



## DMO<sup>®</sup> Dental Benefits Summary

| CODE  | PROCEDURE                                                                                               | PATIENT PAYS |
|-------|---------------------------------------------------------------------------------------------------------|--------------|
|       | Office Visit Copay                                                                                      | \$0          |
| D0120 | Periodic oral evaluation - established patient                                                          | No Charge    |
| D0140 | Limited oral evaluation - problem focused                                                               | No Charge    |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary care giver           | No Charge    |
| D0150 | Comprehensive oral evaluation - new or established patient                                              | No Charge    |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report                                     | No Charge    |
| D0170 | Re-evaluation- limited, problem focused (established patient; not post-operative visit)                 | No Charge    |
| D0180 | Comprehensive periodontal evaluation - new or established patient                                       | No Charge    |
| D0210 | Intraoral - complete series of radiographic images                                                      | No Charge    |
| D0220 | Intraoral - periapical first radiographic image                                                         | No Charge    |
| D0230 | Intraoral - periapical each additional radiographic image                                               | No Charge    |
| D0240 | Intraoral, Occlusal Image                                                                               | No Charge    |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | No Charge    |
| D0251 | Extra-oral - dental radiographic image                                                                  | No Charge    |
| D0270 | Bitewing - single radiographic image                                                                    | No Charge    |
| D0272 | Bitewing - two radiographic images                                                                      | No Charge    |
| D0273 | Bitewing - three radiographic images                                                                    | No Charge    |
| D0274 | Bitewing - four radiographic images                                                                     | No Charge    |
| D0277 | Vertical Bitewings - 7 to 8 images                                                                      | No Charge    |
| D0330 | Panoramic Image                                                                                         | No Charge    |
| D0391 | Interpretation of Diagnostic Image                                                                      | No Charge    |
| D0470 | Diagnostic Casts                                                                                        | No Charge    |
| D0472 | Accession of tissue, gross examination, prepration and transmission of written report                   | No Charge    |

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|       |                                                                                                                                                                         |           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| D0473 | Accession of tissue, gross and microscopic examination, prepration and transmission of written report                                                                   | No Charge |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, prepration and transmission of written report | No Charge |
| D1110 | Prophy - Adult                                                                                                                                                          | No Charge |
| D1120 | Prophy - Child                                                                                                                                                          | No Charge |
| D1206 | Application of Topical Fluoride Varnish (child)                                                                                                                         | No Charge |
| D1208 | Topical application of fluoride - excluding varnish (child)                                                                                                             | No Charge |
| D1330 | Oral Hygiene Instruction                                                                                                                                                | No Charge |
| D1351 | Sealant - per tooth                                                                                                                                                     | No Charge |
| D1352 | Preventive Resin Restoration                                                                                                                                            | No Charge |
| D1353 | Sealant Repair - Per Tooth                                                                                                                                              | No Charge |
| D1354 | Interim caries arresting medicament application, per tooth                                                                                                              | No Charge |
| D1355 | Caries preventive medicament application, per tooth                                                                                                                     | No Charge |
| D1510 | Space Maintainer - Fixed Unilateral                                                                                                                                     | No Charge |
| D1516 | Space maintainer - fixed - bilateral, maxillary                                                                                                                         | No Charge |
| D1517 | Space maintainer - fixed - bilateral, mandibular                                                                                                                        | No Charge |
| D1520 | Space Maintainer - Removable Unilateral                                                                                                                                 | No Charge |
| D1526 | Space maintainer - removable - bilateral, maxillary                                                                                                                     | No Charge |
| D1527 | Space maintainer - removable - bilateral, mandibular                                                                                                                    | No Charge |
| D1551 | Recement or rebond bilateral space maintainer - maxillary                                                                                                               | \$12      |
| D1552 | Recement or rebond bilateral space maintainer - mandibular                                                                                                              | \$12      |
| D1553 | Recement or re-bond unilateral space maintainer - per quad                                                                                                              | \$6       |
| D1556 | Removal of fixed unilateral space maintainer - per quad                                                                                                                 | \$6       |
| D1557 | Removal of fixed bilateral space maintainer - maxillary                                                                                                                 | \$12      |
| D1558 | Removal of fixed bilateral space maintainer - mandibular                                                                                                                | \$12      |
| D1575 | Distal shoe space maintainer - fixed - unilateral                                                                                                                       | No Charge |
| D2140 | Amalgam - 1 Surf Primary or Permanent                                                                                                                                   | No Charge |
| D2150 | Amalgam - 2 Surf Primary or Permanent                                                                                                                                   | No Charge |

