521	501	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TN	H5521	502	Aetna Medicare Signature Care (PPO)	Preventive Only PPO Mandatory	N/A	Yes

Texas

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
TX	H2293	014	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
TX	H2293	016	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TX	H2293	017	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
TX	H2293	019	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
TX	H2293	025	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
TX	H2293	026	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TX	H3288	001	Aetna Medicare Value Plus (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TX	H3288	002	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	003	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	004	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
TX	H3288	005	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	006	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TX	H3288	007	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	008	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	009	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	011	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TX	H3288	016	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TX	H3288	018	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	046	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
TX	H3288	047	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	048	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	051	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
TX	H4523	001	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$2,500	No
TX	H4523	015	Aetna Medicare Signature Extra (HMO)	Deluxe EPO Mandatory	\$2,500	No
TX	H4523	020	Aetna Medicare Prime Care (HMO)	Deluxe EPO Mandatory	\$3,000	No



Aetna Medicare Advantage package names by state

Texas (continued)

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
TX	H4523	021	Aetna Medicare Prime Care (HMO)	Deluxe EPO Mandatory	\$2,000	No
TX	H4523	024	Aetna Medicare Prime Care (HMO)	Deluxe EPO Mandatory	\$2,000	No
TX	H4523	027	Aetna Medicare Signature Care (HMO)	Deluxe EPO Mandatory	\$2,000	No
TX	H4523	028	Aetna Medicare Full Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,250	No
TX	H4523	029	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,250	No
TX	H4523	030	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,250	No
TX	H4523	031	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,000	No
TX	H4523	034	Aetna Medicare Full Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
TX	H4523	037	Aetna Medicare Prime Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$1,500	No
TX	H4523	038	Aetna Medicare Prime Chronic Care (HMO C-SNP)	Deluxe EPO Mandatory	\$2,000	No
TX	H4523	039	Aetna Medicare Prime Chronic Total (HMO C-SNP)	Enhanced SNP EPO Mandatory	\$2,500	No
TX	H4523	041	Aetna Medicare Partial Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,250	No
TX	H4523	042	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,000	No
TX	H4523	043	Aetna Medicare Partial Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,250	No
TX	H4523	044	Aetna Medicare Partial Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,250	No
TX	H8332	004	Aetna Medicare Prime (HMO)	Deluxe EPO Mandatory	\$1,500	No
TX	H8597	001	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,000	No
TX	H8597	002	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,000	No
TX	H8597	003	Aetna Medicare Dual Care (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,000	No

Utah

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
UT	H5521	246	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
UT	H5521	351	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
UT	H5521	398	Aetna Medicare Full Dual (PPO D-SNP)	Enhanced SNP PPO Mandatory	\$3,000	Yes
UT	H5521	414	Aetna Medicare Value Plus (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
UT	H5521	654	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
UT	H5521	656	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
UT	H8649	010	Aetna Medicare Full Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$3,000	No
UT	H8649	013	Aetna Medicare Signature (HMO)	Deluxe EPO Mandatory	\$1,000	No

Vermont

No Aetna Medicare Advantage dental plans are offered in Vermont.



Aetna Medicare Advantage package names by state

Virginia

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
VA	H1610	001	Aetna Medicare FIDE (HMO D-SNP)	DentaQuest Enhanced Wrap VA	\$3,000	Must Use DentaQuest Provider Network
VA	H3931	099	Aetna Medicare Signature Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
VA	H3931	100	Aetna Medicare Signature Care (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
VA	H3931	101	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$500	Yes
VA	H3931	143	Aetna Medicare Elite (HMO-POS)	Preventive Only EPO POS Mandatory	N/A	Yes
VA	H3931	158	Aetna Medicare Carilion Health Prime (HMO-POS)	Deluxe EPO POS Mandatory	\$1,000	Yes
VA	H3931	162	Aetna Medicare Prime (HMO)	Preventive Only EPO Mandatory	N/A	No
VA	H3931	190	Aetna Medicare Elite (HMO-POS)	Preventive Only EPO POS Mandatory	N/A	Yes
VA	H5521	084	Aetna Medicare Enhanced Plus (PPO)	Deluxe PPO Mandatory	\$750	Yes
VA	H5521	322	Aetna Medicare Eagle Giveback (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
VA	H5521	395	Aetna Medicare Elite (PPO)	Preventive Only PPO Mandatory	N/A	Yes
VA	H5521	484	Aetna Medicare Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
VA	H5521	650	Aetna Medicare Elite (PPO)	Deluxe PPO Mandatory	\$750	Yes
VA	H5521	652	Aetna Medicare Premier (PPO)	Deluxe PPO Mandatory	\$1,500	Yes

Washington

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
WA	H3748	003	Aetna Medicare Signature (HMO)	Preventive Only EPO Mandatory	N/A	No
WA	H3931	126	Aetna Medicare Signature Advantage (HMO)	Preventive Only EPO Mandatory	N/A	No
WA	H3931	197	Aetna Medicare Signature (HMO)	Preventive Only EPO Mandatory	N/A	No
WA	H5521	330	Aetna Medicare Eagle (PPO)	Deluxe PPO Mandatory	\$1,750	Yes
WA	H5521	431	Aetna Medicare Signature Extra (PPO)	Preventive Only PPO Mandatory	N/A	Yes
WA	H5521	686	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
WA	H5521	687	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,250	Yes



Aetna Medicare Advantage package names by state

Washington, DC

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
DC	H3931	095	Aetna Medicare Enhanced Plus (HMO-POS)	Deluxe EPO POS Mandatory	\$750	Yes
DC	H5521	015	Aetna Medicare Premier (PPO)	Deluxe PPO Mandatory	\$1,000	Yes
DC	H5521	480	Aetna Medicare Eagle Giveback (PPO)	Deluxe PPO Mandatory	\$750	Yes

West Virginia

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
WV	H1608	027	Aetna Medicare Advantra Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
WV	H1608	031	Aetna Medicare Advantra Signature Giveback (PPO)	Preventive Only PPO Mandatory	N/A	Yes
WV	H1608	040	Aetna Medicare Advantra Signature (PPO)	Preventive Only PPO Mandatory	N/A	Yes
WV	H1608	085	Aetna Medicare Premier (PPO)	Deluxe PPO Mandatory	\$2,500	Yes
WV	H1692	002	Aetna Medicare Advantra Signature (HMO)	Deluxe EPO Mandatory	\$1,250	No
WV	H1692	003	Aetna Medicare Advantra Elite (HMO)	Deluxe EPO Mandatory	\$500	No
WV	H1692	005	Aetna Medicare Advantra Dual (HMO D-SNP)	Enhanced SNP EPO Mandatory	\$1,500	No
WV	H1692	006	Aetna Medicare Advantra Eagle Plus (HMO)	Essential INN Only EPO	\$3,000	No
WV	H1692	007	Aetna Medicare Signature (HMO)	Preventive Only EPO Mandatory	N/A	No

Wisconsin

State	Contract	PBP	Plan name on card	Dental plan name	Allowance	Out-of-network coverage included?
WI	H1206	002	Aetna Medicare Signature (HMO-POS)	Deluxe EPO POS Mandatory	\$2,000	Yes
WI	H5521	150	Aetna Medicare Enhanced (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
WI	H5521	195	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,250	Yes
WI	H5521	286	Aetna Medicare Eagle (PPO)	Essential PPO 100/80	\$3,750	Yes
WI	H5521	289	Aetna Medicare Signature (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
WI	H5521	388	Aetna Medicare Premier (PPO)	Deluxe PPO Mandatory	\$1,500	Yes
WI	H5521	400	Aetna Medicare Value Care (PPO)	Deluxe PPO Mandatory	\$2,000	Yes
WI	H5521	403	Aetna Medicare Signature Extra (PPO)	Deluxe PPO Mandatory	\$2,000	Yes

Wyoming

No Aetna Medicare Advantage dental plans are offered in Wyoming.





Aetna Medicare Advantage



This Aetna Dental® Medicare plan offers both in- and out-of-network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- Covered services performed by out-of-network provider are reimbursed at 80%
- Annual maximum applies to all services
- Annual maximum varies by contract
- Frequency limitations do not apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0120	Periodic oral evaluation - established patient		
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		
D0171	Re-evaluation - post-operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intraoral - comprehensive series of radiographic images		
D0220	Intraoral - periapical first radiographic image	100%	80%
D0230	Intraoral - periapical each additional radiographic image		
D0240	Intraoral - occlusal radiographic image		
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewing - single radiographic image		
D0272	Bitewings - two radiographic images		
D0274	Bitewings - four radiographic images		
D0277	Vertical bitewings - 7 to 8 radiographic images		
D0310	Sialography		
D0320	Temporomandibular joint arthrogram, including injection		
D0321	Other temporomandibular joint radiographic images, by report		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2d cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam ct capture and interpretation with limited field of view - less than one whole jaw		
D0365	Cone beam ct capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium		
D0367	Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium		
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures		
D0369	Maxillofacial mri capture and interpretation		
D0370	Maxillofacial ultrasound capture and interpretation		
D0371	Sialoendoscopy capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam ct image capture with limited field of view - less than one whole jaw		
D0381	Cone beam ct image capture with field of view of one full dental arch - mandible		
D0382	Cone beam ct image capture with field of view of one full dental arch - maxilla, with or without cranium		
D0383	Cone beam ct image capture with field of view of both jaws; with or without cranium		
D0384	Cone beam ct image capture for tmj series including two or more exposures		
D0385	Maxillofacial mri image capture		
D0386	Maxillofacial ultrasound image capture	100%	80%
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Virtual treatment simulation using 3d image volume or surface scan		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3d image volumes of one or more modalities		
D0396	3d printing of a 3d dental surface scan		
D0411	Hbatac in-office point of service testing		
D0412	Blood glucose level test- in-office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory analysis		
D0418	Analysis of saliva sample - laboratory		
D0419	Assessment of salivary flow by measurement		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0426	Collection, preparation, and analysis of saliva sample - point-of-care		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®



Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0460	Pulp vitality tests		
D0461	Testing for cracked tooth		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in-situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	100%	80%
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen, including coronavirus		
D0605	Antibody testing for a public health related pathogen, including coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral- occlusal radiographic image - image capture only		
D0707	Intraoral- periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral - comprehensive series of radiographic images - image capture only		
D0801	3d intraoral surface scan -direct		
D0802	3d dental surface scan - indirect		
D0803	3d facial surface scan - direct		
D0804	3d facial surface scan - indirect		
D1110	Prophylaxis - adult		
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1353	Sealant repair - per tooth		
D1354	Application of caries arresting medicament- per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed, unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable, unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer - per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary	100%	80%
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant		
D2140	Amalgam - one surface, primary or permanent		
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
D2410	Gold foil - one surface		
D2420	Gold foil - two surfaces		
D2430	Gold foil - three surfaces		
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
D2610	Inlay - porcelain/ceramic - one surface		
D2620	Inlay - porcelain/ceramic - two surfaces		
D2630	Inlay - porcelain/ceramic - three or more surfaces		
D2642	Onlay - porcelain/ceramic - two surfaces		
D2643	Onlay - porcelain/ceramic - three surfaces		
D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
D2662	Onlay - resin-based composite - two surfaces		
D2663	Onlay - resin-based composite - three surfaces		
D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
D2712	Crown - ¾ resin-based composite (indirect)		
D2720	Crown - resin with high noble metal		
D2721	Crown - resin with predominantly base metal		
D2722	Crown - resin with noble metal		
D2740	Crown - porcelain/ceramic	100%	80%
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium and titanium alloys		
D2780	Crown - 3/4 cast high noble metal		
D2781	Crown - 3/4 cast predominantly base metal		
D2782	Crown - 3/4 cast noble metal		
D2783	Crown - 3/4 porcelain/ceramic		
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2794	Crown - titanium and titanium alloys		
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Re-cement or re-bond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth		
D2940	Placement of interim direct restoration		
D2949	Restorative foundation for an indirect restoration		
D2950	Core buildup, including any pins when required		
D2951	Pin retention - per tooth, in addition to restoration		
D2952	Post and core in addition to crown, indirectly fabricated		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
D2955	Post removal		
D2956	Removal of an indirect restoration on a natural tooth		
D2957	Each additional prefabricated post - same tooth		
D2960	Labial veneer (resin laminate) - direct		
D2961	Labial veneer (resin laminate) - indirect		
D2962	Labial veneer (porcelain laminate) - indirect		
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework		
D2975	Coping		
D2976	Band stabilization - per tooth		
D2980	Crown repair necessitated by restorative material failure		
D2981	Inlay repair necessitated by restorative material failure		
D2982	Onlay repair necessitated by restorative material failure	100%	80%
D2983	Veneer repair necessitated by restorative material failure		
D2989	Excavation of a tooth resulting in the determination of non-restorability		
D2990	Resin infiltration of incipient smooth surface lesions		
D2991	Application of hydroxyapatite regeneration medicament - per tooth		
D3110	Pulp cap - direct (excluding final restoration)		
D3120	Pulp cap - indirect (excluding final restoration)		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		
D3221	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth (excluding final restoration)		
D3331	Treatment of root canal obstruction; non-surgical access		
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		
D3333	Internal root repair of perforation defects		
D3346	Retreatment of previous root canal therapy - anterior		
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®



Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration - interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional re-implantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	100%	80%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3911	Intraorifice barrier		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening- hard tissue		
D4260	Osseous surgery (including elevation of a full thickness flap and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®



Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site		
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site		
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and pedicle graft, per tooth		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	100%	80%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant		
D4342	Periodontal scaling and root planing - one to three teeth per quadrant		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		
D4921	Gingival irrigation with a medicinal agent - per quadrant		
D5110	Complete denture - maxillary		
D5120	Complete denture - mandibular		
D5130	Immediate denture - maxillary		
D5140	Immediate denture - mandibular		
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®



Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular	100%	80%
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth- partial denture- per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary denture (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture - indirect		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary - natural tooth borne		
D5864	Overdenture - partial maxillary - natural tooth borne		
D5865	Overdenture - complete mandibular - natural tooth borne		
D5866	Overdenture - partial mandibular - natural tooth borne		
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment		
D5876	Add metal substructure to acrylic complete denture - per arch		
D5877	Duplication of complete denture - maxillary		
D5878	Duplication of complete denture - mandibular		
D5991	Vesiculobullous disease medicament carrier		
D5992	Adjust maxillofacial prosthetic appliance, by report		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal- laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular		
D6205	Pontic - indirect resin based composite	100%	80%
D6210	Pontic - cast high noble metal		
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6214	Pontic - titanium and titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium and titanium alloys		
D6245	Pontic - porcelain/ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression		
D6545	Retainer - cast metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Retainer - resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces		
D6602	Retainer inlay - cast high noble metal, two surfaces		
D6603	Retainer inlay - cast high noble metal, three or more surfaces		

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Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D6604	Retainer inlay - cast predominantly base metal, two surfaces		
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		
D6606	Retainer inlay - cast noble metal, two surfaces		
D6607	Retainer inlay - cast noble metal, three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		
D6610	Retainer onlay - cast high noble metal, two surfaces		
D6611	Retainer onlay - cast high noble metal, three or more surfaces		
D6612	Retainer onlay - cast predominantly base metal, two surfaces		
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		
D6614	Retainer onlay - cast noble metal, two surfaces		
D6615	Retainer onlay - cast noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite		
D6720	Retainer crown - resin with high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal	100%	80%
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		
D6780	Retainer crown - 3/ 4 cast high noble metal		
D6781	Retainer crown - 3/4 cast predominantly base metal		
D6782	Retainer crown - 3/ 4 cast noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown ¾ - titanium and titanium alloys		
D6790	Retainer crown - full cast high noble metal		
D6791	Retainer crown - full cast predominantly base metal		
D6792	Retainer crown - full cast noble metal		
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression		
D6794	Retainer crown - titanium and titanium alloys		
D6920	Connector bar		
D6930	Re-cement or re-bond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
D7111	Extraction, coronal remnants - primary tooth		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted tooth - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only		
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report		
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap		
D7293	Placement of temporary anchorage device requiring flap		
D7294	Placement of temporary anchorage device without flap		
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap		
D7299	Removal of temporary anchorage device, requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	100%	80%
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis (maxilla or mandible)		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal / labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
D9110	Palliative treatment of dental pain - per visit		
D9120	Fixed partial denture sectioning		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof		
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Administration of deep sedation/general anesthesia-first 15 minute increment, or any portion thereof		
D9223	Administration of deep sedation/general anesthesia- each subsequent 15 minute increment, or any portion thereof		
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		
D9230	Administration of nitrous oxide		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		
D9244	In-office administration of minimal sedation - single drug - enteral		
D9245	Administration of moderate sedation - enteral	100%	80%
D9246	Administration of moderate sedation - non-intravenous parenteral- first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation - non-intravenous parenteral- each subsequent 15 minute increment, or any portion thereof		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		
D9311	Consultation with a medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, subsequent to detailed and extensive treatment planning		
D9610	Therapeutic parenteral drug, single administration		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug, per quadrant		
D9630	Drugs or medicaments dispensed in the office for home use		
D9910	Application of desensitizing medicament		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Choice PPO 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D9934	Cleaning and inspection of removable partial denture, maxillary	100%	80%
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9936	Cleaning and inspection of occlusal guard - per appliance		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		
D9946	Occlusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device		
D9955	Oral appliance therapy (oat) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty - per tooth		
D9992	Dental case management care coordination		
D9993	Dental case management motivational interviewing		
D9994	Dental case management patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
- Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
- Fees related to missed 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.



Choice PPO 100/80 (continued)

7. Orthodontic and all orthodontic related services are not covered
8. Implants and all implant related services are not covered
9. Maxillofacial prosthetics are not covered
10. Dental services performed for cosmetic and/or aesthetic reasons are not covered
11. Tooth bleaching and/or enamel microabrasion services are not covered
12. Unspecified services by report (Dental codes: D##99) are not covered
13. Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
14. Elective services are not covered
15. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.
16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, relines, or rebases are not covered.
23. Denture relines and rebases, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, relines, or rebases are not covered.
25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.

Aetna Medicare Advantage



Deluxe EPO Combo & Deluxe EPO Mandatory

These Aetna® Medicare plans offer in-network coverage for both preventive and comprehensive services.

For this plan:

- Please refer to the plan coverage details below for in-network coverage % by service
- Annual maximum applies to comprehensive services only
- Annual maximum varies by contract
- Frequency limitations apply
- Alternate benefits may apply
- No out-of-network benefits available
- Clinical claim review may be performed under for this plan
- Comprehensive coverage must be elected by the member for Combo plan

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:			In-network
Preventive services - maximum benefit does not apply			
CDT Code	Description	Frequency	
D0120	Periodic oral evaluation - established patient	Two procedures from this code group per tooth per calendar year	100%
D0150	Comprehensive oral evaluation - new or established patient		
D0140	Limited oral evaluation - problem focused	Two procedures from this code group per calendar year	100%
D0461	Testing for cracked tooth		
D0180	Comprehensive periodontal evaluation - new or established patient		
D1110	Prophylaxis - adult	Two procedures per calendar year	100%
D0270	Bitewing - single radiographic image	One set of X-rays from this code group per calendar year	100%
D0272	Bitewings - two radiographic images		
D0273	Bitewings - three radiographic images		
D0274	Bitewings - four radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0220	Intraoral - periapical first radiographic image	N/A	100%
D0230	Intraoral - periapical each additional radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0210	Intraoral - comprehensive series of radiographic images	One procedure from this code group every three years	100%
D0330	Panoramic radiographic image		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		

Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan coverage details:			In-network
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)			
CDT Code	Description	Frequency	
D2140	Amalgam - one surface, primary or permanent	Two procedures from this code group per tooth per calendar year	80%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior	Two procedures from this code group per tooth per calendar year	80%
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior	One procedure from this code group per tooth per calendar year	80%
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Re-cement or re-bond crown	One procedure from this code group per tooth per lifetime	80%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One procedure from this group per tooth per lifetime	80%
D3346	Retreatment of previous root canal therapy - anterior		
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar	One procedure from this code group per quad every two years	80%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant		
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Two per calendar year	80%
D4910	Periodontal maintenance		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One extraction per tooth per lifetime	80%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7250	Removal of residual tooth roots (cutting procedure)	N/A	80%
D9110	Palliative treatment of dental pain - per visit		
D2950	Core buildup, including any pins when required	One procedure from this code group per tooth every 5 years	50%
D2952	Post and core in addition to crown, indirectly fabricated		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
D2957	Each additional prefabricated post - same tooth	One procedure from this code group per tooth every 5 years	50%
D2740	Crown - porcelain/ceramic		
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium and titanium alloys		
D2780	Crown - 3/4 cast high noble metal		
D2781	Crown - 3/4 cast predominantly base metal		
D2782	Crown - 3/4 cast noble metal		



Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan coverage details:			In-network
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)			
CDT Code	Description	Frequency	
D2783	Crown - 3/4 porcelain/ceramic	One procedure from this code group per tooth every 5 years	50%
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2980	Crown repair necessitated by restorative material failure	One per tooth per calendar year	50%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One per lifetime	50%
D5110	Complete denture - maxillary	One procedure from this code group, including D5877 and D5878, per arch every 5 years	50%
D5120	Complete denture - mandibular		
D5130	Immediate denture - maxillary		
D5140	Immediate denture - mandibular		
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	One procedure from this code group, per arch every 5 years	50%
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests, and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/ clasping materials, rests, and teeth) - per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary denture		

Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan coverage details:			In-network
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)			
CDT Code	Description	Frequency	
D5711	Rebase complete mandibular denture	As needed	50%
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5730	Reline complete maxillary denture (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5876	Add metal substructure to acrylic complete denture - per arch		
D5877	Duplication of complete denture - maxillary		
D5878	Duplication of complete denture - mandibular		
D6980	Fixed partial denture repair necessitated by restorative material failure	N/A	50%
D6210	Pontic - cast high noble metal	One procedure from this code group per tooth every 5 years	50%
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium and titanium alloys		
D6245	Pontic - porcelain/ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	One procedure from this code group per tooth every 5 years	50%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6720	Retainer crown - resin with high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		
D6780	Retainer crown - 3/4 cast high noble metal		
D6781	Retainer crown - 3/4 cast predominantly base metal		
D6782	Retainer crown - 3/4 cast noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown ¾ - titanium and titanium alloys		
D6790	Retainer crown - full cast high noble metal		
D6791	Retainer crown - full cast predominantly base metal		



Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan coverage details:			In-network
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)			
CDT Code	Description	Frequency	
D6792	Retainer crown - full cast noble metal	One procedure from this code group per tooth every 5 years	50%
D7230	Removal of impacted tooth - partially bony	One extraction per tooth per lifetime	50%
D7240	Removal of impacted tooth - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	N/A	50%
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof		
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof		
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation - non-intravenous parenteral- each subsequent 15 minute increment, or any portion thereof		

Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
- Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
- Fees related to missed 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.
- Orthodontic and all orthodontic related services are not covered
- Implants and all implant related services are not covered
- Maxillofacial prosthetics are not covered
- Dental services performed for cosmetic and/or aesthetic reasons are not covered
- Tooth bleaching and/or enamel microabrasion services are not covered
- Unspecified services by report (Dental codes: 0##99) are not covered

Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

13. Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
14. Elective services are not covered
15. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.
16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, reline, or rebase are not covered.
23. Denture reline and rebase, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, reline, or rebase are not covered.
25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice



Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.



Aetna Medicare Advantage



Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo, Deluxe RPPO Combo

These Aetna® Medicare plans offer both in- and out-of-network coverage for both preventive and comprehensive services.

For this plan:

- Please refer to the plan coverage details below for in-network coverage % by service
- Annual maximum applies to comprehensive services only
- Annual maximum varies by contract
- Frequency limitations apply
- Alternate benefits may apply
- Clinical claim review may be performed under for this plan
- Comprehensive coverage must be elected by the member for Combo plans

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:			In-network	Out-of-network*
Preventive services - do not apply to the maximum benefit				
CDT Code	Description	Frequency		
D0120	Periodic oral evaluation - established patient	Two procedures from this code group per calendar year	100%	50%
D0150	Comprehensive oral evaluation - new or established patient			
D0140	Limited oral evaluation - problem focused	Two procedures from this code group per calendar year	100%	50%
D0461	Testing for cracked tooth			
D0180	Comprehensive periodontal evaluation - new or established patient	Two procedures per calendar year	100%	50%
D1110	Prophylaxis - adult			
D0270	Bitewing - single radiographic image	One set of X-rays from this code group per calendar year	100%	50%
D0272	Bitewings - two radiographic images			
D0273	Bitewings - three radiographic images			
D0274	Bitewings - four radiographic images			
D0373	Intraoral tomosynthesis - bitewing radiographic image			
D0220	Intraoral - periapical first radiographic image	N/A	100%	50%
D0230	Intraoral - periapical each additional radiographic image			
D0374	Intraoral tomosynthesis- periapical radiographic image	One procedure from this code group every three years	100%	50%
D0210	Intraoral- comprehensive series of radiographic images			
D0330	Panoramic radiographic image			
D0372	Intraoral tomosynthesis- comprehensive series of radiographic images			

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo & Deluxe RPPO Combo (continued)

Plan coverage details:			In-network	Out-of-network*
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)				
CDT Code	Description	Frequency		
D2140	Amalgam - one surface, primary or permanent	Two procedures from this code group per tooth per calendar year	80%	50%
D2150	Amalgam - two surfaces, primary or permanent			
D2160	Amalgam - three surfaces, primary or permanent			
D2161	Amalgam - four or more surfaces, primary or permanent			
D2330	Resin-based composite - one surface, anterior	Two procedures from this code group per tooth per calendar year	80%	50%
D2331	Resin-based composite - two surfaces, anterior			
D2332	Resin-based composite - three surfaces, anterior			
D2335	Resin-based composite - four or more surfaces (anterior)			
D2390	Resin-based composite crown, anterior			
D2391	Resin-based composite - one surface, posterior			
D2392	Resin-based composite - two surfaces, posterior			
D2393	Resin-based composite - three surfaces, posterior			
D2394	Resin-based composite - four or more surfaces, posterior	One procedure from this code group per tooth per calendar year	80%	50%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration			
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core			
D2920	Re-cement or re-bond crown	One procedure from this code group per tooth per lifetime	80%	50%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)			
D3320	Endodontic therapy, premolar tooth (excluding final restoration)			
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One procedure from this group per tooth per lifetime	80%	50%
D3346	Retreatment of previous root canal therapy - anterior			
D3347	Retreatment of previous root canal therapy - premolar			
D3348	Retreatment of previous root canal therapy - molar	One procedure from this code group per quad every two years	80%	50%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant			
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Two per calendar year	80%	50%
D4910	Periodontal maintenance			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One extraction per tooth per lifetime	80%	50%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated			
D7220	Removal of impacted tooth - soft tissue			
D7250	Removal of residual tooth roots (cutting procedure)			
D9110	Palliative treatment of dental pain - per visit	N/A	80%	50%
D2950	Core buildup, including any pins when required	One procedure from this code group per tooth every 5 years	50%	30%
D2952	Post and core in addition to crown, indirectly fabricated			
D2953	Each additional indirectly fabricated post - same tooth			
D2954	Prefabricated post and core in addition to crown			
D2957	Each additional prefabricated post - same tooth			
D2740	Crown - porcelain/ceramic	One procedure from this code group per tooth every 5 years	50%	30%
D2750	Crown - porcelain fused to high noble metal			
D2751	Crown - porcelain fused to predominantly base metal			
D2752	Crown - porcelain fused to noble metal			

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo & Deluxe RPPO Combo (continued)

Plan coverage details:			In-network	Out-of-network*
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)				
CDT Code	Description	Frequency		
D2753	Crown - porcelain fused to titanium and titanium alloys	One procedure from this code group per tooth every 5 years	50%	30%
D2780	Crown - 3/4 cast high noble metal			
D2781	Crown - 3/4 cast predominantly base metal			
D2782	Crown - 3/ 4 cast noble metal			
D2783	Crown - 3/4 porcelain/ceramic			
D2790	Crown - full cast high noble metal			
D2791	Crown - full cast predominantly base metal			
D2792	Crown - full cast noble metal			
D2980	Crown repair necessitated by restorative material failure			
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One per lifetime	50%	30%
D5110	Complete denture - maxillary	One procedure from this code group, including D5877 and D5878, per arch every 5 years	50%	30%
D5120	Complete denture - mandibular			
D5130	Immediate denture - maxillary			
D5140	Immediate denture - mandibular			
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	One procedure from this code group, per arch every 5 years	50%	30%
D5212	Mandibular partial denture- resin base (including, retentive/clasping materials, rests, and teeth)			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)			
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)			
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)			
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)			
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary			
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular			
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant			
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant			
D5410	Adjust complete denture - maxillary	As needed	50%	30%
D5411	Adjust complete denture - mandibular			
D5421	Adjust partial denture - maxillary			
D5422	Adjust partial denture - mandibular			
D5511	Repair broken complete denture base, mandibular			
D5512	Repair broken complete denture base, maxillary			
D5520	Replace missing or broken teeth - complete denture - per tooth			
D5611	Repair resin partial denture base, mandibular			
D5612	Repair resin partial denture base, maxillary			
D5621	Repair cast partial framework, mandibular			

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo & Deluxe RPPO Combo (continued)

Plan coverage details:		In-network	Out-of-network*
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)			
CDT Code	Description	Frequency	
D5622	Repair cast partial framework, maxillary	As needed	50%
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5730	Reline complete maxillary denture (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5876	Add metal substructure to acrylic complete denture - per arch		
D5877	Duplication of complete denture - maxillary		
D5878	Duplication of complete denture - mandibular		30%
D6980	Fixed partial denture repair necessitated by restorative material failure	N/A	50%
D6210	Pontic - cast high noble metal	One procedure from this code group per tooth every 5 years	50%
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium and titanium alloys		
D6245	Pontic - porcelain/ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal	One procedure from this code group per tooth every 5 years	50%
D6545	Retainer - cast metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6720	Retainer crown - resin with high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal	50%	30%
D6740	Retainer crown - porcelain/ceramic		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®



Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo & Deluxe RPPO Combo (continued)

Plan coverage details:		In-network	Out-of-network*
Comprehensive services - Maximum Benefit applies (Combo plan - when elected by the member)			
CDT Code	Description	Frequency	
D6750	Retainer crown - porcelain fused to high noble metal	One procedure from this code group per tooth every 5 years	50%
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		
D6780	Retainer crown - 3/4 cast high noble metal		
D6781	Retainer crown - 3/4 cast predominantly base metal		
D6782	Retainer crown - 3/4 cast noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown 3/4 - titanium and titanium alloys		
D6790	Retainer crown - full cast high noble metal		
D6791	Retainer crown - full cast predominantly base metal		
D6792	Retainer crown - full cast noble metal		
D7230	Removal of impacted tooth - partially bony	One extraction per tooth per lifetime	50%
D7240	Removal of impacted tooth - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	N/A	50%
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Administration of deep sedation/general anesthesia- first 15 minute increment, or any portion thereof		
D9223	Administration of deep sedation/general anesthesia- each subsequent 15 minute increment, or any portion thereof		
D9224	Administration of general anesthesia with advanced airway-first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		
D9246	Administration of moderate sedation - non-intravenous parenteral- first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof		
D9613	Infiltration of sustained release therapeutic drug, per quadrant		

* Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®

Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
- Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
- Fees related to missed appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.



Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo & Deluxe RPPO Combo (continued)

4. 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.
5. 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.
6. 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.
7. Orthodontic and all orthodontic related services are not covered
8. Implants and all implant related services are not covered
9. Maxillofacial prosthetics are not covered
10. Dental services performed for cosmetic and/or aesthetic reasons are not covered
11. Tooth bleaching and/or enamel microabrasion services are not covered
12. Unspecified services by report (Dental codes: 0###99) are not covered
13. Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
14. Elective services are not covered
15. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.
16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, relines, or rebases are not covered.
23. Denture relines and rebases, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, relines, or rebases are not covered.
25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.



Deluxe EPO POS Mandatory, Deluxe PPO Mandatory, Deluxe PPO Combo & Deluxe RPPO Combo (continued)

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.