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|-------|----------------------------------------------------------------------|-----------|
| D2160 | Amalgam - 3 Surf Primary or Permanent                                | No Charge |
| D2161 | Amalgam - 4+ Surf Primary or Permanent                               | No Charge |
| D2330 | Resin-Based Composite 1 Surf, Anterior                               | No Charge |
| D2331 | Resin-Based Composite 2 Surf, Anterior                               | No Charge |
| D2332 | Resin-Based Composite 3 Surf, Anterior                               | No Charge |
| D2335 | Resin-Based Composite 4+ Surf, Anterior (or involving Incisal angle) | \$42      |
| D2390 | Resin-Based Composite Crown, Anterior                                | No Charge |
| D2391 | Resin-Based Composite 1 Surf, Posterior                              | \$49      |
| D2392 | Resin-Based Composite 2 Surf, Posterior                              | \$63      |
| D2393 | Resin-Based Composite 3 Surf, Posterior                              | \$77      |
| D2394 | Resin-Based Composite 4+ Surf, Posterior                             | \$106     |
| D2510 | Inlay - Metallic 1 Surf                                              | \$189     |
| D2520 | Inlay - Metallic 2 Surf                                              | \$189     |
| D2530 | Inlay - Metallic 3 Surf                                              | \$189     |
| D2542 | Onlay - Metallic 2 Surf                                              | \$200     |
| D2543 | Onlay - Metallic 3 Surf                                              | \$200     |
| D2544 | Onlay, Metallic - 4 or More Surf                                     | \$200     |
| D2610 | Inlay, Porcelain/Ceramic - 1 Surf                                    | \$189     |
| D2620 | Inlay, Porcelain/Ceramic - 2 Surf                                    | \$189     |
| D2630 | Inlay, Porcelain/Ceramic - 3 or More Surf                            | \$189     |
| D2642 | Onlay, Porcelain/Ceramic - 2 Surf                                    | \$200     |
| D2643 | Onlay, Porcelain/Ceramic - 3 Surf                                    | \$200     |
| D2644 | Onlay, Porcelain/Ceramic - 4 or More Surf                            | \$200     |
| D2650 | Inlay, Composite/Resin - 1 Surf                                      | \$189     |
| D2651 | Inlay, Composite/Resin - 2 Surf                                      | \$189     |
| D2652 | Inlay, Composite/Resin - 3 Surf                                      | \$189     |
| D2662 | Onlay, Composite/Resin - 2 Surf                                      | \$200     |
| D2663 | Onlay, Composite/Resin - 3 Surf                                      | \$200     |
| D2664 | Onlay, Composite/Resin - 4 or More Surf                              | \$200     |

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|       |                                                                     |           |
|-------|---------------------------------------------------------------------|-----------|
| D2710 | Crown - Resin-Based Composite, Indirect                             | \$207     |
| D2712 | Crown - 3/4 Resin-Based Composite, Indirect                         | \$151     |
| D2720 | Crown - Resin With High Noble Metal                                 | \$207     |
| D2721 | Crown - Resin With Predominantly Base Metal                         | \$207     |
| D2722 | Crown - Resin With Noble Metal                                      | \$207     |
| D2740 | Crown - Porcelain/Ceramic Substrate                                 | \$207     |
| D2750 | Crown - Porcelain Fused to High Noble Metal                         | \$207     |
| D2751 | Crown - Porcelain Fused to Predominantly Base Metal                 | \$207     |
| D2752 | Crown - Porcelain Fused to Noble Metal                              | \$207     |
| D2753 | Crown - Porcelain fused to titanium and titanium alloys             | \$207     |
| D2780 | Crown - 3/4 Cast High Noble Metal                                   | \$207     |
| D2781 | Crown - 3/4 Cast Predominantly Based Metal                          | \$207     |
| D2782 | Crown - 3/4 Cast Noble Metal                                        | \$207     |
| D2783 | Crown - 3/4 Porcelain/Ceramic                                       | \$207     |
| D2790 | Crown - Full Cast High Noble Metal                                  | \$207     |
| D2791 | Crown - Full Cast Predominantly Base Metal                          | \$207     |
| D2792 | Crown - Full Cast Noble Metal                                       | \$207     |
| D2794 | Crown - Titanium                                                    | \$207     |
| D2910 | Recement Inlay, Onlay or Partial Coverage Restoration               | No Charge |
| D2915 | Recement Cast or Prefab Post and Core                               | No Charge |
| D2920 | Recement Crown                                                      | No Charge |
| D2921 | Reattachment of tooth fragment, incisal edge or dusp                | \$4       |
| D2929 | Prefab Porcelain/Ceramic Crown - Primary Tooth                      | No Charge |
| D2930 | Prefab, Stainless Steel Crown - Primary Tooth                       | No Charge |
| D2931 | Prefab, Stainless Steel Crown - Permanent Tooth                     | No Charge |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | No Charge |
| D2940 | Protective Restoration                                              | No Charge |
| D2941 | Interim therapeutic restoration - primary dentition                 | No Charge |
| D2950 | Core Buildup, Including Any Pins                                    | \$123     |