Aetna Medicare Advantage



Enhanced SNP EPO Mandatory

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

- Covered services performed by in-network providers are reimbursed at 100%
- Annual maximum applied to all services
- Annual maximum varies by contract
- Frequency limitations apply
- Clinical claim review may be performed
- Alternate benefits may apply
- No out-of-network benefits available

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D0120	Periodic oral evaluation - established patient	Two D0120 or D0150 per calendar year	100%
D0140	Limited oral evaluation - problem focused	Two D0140, D0180 or D0461 per calendar year	100%
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	N/A	100%
D0150	Comprehensive oral evaluation - new or established patient	Two D0120 or D0150 per calendar year	100%
D0160	Detailed and extensive oral evaluation - problem focused, by report	N/A	100%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		
D0171	Re-evaluation - post-operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient	Two D0140, D0180 or D0461 per calendar year	100%
D0190	Screening of a patient	N/A	100%
D0191	Assessment of a patient		
D0210	Intraoral - comprehensive series of radiographic images	One D0210, D0330 or D0372 every 3 years	100%
D0220	Intraoral - periapical first radiographic image	N/A	100%
D0230	Intraoral - periapical each additional radiographic image		
D0240	Intraoral - occlusal radiographic image		
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewing - single radiographic image	One set D0270-D0274, D0277 or D0373 per calendar year	100%
D0272	Bitewings - two radiographic images		
D0273	Bitewings - three radiographic images		

Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D0274	Bitewings - four radiographic images	One set D0270-D0274,D0277 or D0373 per calendar year	100%
D0277	Vertical bitewings - 7 to 8 radiographic images		
D0310	Sialography	N/A	100%
D0320	Temporomandibular joint arthrogram, including injection		
D0321	Other temporomandibular joint radiographic images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image	One D0210, D0330 or D0372 every 3 years	100%
D0340	2d cephalometric radiographic image - acquisition, measurement and analysis	N/A	100%
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam ct capture and interpretation with limited field of view - less than one whole jaw		
D0365	Cone beam ct capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium		
D0367	Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium		
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures		
D0369	Maxillofacial mri capture and interpretation		
D0370	Maxillofacial ultrasound capture and interpretation		
D0371	Sialoendoscopy capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	One D0210, D0330 or D0372 every 3 years	100%
D0373	Intraoral tomosynthesis - bitewing radiographic image	One set D0270-D0274,D0277 or D0373 per calendar year	100%
D0374	Intraoral tomosynthesis - periapical radiographic image	N/A	100%
D0380	Cone beam ct image capture with limited field of view - less than one whole jaw		
D0381	Cone beam ct image capture with field of view of one full dental arch - mandible		
D0382	Cone beam ct image capture with field of view of one full dental arch - maxilla, with or without cranium		
D0383	Cone beam ct image capture with field of view of both jaws; with or without cranium		
D0384	Cone beam ct image capture for tmj series including two or more exposures		
D0385	Maxillofacial mri image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Virtual treatment simulation using 3d image volume or surface scan		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3d image volumes of one or more modalities		
D0396	3d printing of a 3d dental surface scan		
D0411	Hba1c in-office point of service testing		
D0412	Blood glucose level test - in-office using a glucose meter		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	N/A	100%
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory analysis		
D0418	Analysis of saliva sample - laboratory		
D0419	Assessment of salivary flow by measurement		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0426	Collection, preparation, and analysis of saliva sample - point-of-care		
D0460	Pulp vitality tests		
D0461	Testing for cracked tooth		
D0470	Diagnostic casts	N/A	100%
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in-situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen, including coronavirus		
D0605	Antibody testing for a public health related pathogen, including coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D0705	Extra-oral posterior dental radiographic image- image capture only	N/A	100%
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral - comprehensive series of radiographic images - image capture only		
D0801	3d intraoral surface scan - direct		
D0802	3d dental surface scan - indirect		
D0803	3d facial surface scan -direct		
D0804	3d facial surface scan - indirect		
D1110	Prophylaxis - adult	Two per calendar year	100%
D1120	Prophylaxis - child	N/A	100%
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1353	Sealant repair - per tooth		
D1354	Application of caries arresting medicament - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed, unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable, unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer - per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant		
D2140	Amalgam - one surface, primary or permanent	Two procedures from this code group per tooth every calendar year	100%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network		
CDT Code	Description	Frequency			
D2392	Resin-based composite - two surfaces, posterior	Two procedures from this code group per tooth every calendar year	100%		
D2393	Resin-based composite - three surfaces, posterior				
D2394	Resin-based composite - four or more surfaces, posterior				
D2410	Gold foil - one surface	N/A	100%		
D2420	Gold foil - two surfaces				
D2430	Gold foil - three surfaces				
D2510	Inlay - metallic - one surface	One procedure from this code group per tooth every 5 years	100%		
D2520	Inlay - metallic - two surfaces				
D2530	Inlay - metallic - three or more surfaces				
D2542	Onlay - metallic - two surfaces				
D2543	Onlay - metallic - three surfaces				
D2544	Onlay - metallic - four or more surfaces				
D2610	Inlay - porcelain/ceramic - one surface				
D2620	Inlay - porcelain/ceramic - two surfaces				
D2630	Inlay - porcelain/ceramic - three or more surfaces				
D2642	Onlay - porcelain/ceramic - two surfaces				
D2643	Onlay - porcelain/ceramic - three surfaces				
D2644	Onlay - porcelain/ceramic - four or more surfaces				
D2650	Inlay - resin-based composite - one surface				
D2651	Inlay - resin-based composite - two surfaces				
D2652	Inlay - resin-based composite - three or more surfaces				
D2662	Onlay - resin-based composite - two surfaces				
D2663	Onlay - resin-based composite - three surfaces				
D2664	Onlay - resin-based composite - four or more surfaces				
D2710	Crown - resin-based composite (indirect)			One procedure from this code group per tooth every 5 years	100%
D2712	Crown - ¾ resin-based composite (indirect)				
D2720	Crown - resin with high noble metal				
D2721	Crown - resin with predominantly base metal				
D2722	Crown - resin with noble metal				
D2740	Crown - porcelain/ceramic				
D2750	Crown - porcelain fused to high noble metal				
D2751	Crown - porcelain fused to predominantly base metal				
D2752	Crown - porcelain fused to noble metal				
D2753	Crown - porcelain fused to titanium and titanium alloys				
D2780	Crown - 3/4 cast high noble metal				
D2781	Crown - 3/4 cast predominantly base metal				
D2782	Crown - 3/4 cast noble metal				
D2783	Crown - 3/4 porcelain/ceramic				
D2790	Crown - full cast high noble metal				
D2791	Crown - full cast predominantly base metal				
D2792	Crown - full cast noble metal				
D2794	Crown - titanium and titanium alloys				
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	N/A	100%		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure from this code group per tooth per calendar year	100%		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core				

Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D2920	Re-cement or re-bond crown	One procedure from this code group per tooth per calendar year	100%
D2921	Reattachment of tooth fragment, incisal edge or cusp	N/A	100%
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth		
D2940	Placement of interim direct restoration		
D2949	Restorative foundation for an indirect restoration		
D2950	Core buildup, including any pins when required		
D2951	Pin retention - per tooth, in addition to restoration		
D2952	Post and core in addition to crown, indirectly fabricated		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown	One per tooth per five years	100%
D2955	Post removal		
D2956	Removal of an indirect restoration on a natural tooth	N/A	100%
D2957	Each additional prefabricated post - same tooth	One per tooth per five years	
D2960	Labial veneer (resin laminate) - direct	One procedure from this code group per tooth every 5 years	100%
D2961	Labial veneer (resin laminate) - indirect		
D2962	Labial veneer (porcelain laminate) - indirect		
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	N/A	N/A
D2975	Coping		
D2976	Band stabilization - per tooth		
D2980	Crown repair necessitated by restorative material failure	One per tooth per calendar year	100%
D2981	Inlay repair necessitated by restorative material failure		
D2982	Onlay repair necessitated by restorative material failure		
D2983	Veneer repair necessitated by restorative material failure		
D2989	Excavation of a tooth resulting in the determination of non-restorability	N/A	100%
D2990	Resin infiltration of incipient smooth surface lesions		
D2991	Application of hydroxyapatite regeneration medicament - per tooth		
D3110	Pulp cap - direct (excluding final restoration)		
D3120	Pulp cap - indirect (excluding final restoration)		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		
D3221	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One procedure from this code group per tooth per lifetime	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth (excluding final restoration)		

Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D3331	Treatment of root canal obstruction; non-surgical access	N/A	100%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		
D3333	Internal root repair of perforation defects		
D3346	Retreatment of previous root canal therapy - anterior	One procedure from this code group per tooth per lifetime	100%
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		
D3351	Apexification/recalcification - initial visit (apical closure/calcalcific repair of perforations, root resorption, etc.)	N/A	100%
D3352	Apexification/recalcification - interim medication replacement		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcalcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration - interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site		
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional re-implantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3911	Intraorifice barrier		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network		
CDT Code	Description	Frequency			
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	N/A	100%		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant				
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant				
D4245	Apically positioned flap				
D4249	Clinical crown lengthening - hard tissue				
D4260	Osseous surgery (including elevation of a full thickness flap and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant				
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant				
D4263	Bone replacement graft - retained natural tooth - First site in quadrant				
D4264	Bone replacement graft - retained natural tooth - Each additional site in quadrant				
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site				
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site				
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site				
D4268	Surgical revision procedure, per tooth				
D4270	Pedicle soft tissue graft procedure				
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft				
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)				
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft				
D4276	Combined connective tissue and pedicle graft, per tooth				
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft				
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site				
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site				
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site				
D4286	Removal of non-resorbable barrier				
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns				
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant			One procedure from this code group per quad every 2 years	100%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	N/A	100%		
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One per lifetime	100%		
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	N/A	100%		
D4910	Periodontal maintenance	Two per calendar year following perio therapy	100%		
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	N/A	100%		
D4921	Gingival irrigation with a medicinal agent - per quadrant				



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D5110	Complete denture - maxillary	One procedure from this code group, including D5877 and D5878, per arch every 5 years	100%
D5120	Complete denture - mandibular		
D5130	Immediate denture - maxillary		
D5140	Immediate denture - mandibular		
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	One procedure from this code group per arch every 5 years - no limit to immediate dentures D5227 and D5228	100%
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary	N/A	100%
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - Per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	N/A	100%
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary denture (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture - indirect		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary - natural tooth borne		
D5864	Overdenture - partial maxillary - natural tooth borne		
D5865	Overdenture - complete mandibular - natural tooth borne		
D5866	Overdenture - partial mandibular - natural tooth borne		
D5867	Replacement of replaceable part of Semi-precision or precision attachment of natural tooth borne prosthesis, per attachment		
D5876	Add metal substructure to acrylic complete denture - per arch		
D5877	Duplication of complete denture - maxillary	One procedure from this code group including D5110, D5120, D5130, and D5140, per arch every 5 years	100%
D5878	Duplication of complete denture - mandibular		
D5991	Vesiculobullous disease medicament carrier	N/A	100%
D5992	Adjust maxillofacial prosthetic appliance, by report		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular		
D6205	Pontic - indirect resin based composite	One procedure from this code group per tooth every 5 years	100%
D6210	Pontic - cast high noble metal		
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6214	Pontic - titanium and titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D6241	Pontic - porcelain fused to predominantly base metal	One procedure from this code group per tooth every 5 years	100%
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium and titanium alloys		
D6245	Pontic - porcelain/ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	N/A	100%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	One D6545, D6548 or D6720-D6792 per tooth per 5 years	100%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Retainer - resin bonded fixed prosthesis	N/A	100%
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	One procedure from this code group per tooth every 5 years	100%
D6602	Retainer inlay - cast high noble metal, two surfaces		
D6603	Retainer inlay - cast high noble metal, three or more surfaces		
D6604	Retainer inlay - cast predominantly base metal, two surfaces		
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		
D6606	Retainer inlay - cast noble metal, two surfaces		
D6607	Retainer inlay - cast noble metal, three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		
D6610	Retainer onlay - cast high noble metal, two surfaces		
D6611	Retainer onlay - cast high noble metal, three or more surfaces		
D6612	Retainer onlay - cast predominantly base metal, two surfaces		
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		
D6614	Retainer onlay - cast noble metal, two surfaces		
D6615	Retainer onlay - cast noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite	N/A	100%
D6720	Retainer crown - resin with high noble metal	One D6545, D6548 or D6720-D6792 per tooth per 5 years	100%
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		
D6780	Retainer crown - 3/4 cast high noble metal		
D6781	Retainer crown - 3/4 cast predominantly base metal		
D6782	Retainer crown - 3/4 cast noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown ^{3/4} - titanium and titanium alloys		
D6790	Retainer crown - full cast high noble metal		
D6791	Retainer crown - full cast predominantly base metal		
D6792	Retainer crown - full cast noble metal		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	N/A	100%
D6794	Retainer crown - titanium and titanium alloys		
D6920	Connector bar		
D6930	Re-cement or re-bond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
D7111	Extraction, coronal remnants - primary tooth	One extraction per tooth per lifetime	100%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted tooth - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	N/A	100%
D7260	Oroantral fistula closure		
D7261	Placement of temporary anchorage device [screw retained plate] requiring flap		
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap		
D7293	Placement of temporary anchorage device requiring flap		
D7294	Placement of temporary anchorage device without flap		
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap		
D7299	Removal of temporary anchorage device, requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis (maxilla or mandible)		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D7921	Collection and application of autologous blood concentrate product	N/A	100%
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal / labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
D9110	Palliative treatment of dental pain - per visit		
D9120	Fixed partial denture sectioning		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof		
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof		
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof		
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway-each subsequent 15 minute increment, or any portion thereof		
D9230	Administration of nitrous oxide		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		
D9244	In-office administration of minimal sedation - single drug - enteral		
D9245	Administration of moderate sedation - enteral		
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		
D9311	Consultation with a medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		



Enhanced SNP EPO Mandatory (continued)

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	N/A	100%
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, subsequent to detailed and extensive treatment planning		
D9610	Therapeutic parenteral drug, single administration		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug, per quadrant		
D9630	Drugs or medicaments dispensed in the office for home use		
D9910	Application of desensitizing medicament		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9936	Cleaning and inspection of occlusal guard - per appliance		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		
D9946	Occlusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device		
D9955	Oral appliance therapy (oat) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty - per tooth		
D9992	Dental case management care coordination		
D9993	Dental case management motivational interviewing		
D9994	Dental case management patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

Enhanced SNP EPO Mandatory (continued)

Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
2. Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.
4. 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.
5. 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.
6. 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.
7. Orthodontic and all orthodontic related services are not covered
8. Implants and all implant related services are not covered
9. Maxillofacial prosthetics are not covered
10. Dental services performed for cosmetic and/or aesthetic reasons are not covered
11. Tooth bleaching and/or enamel microabrasion services are not covered
12. Unspecified services by report (Dental codes: D##99) are not covered
13. Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
14. Elective services are not covered
15. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.
16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, relines, or rebases are not covered.
23. Denture relines and rebases, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, relines, or rebases are not covered.



Enhanced SNP EPO Mandatory (continued)

25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.

Aetna Medicare Advantage



Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory

This Aetna Dental® Medicare plan offers in- and out-of-network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- Covered services performed by out-of-network providers are reimbursed at 100%
- Annual maximum applied to all services
- Annual maximum varies by contract
- Frequency limitations apply
- Clinical claim review may be performed
- Alternate benefits may apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D0120	Periodic oral evaluation - established patient	Two D0120 or D0150 per calendar year	100%	100%
D0140	Limited oral evaluation - problem focused	Two D0140, D0180 or D0461 per calendar year	100%	100%
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	N/A	100%	100%
D0150	Comprehensive oral evaluation - new or established patient	Two D0120 or D0150 per calendar year	100%	100%
D0160	Detailed and extensive oral evaluation - problem focused, by report	N/A	100%	100%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)			
D0171	Re-evaluation - post-operative office visit			
D0180	Comprehensive periodontal evaluation - new or established patient	Two D0140, D0180 or D0461 per calendar year	100%	100%
D0190	Screening of a patient	N/A	100%	100%
D0191	Assessment of a patient			
D0210	Intraoral - comprehensive series of radiographic images	One D0210, D0330 or D0372 every 3 years	100%	100%
D0220	Intraoral - periapical first radiographic image	N/A		100%
D0230	Intraoral - periapical each additional radiographic image			
D0240	Intraoral - occlusal radiographic image			
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector			
D0251	Extra-oral posterior dental radiographic image			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D0270	Bitewing - single radiographic image	One set D0270-D0274, D0277 or D0373 per calendar year	100%	100%
D0272	Bitewings - two radiographic images	N/A	100%	100%
D0273	Bitewings - three radiographic images			
D0274	Bitewings - four radiographic images			
D0277	Vertical bitewings - 7 to 8 radiographic images			
D0310	Sialography			
D0320	Temporomandibular joint arthrogram, including injection			
D0321	Other temporomandibular joint radiographic images, by report			
D0322	Tomographic survey			
D0330	Panoramic radiographic image	One D0210, D0330 or D0372 every 3 years	100%	100%
D0340	2d cephalometric radiographic image - acquisition, measurement and analysis	N/A	100%	100%
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally			
D0364	Cone beam ct capture and interpretation with limited field of view- less than one whole jaw			
D0365	Cone beam ct capture and interpretation with field of view of one full dental arch - mandible			
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium			
D0367	Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium			
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures			
D0369	Maxillofacial mri capture and interpretation			
D0370	Maxillofacial ultrasound capture and interpretation			
D0371	Sialoendoscopy capture and interpretation			
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	One D0210, D0330 or D0372 every 3 years	100%	100%
D0373	Intraoral tomosynthesis- bitewing radiographic image	One set D0270-D0274, D0277 or D0373 per calendar year	100%	100%
D0374	Intraoral tomosynthesis - periapical radiographic image	N/A	100%	100%
D0380	Cone beam ct image capture with limited field of view - less than one whole jaw			
D0381	Cone beam ct image capture with field of view of one full dental arch - mandible			
D0382	Cone beam ct image capture with field of view of one full dental arch - maxilla, with or without cranium			
D0383	Cone beam ct image capture with field of view of both jaws; with or without cranium			
D0384	Cone beam ct image capture for tmj series including two or more exposures			
D0385	Maxillofacial mri image capture			
D0386	Maxillofacial ultrasound image capture			
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only			
D0388	Intraoral tomosynthesis- bitewing radiographic image - image capture only			
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only			
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report			
D0393	Virtual treatment simulation using 3d image volume or surface scan			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D0394	Digital subtraction of two or more images or image volumes of the same modality	N/A	100%	100%
D0395	Fusion of two or more 3d image volumes of one or more modalities			
D0396	3d printing of a 3d dental surface scan			
D0411	Hba1c in-office point of service testing			
D0412	Blood glucose level test - in-office using a glucose meter			
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report			
D0415	Collection of microorganisms for culture and sensitivity			
D0416	Viral culture			
D0417	Collection and preparation of saliva sample for laboratory analysis			
D0418	Analysis of saliva sample - laboratory			
D0419	Assessment of salivary flow by measurement			
D0422	Collection and preparation of genetic sample material for laboratory analysis and report			
D0423	Genetic test for susceptibility to diseases - specimen analysis			
D0425	Caries susceptibility tests			
D0426	Collection, preparation, and analysis of saliva sample - point-of-care			
D0460	Pulp vitality tests			
D0461	Testing for cracked tooth	Two D0140, D0180 or D0461 per calendar year	100%	100%
D0470	Diagnostic casts	N/A	100%	100%
D0472	Accession of tissue, gross examination, preparation and transmission of written report			
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report			
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report			
D0475	Decalcification procedure			
D0476	Special stains for microorganisms			
D0477	Special stains, not for microorganisms			
D0478	Immunohistochemical stains			
D0479	Tissue in-situ hybridization, including interpretation			
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report			
D0481	Electron microscopy			
D0482	Direct immunofluorescence			
D0483	Indirect immunofluorescence			
D0484	Consultation on slides prepared elsewhere			
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source			
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report			
D0502	Other oral pathology procedures, by report			
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum			
D0601	Caries risk assessment and documentation, with a finding of low risk			
D0602	Caries risk assessment and documentation, with a finding of moderate risk			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D0603	Caries risk assessment and documentation, with a finding of high risk	N/A	100%	100%
D0604	Antigen testing for a public health related pathogen, including coronavirus			
D0605	Antibody testing for a public health related pathogen, including coronavirus			
D0701	Panoramic radiographic image - image capture only			
D0702	2-D cephalometric radiographic image - image capture only			
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only			
D0705	Extra-oral posterior dental radiographic image - image capture only			
D0706	Intraoral- occlusal radiographic image - image capture only			
D0707	Intraoral- periapical radiographic image - image capture only			
D0708	Intraoral - bitewing radiographic image - image capture only			
D0709	Intraoral - comprehensive series of radiographic images - image capture only			
D0801	3d intraoral surface scan -direct			
D0802	3d dental surface scan - indirect			
D0803	3d facial surface scan - direct			
D0804	3d facial surface scan - indirect			
D1110	Prophylaxis - adult	Two per calendar year	100%	100%
D1120	Prophylaxis - child	N/A	100%	100%
D1206	Topical application of fluoride varnish			
D1208	Topical application of fluoride - excluding varnish			
D1301	Immunization counseling			
D1310	Nutritional counseling for control of dental disease			
D1320	Tobacco counseling for the control and prevention of oral disease			
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use			
D1330	Oral hygiene instructions			
D1351	Sealant - per tooth			
D1353	Sealant repair - per tooth			
D1354	Application of caries arresting medicament - per tooth			
D1355	Caries preventive medicament application - per tooth			
D1510	Space maintainer - fixed, unilateral- per quadrant			
D1516	Space maintainer - fixed - bilateral, maxillary			
D1517	Space maintainer - fixed - bilateral, mandibular			
D1520	Space maintainer - removable, unilateral- per quadrant			
D1526	Space maintainer - removable - bilateral, maxillary			
D1527	Space maintainer - removable - bilateral, mandibular			
D1551	Re-cement or re-bond bilateral space maintainer - maxillary			
D1552	Re-cement or re-bond bilateral space maintainer - mandibular			
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant			
D1556	Removal of fixed unilateral space maintainer - per quadrant			
D1557	Removal of fixed bilateral space maintainer - maxillary			
D1558	Removal of fixed bilateral space maintainer - mandibular			
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant			
D2140	Amalgam - one surface, primary or permanent	Two procedures from this code group per tooth every calendar year	100%	100%
D2150	Amalgam - two surfaces, primary or permanent			
D2160	Amalgam - three surfaces, primary or permanent			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D2161	Amalgam - four or more surfaces, primary or permanent	Two procedures from this code group per tooth every calendar year	100%	100%
D2330	Resin-based composite - one surface, anterior			
D2331	Resin-based composite - two surfaces, anterior			
D2332	Resin-based composite - three surfaces, anterior			
D2335	Resin-based composite - four or more surfaces (anterior)			
D2390	Resin-based composite crown, anterior			
D2391	Resin-based composite - one surface, posterior			
D2392	Resin-based composite - two surfaces, posterior			
D2393	Resin-based composite - three surfaces, posterior			
D2394	Resin-based composite - four or more surfaces, posterior			
D2410	Gold foil - one surface			
D2420	Gold foil - two surfaces			
D2430	Gold foil - three surfaces			
D2510	Inlay - metallic - one surface	One procedure from this code group per tooth every 5 years	100%	100%
D2520	Inlay - metallic - two surfaces			
D2530	Inlay - metallic - three or more surfaces			
D2542	Onlay - metallic - two surfaces			
D2543	Onlay - metallic - three surfaces			
D2544	Onlay - metallic - four or more surfaces			
D2610	Inlay - porcelain/ceramic - one surface			
D2620	Inlay - porcelain/ceramic - two surfaces			
D2630	Inlay - porcelain/ceramic - three or more surfaces			
D2642	Onlay - porcelain/ceramic - two surfaces			
D2643	Onlay - porcelain/ceramic - three surfaces			
D2644	Onlay - porcelain/ceramic - four or more surfaces			
D2650	Inlay - resin-based composite - one surface			
D2651	Inlay - resin-based composite - two surfaces			
D2652	Inlay - resin-based composite - three or more surfaces			
D2662	Onlay - resin-based composite - two surfaces			
D2663	Onlay - resin-based composite - three surfaces			
D2664	Onlay - resin-based composite - four or more surfaces			
D2710	Crown - resin-based composite (indirect)	One procedure from this code group per tooth every 5 years	100%	100%
D2712	Crown - ¾ resin-based composite (indirect)			
D2720	Crown - resin with high noble metal			
D2721	Crown - resin with predominantly base metal			
D2722	Crown - resin with noble metal			
D2740	Crown - porcelain/ceramic			
D2750	Crown - porcelain fused to high noble metal			
D2751	Crown - porcelain fused to predominantly base metal			
D2752	Crown - porcelain fused to noble metal			
D2753	Crown - porcelain fused to titanium and titanium alloys			
D2780	Crown - 3/4 cast high noble metal			
D2781	Crown - 3/4 cast predominantly base metal			
D2782	Crown - 3/4 cast noble metal			
D2783	Crown - 3/4 porcelain/ceramic			
D2790	Crown - full cast high noble metal			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D2791	Crown - full cast predominantly base metal	One procedure from this code group per tooth every 5 years	100%	100%
D2792	Crown - full cast noble metal			
D2794	Crown - titanium and titanium alloys			
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	N/A	100%	100%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure from this code group per tooth per calendar year	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core			
D2920	Re-cement or re-bond crown			
D2921	Reattachment of tooth fragment, incisal edge or cusp	N/A	100%	100%
D2928	Prefabricated porcelain/ceramic crown - permanent tooth			
D2929	Prefabricated porcelain/ceramic crown - primary tooth			
D2930	Prefabricated stainless steel crown - primary tooth			
D2931	Prefabricated stainless steel crown - permanent tooth			
D2932	Prefabricated resin crown			
D2933	Prefabricated stainless steel crown with resin window			
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth			
D2940	Placement of interim direct restoration			
D2949	Restorative foundation for an indirect restoration			
D2950	Core buildup, including any pins when required			
D2951	Pin retention - per tooth, in addition to restoration	One procedure from this code group per tooth every 5 years	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated			
D2953	Each additional indirectly fabricated post - same tooth			
D2954	Prefabricated post and core in addition to crown	One per tooth per five years	100%	100%
D2955	Post removal			
D2956	Removal of an indirect restoration on a natural tooth			
D2957	Each additional prefabricated post - same tooth	One per tooth per five years	100%	100%
D2960	Labial veneer (resin laminate) - direct	One procedure from this code group per tooth every 5 years	100%	100%
D2961	Labial veneer (resin laminate) - indirect			
D2962	Labial veneer (porcelain laminate) - indirect			
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	N/A	100%	100%
D2975	Coping			
D2976	Band stabilization - per tooth			
D2980	Crown repair necessitated by restorative material failure	One per tooth per calendar year	100%	100%
D2981	Inlay repair necessitated by restorative material failure			
D2982	Onlay repair necessitated by restorative material failure			
D2983	Veneer repair necessitated by restorative material failure			
D2989	Excavation of a tooth resulting in the determination of non-restorability	N/A	100%	100%
D2990	Resin infiltration of incipient smooth surface lesions			
D2991	Application of hydroxyapatite regeneration medicament - per tooth			
D3110	Pulp cap - direct (excluding final restoration)			
D3120	Pulp cap - indirect (excluding final restoration)			
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament			
D3221	Pulpal debridement, primary and permanent teeth			
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	N/A	100%	100%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One procedure from this code group per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)			
D3330	Endodontic therapy, molar tooth (excluding final restoration)			
D3331	Treatment of root canal obstruction; non-surgical access	N/A	100%	100%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth			
D3333	Internal root repair of perforation defects			
D3346	Retreatment of previous root canal therapy - anterior	One procedure from this code group per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy - premolar			
D3348	Retreatment of previous root canal therapy - molar			
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	N/A	100%	100%
D3352	Apexification/recalcification - interim medication replacement			
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)			
D3355	Pulpal regeneration - initial visit			
D3356	Pulpal regeneration - interim medication replacement			
D3357	Pulpal regeneration - completion of treatment			
D3410	Apicoectomy - anterior			
D3421	Apicoectomy - premolar (first root)			
D3425	Apicoectomy - molar (first root)			
D3426	Apicoectomy (each additional root)			
D3428	Bone graft in conjunction with periradicular surgery- per tooth, single site			
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site			
D3430	Retrograde filling - per root			
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery			
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery			
D3450	Root amputation - per root			
D3470	Intentional re-implantation (including necessary splinting)			
D3471	Surgical repair of root resorption - anterior			
D3472	Surgical repair of root resorption - premolar			
D3473	Surgical repair of root resorption - molar			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar			
D3910	Surgical procedure for isolation of tooth with rubber dam			
D3911	Intraorifice barrier			
D3920	Hemisection (including any root removal), not including root canal therapy			
D3921	Decoronation or submergence of an erupted tooth			
D3950	Canal preparation and fitting of preformed dowel or post			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*			
CDT Code	Description	Frequency					
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	N/A	100%	100%			
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant						
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth						
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant						
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant						
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant						
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant						
D4245	Apically positioned flap						
D4249	Clinical crown lengthening - hard tissue						
D4260	Osseous surgery (including elevation of a full thickness flap and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant						
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant						
D4263	Bone replacement graft- retained natural tooth -first site in quadrant						
D4264	Bone replacement graft- retained natural tooth- each additional site in quadrant						
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site						
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site						
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site						
D4268	Surgical revision procedure, per tooth						
D4270	Pedicle soft tissue graft procedure						
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft						
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)						
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft						
D4276	Combined connective tissue and pedicle graft, per tooth						
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft						
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site						
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site						
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site						
D4286	Removal of non-resorbable barrier						
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns						
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns						
D4341	Periodontal scaling and root planing - four or more teeth per quadrant				One procedure from this code group per quad every 2 years	100%	100%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant						
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	N/A	100%	100%			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One per lifetime	100%	100%
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	N/A	100%	100%
D4910	Periodontal maintenance	Two per calendar year following perio therapy	100%	100%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	N/A	100%	100%
D4921	Gingival irrigation with a medicinal agent - per quadrant			
D5110	Complete denture - maxillary			
D5120	Complete denture - mandibular			
D5130	Immediate denture - maxillary			
D5140	Immediate denture - mandibular			
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)			
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)			
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)			
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)			
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)			
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	One procedure from this code group, including D5877 and D5878, per arch every 5 years	100%	100%
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)			
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)			
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)			
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)			
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)			
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary			
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular			
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth - per quadrant)			
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant			
D5410	Adjust complete denture - maxillary			
D5411	Adjust complete denture - mandibular			
D5421	Adjust partial denture - maxillary			
D5422	Adjust partial denture - mandibular	N/A	100%	100%
D5511	Repair broken complete denture base, mandibular			
D5512	Repair broken complete denture base, maxillary			
D5520	Replace missing or broken teeth - complete denture - per tooth			

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*			
CDT Code	Description	Frequency					
D5611	Repair resin partial denture base, mandibular	N/A	100%	100%			
D5612	Repair resin partial denture base, maxillary						
D5621	Repair cast partial framework, mandibular						
D5622	Repair cast partial framework, maxillary						
D5630	Repair or replace broken retentive clasping materials - per tooth						
D5640	Replace missing or broken teeth - partial denture - per tooth						
D5650	Add tooth to existing partial denture - per tooth						
D5660	Add clasp to existing partial denture - per tooth						
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)						
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)						
D5710	Rebase complete maxillary denture						
D5711	Rebase complete mandibular denture						
D5720	Rebase maxillary partial denture						
D5721	Rebase mandibular partial denture						
D5725	Rebase hybrid prosthesis						
D5730	Reline complete maxillary denture (direct)						
D5731	Reline complete mandibular denture (direct)						
D5740	Reline maxillary partial denture (direct)						
D5741	Reline mandibular partial denture (direct)						
D5750	Reline complete maxillary denture (indirect)						
D5751	Reline complete mandibular denture (indirect)						
D5760	Reline maxillary partial denture (indirect)						
D5761	Reline mandibular partial denture (indirect)						
D5765	Soft liner for complete or partial removable denture - indirect						
D5810	Interim complete denture (maxillary)						
D5811	Interim complete denture (mandibular)						
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary						
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular						
D5850	Tissue conditioning, maxillary						
D5851	Tissue conditioning, mandibular						
D5862	Precision attachment, by report						
D5863	Overdenture - complete maxillary - natural tooth borne						
D5864	Overdenture - partial maxillary - natural tooth borne						
D5865	Overdenture - complete mandibular - natural tooth borne						
D5866	Overdenture - partial mandibular - natural tooth borne						
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment						
D5876	Add metal substructure to acrylic complete denture - per arch						
D5877	Duplication of complete denture - maxillary				One procedure from this code group including D5110, D5120, D5130, and D5140, per arch every 5 years	100%	100%
D5878	Duplication of complete denture - mandibular						
D5991	Vesiculobullous disease medicament carrier				N/A	100%	100%
D5992	Adjust maxillofacial prosthetic appliance, by report						
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report						