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|           |                                                                            |           |
|-----------|----------------------------------------------------------------------------|-----------|
| D2951     | Pin Retention - In Addition to Restoration                                 | No Charge |
| D2952     | Post & Core in Addition to Crown                                           | \$101     |
| D2990     | Resin Infiltration of Lesion                                               | No Charge |
| D3110     | Pulp Cap - Direct (excluding final restoration)                            | No Charge |
| D3120     | Pulp Cap - Indirect (excluding final restoration)                          | No Charge |
| D3220     | Therapeutic Pulpotomy (excluding final restoration)                        | No Charge |
| D3221     | Pulpal Debridement, Primary and Permanent Teeth                            | \$14      |
| D3222     | Partial Pulpotomy                                                          | No Charge |
| D3230     | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth              | No Charge |
| D3240     | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth             | No Charge |
| D3310     | Root Canal Therapy - Anterior (excluding final restoration)                | No Charge |
| D3320     | Root Canal Therapy - Bicuspid (excluding final restoration)                | No Charge |
| D3330     | Root Canal Therapy - Molar (excluding final restoration)                   | \$161     |
| D3331     | Treatment of Root Canal Obstruction, Nonsurgical Access                    | No Charge |
| D3332     | Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth | No Charge |
| D3333     | Internal Root Repair of Perforation Defects                                | No Charge |
| D3346     | Retreatment of Previous Root Canal Therapy - Anterior                      | \$110     |
| D3347     | Retreatment of Previous Root Canal Therapy - Bicuspid                      | \$110     |
| D3348     | Retreatment of Previous Root Canal Therapy - Molar                         | \$266     |
| D3410 (1) | Apicoectomy/Periradicular Surgery - Anterior                               | No Charge |
| D3421 (1) | Apicoectomy/Periradicular Surgery - Bicuspid (First Root)                  | No Charge |
| D3425 (1) | Apicoectomy/Periradicular Surgery - Molar (First Root)                     | No Charge |
| D3426 (1) | Apicoectomy/Periradicular Surgery- Each Additional Root                    | No Charge |
| D3430 (1) | Retrograde Filling - Per Root                                              | No Charge |
| D3450 (1) | Root Amputation - Per Root                                                 | \$66      |
| D3471 (1) | Surgical repair of root resorption, anterior                               | No Charge |
| D3472 (1) | Surgical repair of root resorption, premolar                               | No Charge |
| D3473 (1) | Surgical repair of root resorption, molar                                  | No Charge |

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| D3501 (1) | Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior                 | \$44  |
| D3502 (1) | Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar                 | \$59  |
| D3503 (1) | Surgical exposure of root surface without apicoectomy or repair of root resorption, molar                    | \$74  |
| D4210 (1) | Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant                                               | \$91  |
| D4211 (1) | Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant                                                     | \$39  |
| D4212 (1) | Gingivectomy to allow access, per tooth                                                                      | \$13  |
| D4240 (1) | Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant                             | \$90  |
| D4241 (1) | Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant                                   | \$55  |
| D4245 (1) | Apically Positioned Flap                                                                                     | \$74  |
| D4249     | Clinical Crown Lengthening, Hard Tissue                                                                      | \$88  |
| D4260 (1) | Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant                          | \$147 |
| D4261 (1) | Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant                                | \$88  |
| D4268 (1) | Surgical Revision Procedure, Per Tooth                                                                       | \$59  |
| D4270 (1) | Pedicle Soft Tissue Graft Procedure                                                                          | \$116 |
| D4273 (1) | Subepithelial Connective Tissue Graft, Per Tooth                                                             | \$68  |
| D4275 (1) | Soft Tissue Allograft                                                                                        | \$237 |
| D4276 (1) | Connective Tissue/Pedicle Graft, Per Tooth                                                                   | \$112 |
| D4277 (1) | Free soft tissue graft - first tooth                                                                         | \$48  |
| D4278 (1) | Free soft tissue graft - each additional tooth                                                               | \$24  |
| D4283 (1) | Autogenous connective tissue graft                                                                           | \$37  |
| D4285 (1) | Non-autogenous connective tissue graft                                                                       | \$130 |
| D4341     | Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant                                        | \$37  |
| D4342     | Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant                                              | \$22  |
| D4346     | Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation | \$35  |
| D5110 (2) | Complete Denture - Maxillary                                                                                 | \$231 |