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Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	N/A	100%	100%
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular			
D6205	Pontic - indirect resin based composite	One procedure from this code group per tooth every 5 years	100%	100%
D6210	Pontic - cast high noble metal			
D6211	Pontic - cast predominantly base metal			
D6212	Pontic - cast noble metal			
D6214	Pontic - titanium and titanium alloys			
D6240	Pontic - porcelain fused to high noble metal			
D6241	Pontic - porcelain fused to predominantly base metal			
D6242	Pontic - porcelain fused to noble metal			
D6243	Pontic - porcelain fused to titanium and titanium alloys			
D6245	Pontic - porcelain/ceramic			
D6250	Pontic - resin with high noble metal			
D6251	Pontic - resin with predominantly base metal			
D6252	Pontic - resin with noble metal			
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	N/A	100%	100%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	One D6545, D6548 or D6720-D6792 per tooth per 5 years	100%	100%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis			
D6549	Retainer - resin bonded fixed prosthesis	N/A	100%	100%
D6600	Retainer inlay - porcelain/ceramic, two surfaces	One procedure from this code group per tooth every 5 years	100%	100%
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces			
D6602	Retainer inlay - cast high noble metal, two surfaces			
D6603	Retainer inlay - cast high noble metal, three or more surfaces			
D6604	Retainer inlay - cast predominantly base metal, two surfaces			
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces			
D6606	Retainer inlay - cast noble metal, two surfaces			
D6607	Retainer inlay - cast noble metal, three or more surfaces			
D6608	Retainer onlay - porcelain/ceramic, two surfaces			
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces			
D6610	Retainer onlay - cast high noble metal, two surfaces			
D6611	Retainer onlay - cast high noble metal, three or more surfaces			
D6612	Retainer onlay - cast predominantly base metal, two surfaces			
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces			
D6614	Retainer onlay - cast noble metal, two surfaces			
D6615	Retainer onlay - cast noble metal, three or more surfaces			
D6624	Retainer inlay - titanium			
D6634	Retainer onlay - titanium			
D6710	Retainer crown - indirect resin based composite	N/A	100%	100%
D6720	Retainer crown - resin with high noble metal	One D6545, D6548 or D6720-D6792 per tooth per 5 years	100%	100%
D6721	Retainer crown - resin with predominantly base metal			
D6722	Retainer crown - resin with noble metal			
D6740	Retainer crown - porcelain/ceramic			
D6750	Retainer crown - porcelain fused to high noble metal			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D6751	Retainer crown - porcelain fused to predominantly base metal	One D6545, D6548 or D6720-D6792 per tooth per 5 years	100%	100%
D6752	Retainer crown - porcelain fused to noble metal			
D6753	Retainer crown - porcelain fused to titanium and titanium alloys			
D6780	Retainer crown - 3/4 cast high noble metal			
D6781	Retainer crown - 3/4 cast predominantly base metal			
D6782	Retainer crown - 3/ 4 cast noble metal			
D6783	Retainer crown - 3/4 porcelain/ceramic			
D6784	Retainer crown ¾ - titanium and titanium alloys			
D6790	Retainer crown - full cast high noble metal			
D6791	Retainer crown - full cast predominantly base metal			
D6792	Retainer crown - full cast noble metal			
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression			
D6794	Retainer crown - titanium and titanium alloys			
D6920	Connector bar			
D6930	Re-cement or re-bond fixed partial denture			
D6940	Stress breaker			
D6950	Precision attachment			
D6980	Fixed partial denture repair necessitated by restorative material failure	One extraction per tooth per lifetime	100%	100%
D6985	Pediatric partial denture, fixed			
D7111	Extraction, coronal remnants - primary tooth			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated			
D7220	Removal of impacted tooth - soft tissue			
D7230	Removal of impacted tooth - partially bony			
D7240	Removal of impacted tooth - completely bony			
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications			
D7250	Removal of residual tooth roots (cutting procedure)			
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	N/A	100%	100%
D7260	Oroantral fistula closure			
D7261	Placement of temporary anchorage device [screw retained plate] requiring flap			
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)			
D7280	Exposure of an unerupted tooth			
D7282	Mobilization of erupted or malpositioned tooth to aid eruption			
D7283	Placement of device to facilitate eruption of impacted tooth			
D7290	Surgical repositioning of teeth			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report			
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap			
D7293	Placement of temporary anchorage device requiring flap			
D7294	Placement of temporary anchorage device without flap			
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap			
D7299	Removal of temporary anchorage device, requiring flap			
D7300	Removal of temporary anchorage device without flap			
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.



Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	N/A	100%	100%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces,perquadrant			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces,perquadrant			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)			
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)			
D7471	Removal of lateral exostosis (maxilla or mandible)			
D7472	Removal of torus palatinus			
D7473	Removal of torus mandibularis			
D7485	Reduction of osseous tuberosity			
D7921	Collection and application of autologous blood concentrate product			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site			
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation			
D7953	Bone replacement graft for ridge preservation - per site			
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site			
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site			
D7961	Buccal / labial frenectomy (frenulectomy)			
D7962	Lingual frenectomy (frenulectomy)			
D7963	Frenuloplasty			
D7970	Excision of hyperplastic tissue - per arch			
D7971	Excision of pericoronal gingiva			
D7972	Surgical reduction of fibrous tuberosity			
D7979	Non - surgical sialolithotomy			
D7998	Intraoral placement of a fixation device not in conjunction with a fracture			
D9110	Palliative treatment of dental pain - per visit			
D9120	Fixed partial denture sectioning			
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof			
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof			
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies			
D9210	Local anesthesia not in conjunction with operative or surgical procedures			
D9211	Regional block anesthesia			
D9212	Trigeminal division block anesthesia			
D9215	Local anesthesia in conjunction with operative or surgical procedures			
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia			
D9222	Administration of deep sedation/general anesthesia -first 15 minute increment, or any portion thereof			
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof			
D9224	Administration of general anesthesia with advanced airway-first 15 minute increment, or any portion thereof			
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof			
D9230	Administration of nitrous oxide			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.



Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof	N/A	100%	100%
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof			
D9244	In-office administration of minimal sedation - single drug - enteral			
D9245	Administration of moderate sedation - enteral			
D9246	Administration of moderate sedation - non-intravenous parenteral- first 15 minute increment, or any portion thereof			
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof			
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician			
D9311	Consultation with a medical health care professional			
D9410	House/extended care facility call			
D9420	Hospital or ambulatory surgical center call			
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed			
D9440	Office visit - after regularly scheduled hours			
D9450	Case presentation, subsequent to detailed and extensive treatment planning			
D9610	Therapeutic parenteral drug, single administration			
D9612	Therapeutic parenteral drugs, two or more administrations, different medications			
D9613	Infiltration of sustained release therapeutic drug, per quadrant			
D9630	Drugs or medicaments dispensed in the office for home use			
D9910	Application of desensitizing medicament			
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth			
D9912	Pre-visit patient screening			
D9920	Behavior management, by report			
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report			
D9932	Cleaning and inspection of removable complete denture, maxillary			
D9933	Cleaning and inspection of removable complete denture, mandibular			
D9934	Cleaning and inspection of removable partial denture, maxillary			
D9935	Cleaning and inspection of removable partial denture, mandibular			
D9936	Cleaning and inspection of occlusal guard - per appliance			
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance			
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance			
D9941	Fabrication of athletic mouthguard			
D9942	Repair and/or reline of occlusal guard			
D9943	Occlusal guard adjustment			
D9944	Occlusal guard - hard appliance, full arch			
D9945	Occlusal guard - soft appliance, full arch			
D9946	Occlusal guard - hard appliance, partial arch			
D9947	Custom sleep apnea appliance fabrication and placement			
D9948	Adjustment of custom sleep apnea appliance			
D9949	Repair of custom sleep apnea appliance			
D9950	Occlusion analysis - mounted case			
D9951	Occlusal adjustment - limited			
D9952	Occlusal adjustment - complete			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D9953	Reline custom sleep apnea appliance (indirect)	N/A	100%	100%
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device			
D9955	Oral appliance therapy (oat) titration visit			
D9970	Enamel microabrasion			
D9971	Odontoplasty - per tooth			
D9992	Dental case management care coordination			
D9993	Dental case management motivational interviewing			
D9994	Dental case management patient education to improve oral health literacy			
D9995	Teledentistry - synchronous; real-time encounter			
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review			
D9997	Dental case management - patients with special health care needs			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
- Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
- Fees related to missed 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.
- Orthodontic and all orthodontic related services are not covered
- Implants and all implant related services are not covered
- Maxillofacial prosthetics are not covered
- Dental services performed for cosmetic and/or aesthetic reasons are not covered
- Tooth bleaching and/or enamel microabrasion services are not covered
- Unspecified services by report (Dental codes: D##99) are not covered
- Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
- Elective services are not covered
- General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.



Enhanced SNP EPO POS Mandatory, Enhanced SNP PPO Mandatory (continued)

16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, relines, or rebase are not covered.
23. Denture relines and rebase, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, relines, or rebase are not covered.
25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.

Aetna Medicare Advantage



Essential PPO 100/50 & Essential EPO POS 100/50

This Aetna Dental® Medicare plan offers in- and out-of-network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- Covered services performed by out-of-network providers are reimbursed at 50%
- Annual maximum applied to all services
- Annual maximum varies by contract
- Frequency limitations do not apply
- Clinical claim review may be performed
- Alternate benefits may apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0120	Periodic oral evaluation - established patient	100%	50%
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		
D0171	Re-evaluation - post-operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intraoral - comprehensive series of radiographic images		
D0220	Intraoral - periapical first radiographic image		
D0230	Intraoral - periapical each additional radiographic image		
D0240	Intraoral - occlusal radiographic image		
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewing - single radiographic image		
D0272	Bitewings - two radiographic images		
D0273	Bitewings - three radiographic images		
D0274	Bitewings - four radiographic images		
D0277	Vertical bitewings - 7 to 8 radiographic images		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0310	Sialography		
D0320	Temporomandibular joint arthrogram, including injection		
D0321	Other temporomandibular joint radiographic images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2d cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam ct capture and interpretation with limited field of view - less than one whole jaw		
D0365	Cone beam ct capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium		
D0367	Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium		
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures		
D0369	Maxillofacial mri capture and interpretation		
D0370	Maxillofacial ultrasound capture and interpretation		
D0371	Sialoendoscopy capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam ct image capture with limited field of view - less than one whole jaw		
D0381	Cone beam ct image capture with field of view of one full dental arch - mandible		
D0382	Cone beam ct image capture with field of view of one full dental arch - maxilla, with or without cranium	100%	50%
D0383	Cone beam ct image capture with field of view of both jaws; with or without cranium		
D0384	Cone beam ct image capture for tmj series including two or more exposures		
D0385	Maxillofacial mri image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Virtual treatment simulation using 3d image volume or surface scan		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3d image volumes of one or more modalities		
D0396	3d printing of a 3d dental surface scan		
D0411	Hba1c in-office point of service testing		
D0412	Blood glucose level test- in-office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory analysis		
D0418	Analysis of saliva sample - laboratory		
D0419	Assessment of salivary flow by measurement		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0426	Collection, preparation, and analysis of saliva sample - point-of-care		
D0460	Pulp vitality tests		
D0461	Testing for cracked tooth		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in-situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	100%	50%
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen, including coronavirus		
D0605	Antibody testing for a public health related pathogen, including coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral- periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral - comprehensive series of radiographic images - image capture only		
D0801	3d intraoral surface scan - direct		
D0802	3d dental surface scan - indirect		
D0803	3d facial surface scan -direct		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0804	3d facial surface scan - indirect		
D1110	Prophylaxis - adult		
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1353	Sealant repair - per tooth		
D1354	Application of caries arresting medicament - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed, unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable, unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	100%	50%
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer - per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant		
D2140	Amalgam - one surface, primary or permanent		
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
D2410	Gold foil - one surface		
D2420	Gold foil - two surfaces		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2430	Gold foil - three surfaces		
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
D2610	Inlay - porcelain/ceramic - one surface		
D2620	Inlay - porcelain/ceramic - two surfaces		
D2630	Inlay - porcelain/ceramic - three or more surfaces		
D2642	Onlay - porcelain/ceramic - two surfaces		
D2643	Onlay - porcelain/ceramic - three surfaces		
D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
D2662	Onlay - resin-based composite - two surfaces		
D2663	Onlay - resin-based composite - three surfaces		
D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
D2712	Crown - ¾ resin-based composite (indirect)		
D2720	Crown - resin with high noble metal	100%	50%
D2721	Crown - resin with predominantly base metal		
D2722	Crown - resin with noble metal		
D2740	Crown - porcelain/ceramic		
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium and titanium alloys		
D2780	Crown - 3/4 cast high noble metal		
D2781	Crown - 3/4 cast predominantly base metal		
D2782	Crown - 3/4 cast noble metal		
D2783	Crown - 3/4 porcelain/ceramic		
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2794	Crown - titanium and titanium alloys		
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Re-cement or re-bond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth		
D2940	Placement of interim direct restoration		
D2949	Restorative foundation for an indirect restoration		
D2950	Core buildup, including any pins when required		
D2951	Pin retention - per tooth, in addition to restoration		
D2952	Post and core in addition to crown, indirectly fabricated		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
D2955	Post removal		
D2956	Removal of an indirect restoration on a natural tooth		
D2957	Each additional prefabricated post - same tooth		
D2960	Labial veneer (resin laminate) - direct		
D2961	Labial veneer (resin laminate) - indirect		
D2962	Labial veneer (porcelain laminate) - indirect		
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework		
D2975	Coping	100%	50%
D2976	Band stabilization - per tooth		
D2980	Crown repair necessitated by restorative material failure		
D2981	Inlay repair necessitated by restorative material failure		
D2982	Onlay repair necessitated by restorative material failure		
D2983	Veneer repair necessitated by restorative material failure		
D2989	Excavation of a tooth resulting in the determination of non-restorability		
D2990	Resin infiltration of incipient smooth surface lesions		
D2991	Application of hydroxyapatite regeneration medicament - per tooth		
D3110	Pulp cap - direct (excluding final restoration)		
D3120	Pulp cap - indirect (excluding final restoration)		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		
D3221	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth (excluding final restoration)		
D3331	Treatment of root canal obstruction; non-surgical access		
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D3333	Internal root repair of perforation defects		
D3346	Retreatment of previous root canal therapy - anterior		
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration - interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional re-implantation (including necessary splinting)	100%	50%
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3911	Intraorifice barrier		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D4260	Osseous surgery (including elevation of a full thickness flap and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site		
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site		
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and pedicle graft, per tooth		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	100%	50%
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant		
D4342	Periodontal scaling and root planing - one to three teeth per quadrant		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		
D4921	Gingival irrigation with a medicinal agent - per quadrant		
D5110	Complete denture - maxillary		
D5120	Complete denture - mandibular		
D5130	Immediate denture - maxillary		
D5140	Immediate denture - mandibular		
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular	100%	50%
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary denture (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture - indirect		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary - natural tooth borne		
D5864	Overdenture - partial maxillary - natural tooth borne		
D5865	Overdenture - complete mandibular - natural tooth borne		
D5866	Overdenture - partial mandibular - natural tooth borne		
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment		
D5876	Add metal substructure to acrylic complete denture - per arch		
D5877	Duplication of complete denture - maxillary		
D5878	Duplication of complete denture - mandibular	100%	50%
D5991	Vesiculobullous disease medicament carrier		
D5992	Adjust maxillofacial prosthetic appliance, by report		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal- laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal- laboratory processed - mandibular		
D6205	Pontic - indirect resin based composite		
D6210	Pontic - cast high noble metal		
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6214	Pontic - titanium and titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium and titanium alloys		
D6245	Pontic - porcelain/ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression		
D6545	Retainer - cast metal for resin bonded fixed prosthesis		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Retainer- resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces		
D6602	Retainer inlay - cast high noble metal, two surfaces		
D6603	Retainer inlay - cast high noble metal, three or more surfaces		
D6604	Retainer inlay - cast predominantly base metal, two surfaces		
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		
D6606	Retainer inlay - cast noble metal, two surfaces		
D6607	Retainer inlay - cast noble metal, three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		
D6610	Retainer onlay - cast high noble metal, two surfaces		
D6611	Retainer onlay - cast high noble metal, three or more surfaces		
D6612	Retainer onlay - cast predominantly base metal, two surfaces		
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		
D6614	Retainer onlay - cast noble metal, two surfaces		
D6615	Retainer onlay - cast noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite	100%	50%
D6720	Retainer crown - resin with high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		
D6780	Retainer crown - 3/4 cast high noble metal		
D6781	Retainer crown - 3/4 cast predominantly base metal		
D6782	Retainer crown - 3/4 cast noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown ^{3/4} - titanium and titanium alloys		
D6790	Retainer crown - full cast high noble metal		
D6791	Retainer crown - full cast predominantly base metal		
D6792	Retainer crown - full cast noble metal		
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression		
D6794	Retainer crown - titanium and titanium alloys		
D6920	Connector bar		
D6930	Re-cement or re-bond fixed partial denture		
D6940	Stress breaker		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D6950	Precision attachment		
D6980	Fixed partial denture repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
D7111	Extraction, coronal remnants - primary tooth		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted tooth - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only		
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	100%	50%
D7293	Placement of temporary anchorage device requiring flap		
D7294	Placement of temporary anchorage device without flap		
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap		
D7299	Removal of temporary anchorage device, requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis (maxilla or mandible)		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal / labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
D9110	Palliative treatment of dental pain - per visit		
D9120	Fixed partial denture sectioning		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof		
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Administration of deep sedation/general anesthesia -first 15 minute increment, or any portion thereof		
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof	100%	50%
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		
D9230	Administration of nitrous oxide		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		
D9244	In-office administration of minimal sedation - single drug - enteral		
D9245	Administration of moderate sedation - enteral		
D9246	Administration of moderate sedation - non-intravenous parenteral-first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation - non-intravenous parenteral- each subsequent 15 minute increment, or any portion thereof		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		
D9311	Consultation with a medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, subsequent to detailed and extensive treatment planning		
D9610	Therapeutic parenteral drug, single administration		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		