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|           |                                                                                                                                 |       |
|-----------|---------------------------------------------------------------------------------------------------------------------------------|-------|
| D5120 (2) | Complete Denture - Mandibular                                                                                                   | \$231 |
| D5130     | Immediate Denture - Maxillary                                                                                                   | \$237 |
| D5140     | Immediate Denture - Mandibular                                                                                                  | \$237 |
| D5211 (2) | Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)                                     | \$231 |
| D5212 (2) | Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)                                    | \$231 |
| D5213 (2) | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)  | \$237 |
| D5214 (2) | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) | \$237 |
| D5221     | Immediate max partial dental - resin base (including any conventional clasps, rests and teeth)                                  | \$266 |
| D5222     | Immediate mand partial dental - resin base (including any conventional clasps, rests and teeth)                                 | \$266 |
| D5223     | Immediate max partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)   | \$273 |
| D5224     | Immediate mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)  | \$273 |
| D5225 (2) | Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)                                               | \$264 |
| D5226 (2) | Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)                                              | \$264 |
| D5227 (2) | Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth).                                    | \$264 |
| D5228 (2) | Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth).                                   | \$264 |
| D5282 (2) | Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - maxillary                            | \$231 |
| D5283 (2) | Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - mandibular                           | \$231 |
| D5284 (2) | Removable Unilateral Partial Denture - one piece flex base (including clasps and teeth) - per quad                              | \$132 |
| D5286 (2) | Removable Unilateral Partial Denture - one piece resin (including clasps and teeth) - per quad                                  | \$116 |

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|-------|--------------------------------------------------------------------|-----------|
| D5410 | Adjust Complete Denture - Maxillary                                | \$11      |
| D5411 | Adjust Complete Denture - Mandibular                               | \$11      |
| D5421 | Adjust Partial Denture - Maxillary                                 | \$11      |
| D5422 | Adjust Partial Denture - Mandibular                                | \$11      |
| D5511 | Repair Broken Complete Denture Base - mandibular                   | \$35      |
| D5512 | Repair Broken Complete Denture Base - maxillary                    | \$35      |
| D5520 | Replace Missing or Broken Teeth - Complete Denture (each tooth)    | \$30      |
| D5611 | Repair Resin Partial Denture Base - mandibular                     | \$35      |
| D5612 | Repair Resin Partial Denture Base - maxillary                      | \$35      |
| D5621 | Repair Cast Partial Framework - mandibular                         | \$35      |
| D5622 | Repair Cast Partial Framework - maxillary                          | \$35      |
| D5630 | Repair or Replace Broken Clasp                                     | \$35      |
| D5640 | Replace Broken Teeth - Per Tooth                                   | \$30      |
| D5650 | Add Tooth to Existing Partial Denture                              | \$35      |
| D5660 | Add Clasp to Existing Partial Denture                              | \$33      |
| D5670 | Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)  | \$110     |
| D5671 | Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular) | \$110     |
| D5710 | Rebase Complete Maxillary Denture                                  | \$110     |
| D5711 | Rebase Complete Mandibular Denture                                 | \$110     |
| D5720 | Rebase Maxillary Partial Denture                                   | \$110     |
| D5721 | Rebase Mandibular Partial Denture                                  | \$110     |
| D5725 | Rebase Hybrid Prosthesis                                           | \$110     |
| D5730 | Reline Complete Maxillary Denture (Chairside)                      | No Charge |
| D5731 | Reline Complete Mandibular Denture (Chairside)                     | No Charge |
| D5740 | Reline Maxillary Partial Denture (Chairside)                       | No Charge |
| D5741 | Reline Mandibular Partial Denture (Chairside)                      | No Charge |
| D5750 | Reline Complete Maxillary Denture (Lab)                            | \$53      |
| D5751 | Reline Complete Mandibular Denture (Lab)                           | \$53      |
| D5760 | Reline Maxillary Partial Denture (Lab)                             | \$53      |