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Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D9613	Infiltration of sustained release therapeutic drug, per quadrant		
D9630	Drugs or medicaments dispensed in the office for home use		
D9910	Application of desensitizing medicament		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9936	Cleaning and inspection of occlusal guard - per appliance		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch	100%	50%
D9946	Occlusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device		
D9955	Oral appliance therapy (oat) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty - per tooth		
D9992	Dental case management care coordination		
D9993	Dental case management motivational interviewing		
D9994	Dental case management patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

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Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
2. Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.

Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

3. Fees related to missed appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.
4. 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.
5. 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.
6. 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.
7. Orthodontic and all orthodontic related services are not covered
8. Implants and all implant related services are not covered
9. Maxillofacial prosthetics are not covered
10. Dental services performed for cosmetic and/or aesthetic reasons are not covered
11. Tooth bleaching and/or enamel microabrasion services are not covered
12. Unspecified services by report (Dental codes: 0###99) are not covered
13. Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
14. Elective services are not covered
15. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.
16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, relines, or rebase are not covered.
23. Denture relines and rebase, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, relines, or rebase are not covered.
25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.



Essential PPO 100/50 & Essential EPO POS 100/50 (continued)

27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.



Aetna Medicare Advantage



Essential PPO 100/80 & Essential EPO POS 100/80

This Aetna Dental® Medicare plan offers in- and out-of-network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- Covered services performed by out-of-network providers are reimbursed at 80%
- Annual maximum applied to all services
- Annual maximum varies by contract
- Frequency limitations do not apply
- Clinical claim review may be performed
- Alternate benefits may apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	100%	80%
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0426	Collection, preparation, and analysis of saliva sample - point-of-care		
D0460	Pulp vitality tests		
D0461	Testing for cracked tooth		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in-situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen, including coronavirus		
D0605	Antibody testing for a public health related pathogen, including coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral- periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral - comprehensive series of radiographic images - image capture only		
D0801	3d intraoral surface scan - direct		
D0802	3d dental surface scan - indirect		
D0803	3d facial surface scan -direct		
D0804	3d facial surface scan - indirect	100%	80%
D1110	Prophylaxis - adult		
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1353	Sealant repair - per tooth		
D1354	Application of caries arresting medicament - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed, unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable, unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer - per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant		
D2140	Amalgam - one surface, primary or permanent		
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
D2410	Gold foil - one surface		
D2420	Gold foil - two surfaces		
D2430	Gold foil - three surfaces	100%	80%
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
D2610	Inlay - porcelain/ceramic - one surface		
D2620	Inlay - porcelain/ceramic - two surfaces		
D2630	Inlay - porcelain/ceramic - three or more surfaces		
D2642	Onlay - porcelain/ceramic - two surfaces		
D2643	Onlay - porcelain/ceramic - three surfaces		
D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
D2662	Onlay - resin-based composite - two surfaces		
D2663	Onlay - resin-based composite - three surfaces		
D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
D2712	Crown - ¾ resin-based composite (indirect)		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.



Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2720	Crown - resin with high noble metal		
D2721	Crown - resin with predominantly base metal		
D2722	Crown - resin with noble metal		
D2740	Crown - porcelain/ceramic		
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium and titanium alloys		
D2780	Crown - 3/ 4 cast high noble metal		
D2781	Crown - 3/ 4 cast predominantly base metal		
D2782	Crown - 3/ 4 cast noble metal		
D2783	Crown - 3/4 porcelain/ceramic		
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2794	Crown - titanium and titanium alloys		
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Re-cement or re-bond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp	100%	80%
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth		
D2940	Placement of interim direct restoration		
D2949	Restorative foundation for an indirect restoration		
D2950	Core buildup, including any pins when required		
D2951	Pin retention - per tooth, in addition to restoration		
D2952	Post and core in addition to crown, indirectly fabricated		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
D2955	Post removal		
D2956	Removal of an indirect restoration on a natural tooth		
D2957	Each additional prefabricated post - same tooth		
D2960	Labial veneer (resin laminate) - direct		
D2961	Labial veneer (resin laminate) - indirect		
D2962	Labial veneer (porcelain laminate) - indirect		
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2975	Coping		
D2976	Band stabilization - per tooth		
D2980	Crown repair necessitated by restorative material failure		
D2981	Inlay repair necessitated by restorative material failure		
D2982	Onlay repair necessitated by restorative material failure		
D2983	Veneer repair necessitated by restorative material failure		
D2989	Excavation of a tooth resulting in the determination of non-restorability		
D2990	Resin infiltration of incipient smooth surface lesions		
D2991	Application of hydroxyapatite regeneration medicament - per tooth		
D3110	Pulp cap - direct (excluding final restoration)		
D3120	Pulp cap - indirect (excluding final restoration)		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		
D3221	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth (excluding final restoration)		
D3331	Treatment of root canal obstruction; non-surgical access		
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	100%	80%
D3333	Internal root repair of perforation defects		
D3346	Retreatment of previous root canal therapy - anterior		
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration - interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		
D3450	Root amputation - per root		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D3470	Intentional re-implantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3911	Intraorifice barrier		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue	100%	80%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site		
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site		
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and pedicle graft, per tooth		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.



Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant		
D4342	Periodontal scaling and root planing - one to three teeth per quadrant		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		
D4921	Gingival irrigation with a medicinal agent - per quadrant		
D5110	Complete denture - maxillary		
D5120	Complete denture - mandibular		
D5130	Immediate denture - maxillary		
D5140	Immediate denture - mandibular		
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	100%	80%
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary denture (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)	100%	80%
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture - indirect		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary - natural tooth borne		
D5864	Overdenture - partial maxillary - natural tooth borne		
D5865	Overdenture - complete mandibular - natural tooth borne		
D5866	Overdenture - partial mandibular - natural tooth borne		
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment		
D5876	Add metal substructure to acrylic complete denture - per arch		
D5877	Duplication of complete denture - maxillary		
D5878	Duplication of complete denture - mandibular		
D5991	Vesiculobullous disease medicament carrier		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5992	Adjust maxillofacial prosthetic appliance, by report		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal- laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal- laboratory processed - mandibular		
D6205	Pontic - indirect resin based composite		
D6210	Pontic - cast high noble metal		
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6214	Pontic - titanium and titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium and titanium alloys		
D6245	Pontic - porcelain/ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression		
D6545	Retainer - cast metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Retainer- resin bonded fixed prosthesis	100%	80%
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces		
D6602	Retainer inlay - cast high noble metal, two surfaces		
D6603	Retainer inlay - cast high noble metal, three or more surfaces		
D6604	Retainer inlay - cast predominantly base metal, two surfaces		
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		
D6606	Retainer inlay - cast noble metal, two surfaces		
D6607	Retainer inlay - cast noble metal, three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		
D6610	Retainer onlay - cast high noble metal, two surfaces		
D6611	Retainer onlay - cast high noble metal, three or more surfaces		
D6612	Retainer onlay - cast predominantly base metal, two surfaces		
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		
D6614	Retainer onlay - cast noble metal, two surfaces		
D6615	Retainer onlay - cast noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite		
D6720	Retainer crown - resin with high noble metal		
D6721	Retainer crown - resin with predominantly base metal		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		
D6780	Retainer crown - 3/4 cast high noble metal		
D6781	Retainer crown - 3/4 cast predominantly base metal		
D6782	Retainer crown - 3/4 cast noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown ^{3/4} - titanium and titanium alloys		
D6790	Retainer crown - full cast high noble metal		
D6791	Retainer crown - full cast predominantly base metal		
D6792	Retainer crown - full cast noble metal		
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression		
D6794	Retainer crown - titanium and titanium alloys		
D6920	Connector bar		
D6930	Re-cement or re-bond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed	100%	80%
D7111	Extraction, coronal remnants - primary tooth		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted tooth - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only		
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap		
D7293	Placement of temporary anchorage device requiring flap		
D7294	Placement of temporary anchorage device without flap		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap		
D7299	Removal of temporary anchorage device, requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis (maxilla or mandible)		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal / labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)	100%	80%
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
D9110	Palliative treatment of dental pain - per visit		
D9120	Fixed partial denture sectioning		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof		
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Administration of deep sedation/general anesthesia -first 15 minute increment, or any portion thereof		
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof		
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D9230	Administration of nitrous oxide		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		
D9244	In-office administration of minimal sedation - single drug - enteral		
D9245	Administration of moderate sedation - enteral		
D9246	Administration of moderate sedation - non-intravenous parenteral-first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation - non-intravenous parenteral- each subsequent 15 minute increment, or any portion thereof		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		
D9311	Consultation with a medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, subsequent to detailed and extensive treatment planning		
D9610	Therapeutic parenteral drug, single administration		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug, per quadrant		
D9630	Drugs or medicaments dispensed in the office for home use		
D9910	Application of desensitizing medicament		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening	100%	80%
D9920	Behavior management, by report		
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9936	Cleaning and inspection of occlusal guard - per appliance		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		
D9946	Occlusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D9953	Reline custom sleep apnea appliance (indirect)	100%	80%
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device		
D9955	Oral appliance therapy (oat) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty - per tooth		
D9992	Dental case management care coordination		
D9993	Dental case management motivational interviewing		
D9994	Dental case management patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
- Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
- Fees related to missed 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.
- Orthodontic and all orthodontic related services are not covered
- Implants and all implant related services are not covered
- Maxillofacial prosthetics are not covered
- Dental services performed for cosmetic and/or aesthetic reasons are not covered
- Tooth bleaching and/or enamel microabrasion services are not covered
- Unspecified services by report (Dental codes: 0###99) are not covered
- Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
- Elective services are not covered
- General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.
- Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.

Essential PPO 100/80 & Essential EPO POS 100/80 (continued)

17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, reline, or rebase are not covered.
23. Denture reline and rebase, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, reline, or rebase are not covered.
25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.

Aetna Medicare Advantage

Essential INN Only EPO

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

- Covered services performed by in-network providers are reimbursed at 100%
- Annual maximum applied to all services
- Annual maximum varies by contract
- Frequency limitations do not apply
- Clinical claim review may be performed
- Alternate benefits may apply
- No out-of-network coverage

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:		In-network
CDT Code	Description	
D0120	Periodic oral evaluation - established patient	100%
D0140	Limited oral evaluation - problem focused	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	
D0150	Comprehensive oral evaluation - new or established patient	
D0160	Detailed and extensive oral evaluation - problem focused, by report	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	
D0171	Re-evaluation - post-operative office visit	
D0180	Comprehensive periodontal evaluation - new or established patient	
D0190	Screening of a patient	
D0191	Assessment of a patient	
D0210	Intraoral - comprehensive series of radiographic images	
D0220	Intraoral - periapical first radiographic image	
D0230	Intraoral - periapical each additional radiographic image	
D0240	Intraoral - occlusal radiographic image	
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	
D0251	Extra-oral posterior dental radiographic image	
D0270	Bitewing - single radiographic image	
D0272	Bitewings - two radiographic images	
D0273	Bitewings - three radiographic images	
D0383	Cone beam ct image capture with field of view of both jaws; with or without cranium	
D0384	Cone beam ct image capture for tmj series including two or more exposures	
D0385	Maxillofacial mri image capture	
D0386	Maxillofacial ultrasound image capture	
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	

Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	
D0393	Virtual treatment simulation using 3d image volume or surface scan	
D0394	Digital subtraction of two or more images or image volumes of the same modality	
D0395	Fusion of two or more 3d image volumes of one or more modalities	
D0396	3d printing of a 3d dental surface scan	
D0411	Hba1c in-office point of service testing	
D0412	Blood glucose level test - in-office using a glucose meter	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	
D0415	Collection of microorganisms for culture and sensitivity	
D0416	Viral culture	
D0417	Collection and preparation of saliva sample for laboratory analysis	
D0418	Analysis of saliva sample - laboratory	
D0419	Assessment of salivary flow by measurement	
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	
D0423	Genetic test for susceptibility to diseases - specimen analysis	
D0425	Caries susceptibility tests	
D0426	Collection, preparation, and analysis of saliva sample - point-of-care	
D0460	Pulp vitality tests	
D0461	Testing for cracked tooth	
D0470	Diagnostic casts	100%
D0472	Accession of tissue, gross examination, preparation and transmission of written report	
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	
D0475	Decalcification procedure	
D0476	Special stains for microorganisms	
D0477	Special stains, not for microorganisms	
D0478	Immunohistochemical stains	
D0479	Tissue in-situ hybridization, including interpretation	
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	
D0481	Electron microscopy	
D0482	Direct immunofluorescence	
D0483	Indirect immunofluorescence	
D0484	Consultation on slides prepared elsewhere	
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	
D0502	Other oral pathology procedures, by report	
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	
D0601	Caries risk assessment and documentation, with a finding of low risk	
D0602	Caries risk assessment and documentation, with a finding of moderate risk	
D0603	Caries risk assessment and documentation, with a finding of high risk	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D0604	Antigen testing for a public health related pathogen, including coronavirus	
D0605	Antibody testing for a public health related pathogen, including coronavirus	
D0701	Panoramic radiographic image - image capture only	
D0702	2-D cephalometric radiographic image - image capture only	
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	
D0705	Extra-oral posterior dental radiographic image - image capture only	
D0706	Intraoral - occlusal radiographic image - image capture only	
D0707	Intraoral - periapical radiographic image - image capture only	
D0708	Intraoral- bitewing radiographic image - image capture only	
D0709	Intraoral - comprehensive series of radiographic images - image capture only	
D0801	3d intraoral surface scan -direct	
D0802	3d dental surface scan - indirect	
D0803	3d facial surface scan - direct	
D0804	3d facial surface scan - indirect	
D1110	Prophylaxis - adult	
D1120	Prophylaxis - child	
D1206	Topical application of fluoride varnish	
D1208	Topical application of fluoride - excluding varnish	
D1301	Immunization counseling	
D1310	Nutritional counseling for control of dental disease	
D1320	Tobacco counseling for the control and prevention of oral disease	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	100%
D1330	Oral hygiene instructions	
D1351	Sealant - per tooth	
D1353	Sealant repair - per tooth	
D1354	Application of caries arresting medicament - per tooth	
D1355	Caries preventive medicament application - per tooth	
D1510	Space maintainer - fixed, unilateral - per quadrant	
D1516	Space maintainer - fixed - bilateral, maxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer - removable, unilateral - per quadrant	
D1526	Space maintainer - removable - bilateral, maxillary	
D1527	Space maintainer - removable - bilateral, mandibular	
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	
D1556	Removal of fixed unilateral space maintainer - per quadrant	
D1557	Removal of fixed bilateral space maintainer - maxillary	
D1558	Removal of fixed bilateral space maintainer - mandibular	
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	
D2140	Amalgam - one surface, primary or permanent	
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces (anterior)	
D2390	Resin-based composite crown, anterior	
D2391	Resin-based composite - one surface, posterior	
D2392	Resin-based composite - two surfaces, posterior	
D2393	Resin-based composite - three surfaces, posterior	
D2394	Resin-based composite - four or more surfaces, posterior	
D2410	Gold foil - one surface	
D2420	Gold foil - two surfaces	
D2430	Gold foil - three surfaces	
D2510	Inlay - metallic - one surface	
D2520	Inlay - metallic - two surfaces	
D2530	Inlay - metallic - three or more surfaces	
D2542	Onlay - metallic - two surfaces	
D2543	Onlay - metallic - three surfaces	
D2544	Onlay - metallic - four or more surfaces	
D2610	Inlay - porcelain/ceramic - one surface	
D2620	Inlay - porcelain/ceramic - two surfaces	
D2630	Inlay - porcelain/ceramic - three or more surfaces	
D2642	Onlay - porcelain/ceramic - two surfaces	100%
D2643	Onlay - porcelain/ceramic - three surfaces	
D2644	Onlay - porcelain/ceramic - four or more surfaces	
D2650	Inlay - resin-based composite - one surface	
D2651	Inlay - resin-based composite - two surfaces	
D2652	Inlay - resin-based composite - three or more surfaces	
D2662	Onlay - resin-based composite - two surfaces	
D2663	Onlay - resin-based composite - three surfaces	
D2664	Onlay - resin-based composite - four or more surfaces	
D2710	Crown - resin-based composite (indirect)	
D2712	Crown - ¾ resin-based composite (indirect)	
D2720	Crown - resin with high noble metal	
D2721	Crown - resin with predominantly base metal	
D2722	Crown - resin with noble metal	
D2740	Crown - porcelain/ceramic	
D2750	Crown - porcelain fused to high noble metal	
D2751	Crown - porcelain fused to predominantly base metal	
D2752	Crown - porcelain fused to noble metal	
D2753	Crown - porcelain fused to titanium and titanium alloys	
D2780	Crown - 3/4 cast high noble metal	
D2781	Crown - 3/4 cast predominantly base metal	
D2782	Crown - 3/ 4 cast noble metal	
D2783	Crown - 3/4 porcelain/ceramic	

Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D2790	Crown - full cast high noble metal	
D2791	Crown - full cast predominantly base metal	
D2792	Crown - full cast noble metal	
D2794	Crown - titanium and titanium alloys	
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Re-cement or re-bond crown	
D2921	Reattachment of tooth fragment, incisal edge or cusp	
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	
D2929	Prefabricated porcelain/ceramic crown - primary tooth	
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
D2932	Prefabricated resin crown	
D2933	Prefabricated stainless steel crown with resin window	
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	
D2940	Placement of interim direct restoration	
D2949	Restorative foundation for an indirect restoration	
D2950	Core buildup, including any pins when required	
D2951	Pin retention - per tooth, in addition to restoration	
D2952	Post and core in addition to crown, indirectly fabricated	
D2953	Each additional indirectly fabricated post - same tooth	
D2954	Prefabricated post and core in addition to crown	100%
D2955	Post removal	
D2956	Removal of an indirect restoration on a natural tooth	
D2957	Each additional prefabricated post - same tooth	
D2960	Labial veneer (resin laminate) - direct	
D2961	Labial veneer (resin laminate) - indirect	
D2962	Labial veneer (porcelain laminate) - indirect	
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	
D2975	Coping	
D2976	Band stabilization - per tooth	
D2980	Crown repair necessitated by restorative material failure	
D2981	Inlay repair necessitated by restorative material failure	
D2982	Onlay repair necessitated by restorative material failure	
D2983	Veneer repair necessitated by restorative material failure	
D2989	Excavation of a tooth resulting in the determination of non-restorability	
D2990	Resin infiltration of incipient smooth surface lesions	
D2991	Application of hydroxyapatite regeneration medicament - per tooth	
D3110	Pulp cap - direct (excluding final restoration)	
D3120	Pulp cap - indirect (excluding final restoration)	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	
D3221	Pulpal debridement, primary and permanent teeth	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	
D3333	Internal root repair of perforation defects	
D3346	Retreatment of previous root canal therapy - anterior	
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	
D3352	Apexification/recalcification - interim medication replacement	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	
D3355	Pulpal regeneration - initial visit	
D3356	Pulpal regeneration - interim medication replacement	
D3357	Pulpal regeneration - completion of treatment	
D3410	Apicoectomy - anterior	
D3421	Apicoectomy - premolar (first root)	
D3425	Apicoectomy - molar (first root)	
D3426	Apicoectomy (each additional root)	
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	100%
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	
D3430	Retrograde filling - per root	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	
D3450	Root amputation - per root	
D3470	Intentional re-implantation (including necessary splinting)	
D3471	Surgical repair of root resorption - anterior	
D3472	Surgical repair of root resorption - premolar	
D3473	Surgical repair of root resorption - molar	
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	
D3910	Surgical procedure for isolation of tooth with rubber dam	
D3911	Intraorifice barrier	
D3920	Hemisection (including any root removal), not including root canal therapy	
D3921	Decoronation or submergence of an erupted tooth	
D3950	Canal preparation and fitting of preformed dowel or post	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	100%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4245	Apically positioned flap	
D4249	Clinical crown lengthening - hard tissue	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	
D4266	Guided tissue regeneration, natural teeth- resorbable barrier, per site	
D4267	Guided tissue regeneration, natural teeth- non-resorbable barrier, per site	
D4268	Surgical revision procedure, per tooth	
D4270	Pedicle soft tissue graft procedure	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	
D4276	Combined connective tissue and pedicle graft, per tooth	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4286	Removal of non-resorbable barrier	
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	
D4910	Periodontal maintenance	
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	
D4921	Gingival irrigation with a medicinal agent- per quadrant	
D5110	Complete denture - maxillary	
D5120	Complete denture - mandibular	
D5130	Immediate denture - maxillary	
D5140	Immediate denture - mandibular	
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	
D5410	Adjust complete denture - maxillary	
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth - complete denture - per tooth	
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	100%
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive clasping materials - per tooth	
D5640	Replace missing or broken teeth - partial denture - per tooth	
D5650	Add tooth to existing partial denture - per tooth	
D5660	Add clasp to existing partial denture - per tooth	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary denture	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5725	Rebase hybrid prosthesis	
D5730	Reline complete maxillary denture (direct)	
D5731	Reline complete mandibular denture (direct)	
D5740	Reline maxillary partial denture (direct)	
D5741	Reline mandibular partial denture (direct)	
D5750	Reline complete maxillary denture (indirect)	
D5751	Reline complete mandibular denture (indirect)	
D5760	Reline maxillary partial denture (indirect)	
D5761	Reline mandibular partial denture (indirect)	
D5765	Soft liner for complete or partial removable denture - indirect	
D5810	Interim complete denture (maxillary)	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D5811	Interim complete denture (mandibular)	
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	
D5850	Tissue conditioning, maxillary	
D5851	Tissue conditioning, mandibular	
D5862	Precision attachment, by report	
D5863	Overdenture - complete maxillary - natural tooth borne	
D5864	Overdenture - partial maxillary - natural tooth borne	
D5865	Overdenture - complete mandibular - natural tooth borne	
D5866	Overdenture - partial mandibular - natural tooth borne	
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	
D5876	Add metal substructure to acrylic complete denture - per arch	
D5877	Duplication of complete denture - maxillary	
D5878	Duplication of complete denture - mandibular	
D5991	Vesiculobullous disease medicament carrier	
D5992	Adjust maxillofacial prosthetic appliance, by report	
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	
D6205	Pontic - indirect resin based composite	
D6210	Pontic - cast high noble metal	
D6211	Pontic - cast predominantly base metal	
D6212	Pontic - cast noble metal	100%
D6214	Pontic - titanium and titanium alloys	
D6240	Pontic - porcelain fused to high noble metal	
D6241	Pontic - porcelain fused to predominantly base metal	
D6242	Pontic - porcelain fused to noble metal	
D6243	Pontic - porcelain fused to titanium and titanium alloys	
D6245	Pontic - porcelain/ceramic	
D6250	Pontic - resin with high noble metal	
D6251	Pontic - resin with predominantly base metal	
D6252	Pontic - resin with noble metal	
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	
D6545	Retainer - cast metal for resin bonded fixed prosthesis	
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	
D6549	Retainer - resin bonded fixed prosthesis	
D6600	Retainer inlay - porcelain/ceramic, two surfaces	
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	
D6602	Retainer inlay - cast high noble metal, two surfaces	
D6603	Retainer inlay - cast high noble metal, three or more surfaces	
D6604	Retainer inlay - cast predominantly base metal, two surfaces	
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	
D6606	Retainer inlay - cast noble metal, two surfaces	
D6607	Retainer inlay - cast noble metal, three or more surfaces	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	
D6610	Retainer onlay - cast high noble metal, two surfaces	
D6611	Retainer onlay - cast high noble metal, three or more surfaces	
D6612	Retainer onlay - cast predominantly base metal, two surfaces	
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	
D6614	Retainer onlay - cast noble metal, two surfaces	
D6615	Retainer onlay - cast noble metal, three or more surfaces	
D6624	Retainer inlay - titanium	
D6634	Retainer onlay - titanium	
D6710	Retainer crown - indirect resin based composite	
D6720	Retainer crown - resin with high noble metal	
D6721	Retainer crown - resin with predominantly base metal	
D6722	Retainer crown - resin with noble metal	
D6740	Retainer crown - porcelain/ceramic	
D6750	Retainer crown - porcelain fused to high noble metal	
D6751	Retainer crown - porcelain fused to predominantly base metal	
D6752	Retainer crown - porcelain fused to noble metal	
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	
D6780	Retainer crown - 3/4 cast high noble metal	
D6781	Retainer crown - 3/4 cast predominantly base metal	
D6782	Retainer crown - 3/4 cast noble metal	
D6783	Retainer crown - 3/4 porcelain/ceramic	
D6784	Retainer crown ^{3/4} - titanium and titanium alloys	100%
D6790	Retainer crown - full cast high noble metal	
D6791	Retainer crown - full cast predominantly base metal	
D6792	Retainer crown - full cast noble metal	
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	
D6794	Retainer crown - titanium and titanium alloys	
D6920	Connector bar	
D6930	Re-cement or re-bond fixed partial denture	
D6940	Stress breaker	
D6950	Precision attachment	
D6980	Fixed partial denture repair necessitated by restorative material failure	
D6985	Pediatric partial denture, fixed	
D7111	Extraction, coronal remnants - primary tooth	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	
D7220	Removal of impacted tooth - soft tissue	
D7230	Removal of impacted tooth - partially bony	
D7240	Removal of impacted tooth - completely bony	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	
D7250	Removal of residual tooth roots (cutting procedure)	
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	
D7260	Oroantral fistula closure	

Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D7261	Primary closure of a sinus perforation	
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	
D7280	Exposure of an unerupted tooth	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	
D7283	Placement of device to facilitate eruption of impacted tooth	
D7290	Surgical repositioning of teeth	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	
D7293	Placement of temporary anchorage device requiring flap	
D7294	Placement of temporary anchorage device without flap	
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	
D7299	Removal of temporary anchorage device, requiring flap	
D7300	Removal of temporary anchorage device without flap	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	
D7471	Removal of lateral exostosis (maxilla or mandible)	
D7472	Removal of torus palatinus	
D7473	Removal of torus mandibularis	100%
D7485	Reduction of osseous tuberosity	
D7921	Collection and application of autologous blood concentrate product	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	
D7953	Bone replacement graft for ridge preservation - per site	
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	
D7961	Buccal / labial frenectomy (frenulectomy)	
D7962	Lingual frenectomy (frenulectomy)	
D7963	Frenuloplasty	
D7970	Excision of hyperplastic tissue - per arch	
D7971	Excision of pericoronal gingiva	
D7972	Surgical reduction of fibrous tuberosity	
D7979	Non - surgical sialolithotomy	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	
D9110	Palliative treatment of dental pain - per visit	
D9120	Fixed partial denture sectioning	
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof	
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	
D9211	Regional block anesthesia	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D9212	Trigeminal division block anesthesia	
D9215	Local anesthesia in conjunction with operative or surgical procedures	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	
D9222	Administration of deep sedation/general anesthesia- first 15 minute increment, or any portion thereof	
D9223	Administration of deep sedation/general anesthesia- each subsequent 15 minute increment, or any portion thereof	
D9224	Administration of general anesthesia with advanced airway-first 15 minute increment, or any portion thereof	
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	
D9230	Administration of nitrous oxide	
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof	
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof	
D9244	In-office administration of minimal sedation - single drug - enteral	
D9245	Administration of moderate sedation - enteral	
D9246	Administration of moderate sedation - non-intravenous parenteral- first 15 minute increment, or any portion thereof	
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	
D9311	Consultation with a medical health care professional	
D9410	House/extended care facility call	
D9420	Hospital or ambulatory surgical center call	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
D9440	Office visit - after regularly scheduled hours	
D9450	Case presentation, subsequent to detailed and extensive treatment planning	
D9610	Therapeutic parenteral drug, single administration	
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	100%
D9613	Infiltration of sustained release therapeutic drug, per quadrant	
D9630	Drugs or medicaments dispensed in the office for home use	
D9910	Application of desensitizing medicament	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	
D9912	Pre-visit patient screening	
D9920	Behavior management, by report	
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	
D9932	Cleaning and inspection of removable complete denture, maxillary	
D9933	Cleaning and inspection of removable complete denture, mandibular	
D9934	Cleaning and inspection of removable partial denture, maxillary	
D9935	Cleaning and inspection of removable partial denture, mandibular	
D9936	Cleaning and inspection of occlusal guard - per appliance	
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	
D9941	Fabrication of athletic mouthguard	
D9942	Repair and/or reline of occlusal guard	
D9943	Occlusal guard adjustment	
D9944	Occlusal guard - hard appliance, full arch	
D9945	Occlusal guard - soft appliance, full arch	
D9946	Occlusal guard - hard appliance, partial arch	
D9947	Custom sleep apnea appliance fabrication and placement	
D9948	Adjustment of custom sleep apnea appliance	



Essential INN Only EPO (continued)

Plan coverage details:		In-network
CDT Code	Description	
D9949	Repair of custom sleep apnea appliance	100%
D9950	Occlusion analysis - mounted case	
D9951	Occlusal adjustment - limited	
D9952	Occlusal adjustment - complete	
D9953	Reline custom sleep apnea appliance (indirect)	
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device	
D9955	Oral appliance therapy (oat) titration visit	
D9970	Enamel microabrasion	
D9971	Odontoplasty - per tooth	
D9992	Dental case management care coordination	
D9993	Dental case management motivational interviewing	
D9994	Dental case management patient education to improve oral health literacy	
D9995	Teledentistry - synchronous; real-time encounter	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	
D9997	Dental case management - patients with special health care needs	

Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
- Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
- Fees related to missed 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.
- Orthodontic and all orthodontic related services are not covered
- Implants and all implant related services are not covered
- Maxillofacial prosthetics are not covered
- Dental services performed for cosmetic and/or aesthetic reasons are not covered
- Tooth bleaching and/or enamel microabrasion services are not covered
- Unspecified services by report (Dental codes: D##99) are not covered
- Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
- Elective services are not covered
- General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.



Essential INN Only EPO (continued)

16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, reline, or rebase are not covered.
23. Denture reline and rebase, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. 24. Tissue conditioning performed within 6 months of denture placement, reline, or rebase are not covered.
25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.

Aetna Medicare Advantage



Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50

This Aetna Dental® Medicare plan offers in- and out-of-network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- Covered services performed by out-of-network providers are reimbursed at 50%
- Annual maximum applied to all services
- Annual maximum varies by contract
- Frequency limitations do not apply
- Clinical claim review may be performed
- Alternate benefits may apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0120	Periodic oral evaluation - established patient	100%	50%
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		
D0171	Re-evaluation - post-operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intraoral- comprehensive series of radiographic images		
D0220	Intraoral - periapical first radiographic image		
D0230	Intraoral - periapical each additional radiographic image		
D0240	Intraoral - occlusal radiographic image		
D0250	Extra-oral- 2d projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewing - single radiographic image		
D0272	Bitewings - two radiographic images		
D0273	Bitewings - three radiographic images		
D0274	Bitewings - four radiographic images		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0277	Vertical bitewings - 7 to 8 radiographic images		
D0310	Sialography		
D0320	Temporomandibular joint arthrogram, including injection		
D0321	Other temporomandibular joint radiographic images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2d cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam ct capture and interpretation with limited field of view - less than one whole jaw		
D0365	Cone beam ct capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium		
D0367	Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium		
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures		
D0369	Maxillofacial mri capture and interpretation		
D0370	Maxillofacial ultrasound capture and interpretation		
D0371	Sialoendoscopy capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam ct image capture with limited field of view - less than one whole jaw		
D0381	Cone beam ct image capture with field of view of one full dental arch - mandible	100%	50%
D0382	Cone beam ct image capture with field of view of one full dental arch - maxilla, with or without cranium		
D0383	Cone beam ct image capture with field of view of both jaws; with or without cranium		
D0384	Cone beam ct image capture for tmj series including two or more exposures		
D0385	Maxillofacial mri image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Virtual treatment simulation using 3d image volume or surface scan		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3d image volumes of one or more modalities		
D0396	3d printing of a 3d dental surface scan		
D0411	Hba1c in-office point of service testing		
D0412	Blood glucose level test - in-office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory analysis		
D0418	Analysis of saliva sample - laboratory		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0419	Assessment of salivary flow by measurement		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0426	Collection, preparation, and analysis of saliva sample - point-of-care		
D0460	Pulp vitality tests		
D0461	Testing for cracked tooth		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in-situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere	100%	50%
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen, including coronavirus		
D0605	Antibody testing for a public health related pathogen, including coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral- periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- comprehensive series of radiographic images - image capture only		
D0801	3d intraoral surface scan -direct		
D0802	3d dental surface scan - indirect		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D0803	3d facial surface scan - direct		
D0804	3d facial surface scan - indirect		
D1110	Prophylaxis - adult		
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1353	Sealant repair - per tooth		
D1354	Application of caries arresting medicament- per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed, unilateral- per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable, unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular	100%	50%
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer - per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant		
D2140	Amalgam - one surface, primary or permanent		
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2410	Gold foil - one surface		
D2420	Gold foil - two surfaces		
D2430	Gold foil - three surfaces		
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
D2610	Inlay - porcelain/ceramic - one surface		
D2620	Inlay - porcelain/ceramic - two surfaces		
D2630	Inlay - porcelain/ceramic - three or more surfaces		
D2642	Onlay - porcelain/ceramic - two surfaces		
D2643	Onlay - porcelain/ceramic - three surfaces		
D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
D2662	Onlay - resin-based composite - two surfaces		
D2663	Onlay - resin-based composite - three surfaces		
D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)	100%	50%
D2712	Crown - ¾ resin-based composite (indirect)		
D2720	Crown - resin with high noble metal		
D2721	Crown - resin with predominantly base metal		
D2722	Crown - resin with noble metal		
D2740	Crown - porcelain/ceramic		
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium and titanium alloys		
D2780	Crown - 3/4 cast high noble metal		
D2781	Crown - 3/4 cast predominantly base metal		
D2782	Crown - 3/4 cast noble metal		
D2783	Crown - 3/4 porcelain/ceramic		
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2794	Crown - titanium and titanium alloys		
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D2920	Re-cement or re-bond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth		
D2940	Placement of interim direct restoration		
D2949	Restorative foundation for an indirect restoration		
D2950	Core buildup, including any pins when required		
D2951	Pin retention - per tooth, in addition to restoration		
D2952	Post and core in addition to crown, indirectly fabricated		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
D2955	Post removal		
D2956	Removal of an indirect restoration on a natural tooth		
D2957	Each additional prefabricated post - same tooth		
D2960	Labial veneer (resin laminate) - direct		
D2961	Labial veneer (resin laminate) - indirect	100%	50%
D2962	Labial veneer (porcelain laminate) - indirect		
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework		
D2975	Coping		
D2976	Band stabilization - per tooth		
D2980	Crown repair necessitated by restorative material failure		
D2981	Inlay repair necessitated by restorative material failure		
D2982	Onlay repair necessitated by restorative material failure		
D2983	Veneer repair necessitated by restorative material failure		
D2989	Excavation of a tooth resulting in the determination of non-restorability		
D2990	Resin infiltration of incipient smooth surface lesions		
D2991	Application of hydroxyapatite regeneration medicament - per tooth		
D3110	Pulp cap - direct (excluding final restoration)		
D3120	Pulp cap - indirect (excluding final restoration)		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		
D3221	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D3330	Endodontic therapy, molar tooth (excluding final restoration)		
D3331	Treatment of root canal obstruction; non-surgical access		
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		
D3333	Internal root repair of perforation defects		
D3346	Retreatment of previous root canal therapy - anterior		
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration - interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery- per tooth, single site		
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site		
D3430	Retrograde filling - per root	100%	50%
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional re-implantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3911	Intraorifice barrier		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	100%	50%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		
D4260	Osseous surgery (including elevation of a full thickness flap and closure) -four or more contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft- retained natural tooth -first site in quadrant		
D4264	Bone replacement graft- retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site		
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site		
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and pedicle graft, per tooth		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant		
D4342	Periodontal scaling and root planing - one to three teeth per quadrant		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		
D4921	Gingival irrigation with a medicinal agent - per quadrant		
D5110	Complete denture - maxillary		
D5120	Complete denture - mandibular		
D5130	Immediate denture - maxillary		
D5140	Immediate denture - mandibular		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)		
D5212	Mandibular partial denture- resin base (including, retentive/clasping materials, rests, and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	100%	50%
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture- per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture- per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary denture (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture - indirect		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary - natural tooth borne		
D5864	Overdenture - partial maxillary - natural tooth borne		
D5865	Overdenture - complete mandibular - natural tooth borne		
D5866	Overdenture - partial mandibular - natural tooth borne	100%	50%
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment		
D5876	Add metal substructure to acrylic complete denture - per arch		
D5877	Duplication of complete denture - maxillary		
D5878	Duplication of complete denture - mandibular		
D5991	Vesiculobullous disease medicament carrier		
D5992	Adjust maxillofacial prosthetic appliance, by report		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular		
D6205	Pontic - indirect resin based composite		
D6210	Pontic - cast high noble metal		
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6214	Pontic - titanium and titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium and titanium alloys		
D6245	Pontic - porcelain/ceramic		

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Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression		
D6545	Retainer - cast metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Retainer- resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces		
D6602	Retainer inlay - cast high noble metal, two surfaces		
D6603	Retainer inlay - cast high noble metal, three or more surfaces		
D6604	Retainer inlay - cast predominantly base metal, two surfaces		
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		
D6606	Retainer inlay - cast noble metal, two surfaces		
D6607	Retainer inlay - cast noble metal, three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		
D6610	Retainer onlay - cast high noble metal, two surfaces		
D6611	Retainer onlay - cast high noble metal, three or more surfaces		
D6612	Retainer onlay - cast predominantly base metal, two surfaces		
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	100%	50%
D6614	Retainer onlay - cast noble metal, two surfaces		
D6615	Retainer onlay - cast noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite		
D6720	Retainer crown - resin with high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		
D6780	Retainer crown - 3/4 cast high noble metal		
D6781	Retainer crown - 3/4 cast predominantly base metal		
D6782	Retainer crown - 3/4 cast noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown ^{3/4} - titanium and titanium alloys		
D6790	Retainer crown - full cast high noble metal		
D6791	Retainer crown - full cast predominantly base metal		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D6792	Retainer crown - full cast noble metal		
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression		
D6794	Retainer crown - titanium and titanium alloys		
D6920	Connector bar		
D6930	Re-cement or re-bond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
D7111	Extraction, coronal remnants - primary tooth		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted tooth - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only		
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation	100%	50%
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap		
D7293	Placement of temporary anchorage device requiring flap		
D7294	Placement of temporary anchorage device without flap		
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap		
D7299	Removal of temporary anchorage device, requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis (maxilla or mandible)		
D7472	Removal of torus palatinus		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal / labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
D9110	Palliative treatment of dental pain - per visit		
D9120	Fixed partial denture sectioning		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof		
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	100%	50%
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Administration of deep sedation/general anesthesia -first 15 minute increment, or any portion thereof		
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof		
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		
D9230	Administration of nitrous oxide		
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		
D9244	In-office administration of minimal sedation - single drug - enteral		
D9245	Administration of moderate sedation - enteral		
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof		
D9247	Administration of moderate sedation - non-intravenous parenteral- each subsequent 15 minute increment, or any portion thereof		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		
D9311	Consultation with a medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Plan coverage details:		In-network	Out-of-network*
CDT Code	Description		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, subsequent to detailed and extensive treatment planning		
D9610	Therapeutic parenteral drug, single administration		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug, per quadrant		
D9630	Drugs or medicaments dispensed in the office for home use		
D9910	Application of desensitizing medicament		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9936	Cleaning and inspection of occlusal guard - per appliance		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of occlusal guard		
D9943	Occlusal guard adjustment	100%	50%
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard- soft appliance, full arch		
D9946	Occlusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (oat) morning repositioning device		
D9955	Oral appliance therapy (qat) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty - per tooth		
D9992	Dental case management care coordination		
D9993	Dental case management motivational interviewing		
D9994	Dental case management patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
2. Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.
4. 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.
5. 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.
6. 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.
7. Orthodontic and all orthodontic related services are not covered
8. Implants and all implant related services are not covered
9. Maxillofacial prosthetics are not covered
10. Dental services performed for cosmetic and/or aesthetic reasons are not covered
11. Tooth bleaching and/or enamel microabrasion services are not covered
12. Unspecified services by report (Dental codes: 0###99) are not covered
13. Dental services related to temporomandibular joint syndrome (TMJ) are not covered, unless the related dental code is listed in the schedule of benefits
14. Elective services are not covered
15. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periarticular surgical procedures for covered services.
16. Altering vertical dimension of teeth, or restoration/maintenance of occlusion including bite registration or bite analysis are not covered.
17. Splinting teeth, including multiple abutments, or any services to stabilize periodontally weakened teeth are not covered.
18. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction are not covered.
19. Plan frequency limitations will still apply when there is a replacement of a device or appliance that is lost, missing, stolen, or damaged due to abuse, misuse or neglect.
20. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
21. Periodontal maintenance is not covered unless there is a history of scaling and root planing or surgical periodontal therapy.
22. Denture adjustments performed within 6 months of denture placement/installation, relines, or rebases are not covered.
23. Denture relines and rebases, if listed as covered in your schedule of benefits, performed within 6 months following the placement of a complete or immediate denture are not covered.
24. Tissue conditioning performed within 6 months of denture placement, relines, or rebases are not covered.



Essential In-Network Preferred PPO 100/50 & Essential In-Network Preferred EPO POS 100/50 (continued)

25. For covered dental procedures listed in your schedule of benefits, the treatment date for billing purposes is defined by completion of specific procedures. For removable dentures (complete and partial), this is the delivery date. For inlays, onlays, crowns, veneers and bridges, it's the date of final cementation. For root canals, it's the date the final fill is placed.
26. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
27. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
28. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Medical necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.

Alternate benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

Pretreatment estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 or more.

Aetna Medicare Advantage



Preventive Only 0% OON EPO POS Mandatory

This Aetna Dental® Medicare plan offers in- and out-of-network coverage for preventive services only.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- Covered services performed by out-of-network providers are reimbursed at 100%
- No annual maximum
- Frequency limitations apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:			In-network	Outof network*
CDT Code	Description	Frequency		
D0120	Periodic oral evaluation - established patient	Two procedures from this code group per calendar year	100%	100%
D0150	Comprehensive oral evaluation - new or established patient			
D0140	Limited oral evaluation - problem focused	Two procedures from this code group per calendar year	100%	100%
D0461	Testing for cracked tooth			
D0180	Comprehensive periodontal evaluation - new or established patient	Two procedures per calendar year	100%	100%
D1110	Prophylaxis - adult			
D0270	Bitewing - single radiographic image	One set of X-rays from this code group per calendar year	100%	100%
D0272	Bitewings - two radiographic images			
D0273	Bitewings - three radiographic images			
D0274	Bitewings - four radiographic images			
D0373	Intraoral tomosynthesis - bitewing radiographic image			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
2. Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.
4. 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.
5. 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.



Preventive Only 0% OON EPO POS Mandatory (continued)

6. 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.
7. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
8. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
9. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
10. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Aetna Medicare Advantage



Preventive Only EPO Mandatory

This Aetna Dental® Medicare plan offers in-network coverage for preventive services only.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- No annual maximum
- Frequency limitations apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes/services not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:			In-network
CDT Code	Description	Frequency	
D0120	Periodic oral evaluation - established patient	Two procedures from this code group per calendar year	100%
D0150	Comprehensive oral evaluation - new or established patient		
D0140	Limited oral evaluation - problem focused	Two procedures from this code group per calendar year	100%
D0461	Testing for cracked tooth		
D0180	Comprehensive periodontal evaluation - new or established patient	Two procedures per calendar year	100%
D1110	Prophylaxis - adult		
D0270	Bitewing - single radiographic image	One set of X-rays from this code group per calendar year	100%
D0272	Bitewings - two radiographic images		
D0273	Bitewings - three radiographic images		
D0274	Bitewings - four radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		

Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
2. Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.
4. 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.
5. 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.
6. 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.
7. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.



Preventive Only EPO Mandatory (continued)

8. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
9. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
10. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

Aetna Medicare Advantage



Preventive Only PPO Mandatory, Preventive Only EPO POS Mandatory

This Aetna Dental® Medicare plan offers in- and out-of-network coverage for preventive services only.

For this plan:

- Covered services performed by in-network providers are reimbursed at 100%
- Covered services performed by out-of-network providers are reimbursed at 50%
- No annual maximum
- Frequency limitations apply

Note: Please call the National Dental Provider Services team at **1-800-624-0756 (TTY: 711)** to confirm member eligibility and remaining annual maximum.

Procedure codes not listed in the plan coverage details table below are not covered under this plan.

Plan coverage details:			In-network	Out-of-network*
CDT Code	Description	Frequency		
D0120	Periodic oral evaluation - established patient	Two procedures from this code group per calendar year	100%	50%
D0150	Comprehensive oral evaluation - new or established patient			
D0140	Limited oral evaluation - problem focused	Two procedures from this code group per calendar year	100%	50%
D0461	Testing for cracked tooth			
D0180	Comprehensive periodontal evaluation - new or established patient	Two procedures per calendar year	100%	50%
D1110	Prophylaxis - adult			
D0270	Bitewing - single radiographic image	One set of X-rays from this code group per calendar year	100%	50%
D0272	Bitewings - two radiographic images			
D0273	Bitewings - three radiographic images			
D0274	Bitewings - four radiographic images			
D0373	Intraoral tomosynthesis - bitewing radiographic image			

*Members may be billed by the out-of-network provider for any amount greater than the payment made by Aetna®.

Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
2. Any dental services received outside of the US or US territories are not covered under the supplemental dental benefit.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.
4. 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.



Preventive Only PPO Mandatory, Preventive Only EPO POS Mandatory (continued)

5. 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.
6. 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.
7. Dental procedures are only covered when performed by a dentist licensed in the US or any US territory.
8. Procedures that are considered experimental, investigational or unproven are not covered. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics.
9. If this policy is terminated or the covered dental services for this plan change, this plan will not cover ongoing care or treatment. This includes all multi-appointment procedures.
10. Services and supplies provided in connection with treatment or care that is not covered under the plan are not covered.