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| D5761     | Reline Mandibular Partial Denture (Lab)                                                         | \$53   |
| D5765     | Soft Liner for Complete or Partial Removable Denture - indirect                                 | \$53   |
| D5820 (3) | Interim Partial Denture (Maxillary) (3)                                                         | \$99   |
| D5821 (3) | Interim Partial Denture (Mandibular) (3)                                                        | \$99   |
| D5850     | Tissue Conditioning, Maxillary                                                                  | \$44   |
| D5851     | Tissue Conditioning, Mandibular                                                                 | \$44   |
| D5876     | Add metal substructure to acrylic full denture (per arch)                                       | \$35   |
| D6010     | Endosteal implant - surgical placement                                                          | \$1215 |
| D6056     | Prefabricated abutment - includes placement                                                     | \$440  |
| D6058     | Abutment Supported Porcelain/Ceramic Crown                                                      | \$207  |
| D6059     | Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)                            | \$207  |
| D6060     | Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)                    | \$207  |
| D6061     | Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)                                 | \$207  |
| D6062     | Abutment Supported Cast Metal Crown (High Noble Metal)                                          | \$207  |
| D6063     | Abutment Supported Cast Metal Crown (Predominantly Base Metal)                                  | \$207  |
| D6064     | Abutment Supported Cast Metal Crown (Noble Metal)                                               | \$207  |
| D6065     | Implant Supported Porcelain/Ceramic Crown                                                       | \$207  |
| D6066     | Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal) | \$207  |
| D6067     | Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)                    | \$207  |
| D6068     | Abutment Supported Retainer for Porcelain/Ceramic FPD                                           | \$207  |
| D6069     | Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)                 | \$207  |
| D6070     | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)         | \$207  |
| D6071     | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)                      | \$207  |
| D6072     | Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)                               | \$207  |
| D6073     | Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)                       | \$207  |

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| D6074 | Abutment Supported Retainer for Cast Metal FPD (Noble Metal)                                                                                                 | \$207 |
| D6075 | Implant Supported Retainer for Ceramic FPD                                                                                                                   | \$207 |
| D6076 | Implant Supported Retainer for FPD - porcelain fused to high noble alloys                                                                                    | \$207 |
| D6077 | Implant Supported Retainer for FPD - high noble alloys                                                                                                       | \$207 |
| D6080 | Implant Maintenance Procedures                                                                                                                               | \$88  |
| D6081 | Scaling/debridement in presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$11  |
| D6082 | Implant Sup Crown - porcelain/predominantly base alloys                                                                                                      | \$207 |
| D6083 | Implant Sup Crown - porcelain fused to noble alloys                                                                                                          | \$207 |
| D6084 | Implant Sup Crown - porcelain/titanium and titanium alloys                                                                                                   | \$207 |
| D6086 | Implant Sup Crown - predominantly base alloys                                                                                                                | \$207 |
| D6087 | Implant Sup Crown - noble alloys                                                                                                                             | \$207 |
| D6088 | Implant Sup Crown - titanium and titanium alloys                                                                                                             | \$207 |
| D6094 | Abutment Supported Crown - (Titanium)                                                                                                                        | \$207 |
| D6097 | Abutment Sup Crown - porcelain/titanium and titanium alloys                                                                                                  | \$207 |
| D6098 | Implant Sup retainer - porcelain/predominantly base alloys                                                                                                   | \$207 |
| D6099 | Implant Sup retainer for FPD - porcelain / noble alloys                                                                                                      | \$207 |
| D6110 | Implant Abut Sup Removable Dent-Max                                                                                                                          | \$231 |
| D6111 | Implant Abut Sup Removable Dent-Mand                                                                                                                         | \$231 |
| D6112 | Implant Abut Sup Removable Dent-Max                                                                                                                          | \$231 |
| D6113 | Implant Abut Sup Removable Dent-Mand                                                                                                                         | \$231 |
| D6114 | Implant Abut Sup Fixed Dent-Max                                                                                                                              | \$231 |
| D6115 | Implant Abut Sup Fixed Dent-Mand                                                                                                                             | \$231 |
| D6116 | Implant Abut Sup Fixed Dent-Max                                                                                                                              | \$231 |
| D6117 | Implant Abut Sup Fixed Dent-Mand                                                                                                                             | \$231 |
| D6120 | Abutment Sup Retainer - porcelain/titanium and titanium alloys                                                                                               | \$207 |
| D6121 | Implant Sup Retainer for metal FPD- predominantly base alloys                                                                                                | \$207 |
| D6122 | Implant Sup Retainer for metal FPD- noble alloys                                                                                                             | \$207 |

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|-------|-----------------------------------------------------------------------------------------------------------------------------------|-------|
| D6123 | Abutment Sup Retainer for metal FPD- titanium and titanium alloys                                                                 | \$207 |
| D6195 | Abutment Sup Retainer - porcelain /titanium and titanium alloys                                                                   | \$207 |
| D6197 | Replacement of Restorative Material used to close an access opening of a screw-retained implant supported prosthesis, per implant | \$49  |
| D6205 | Pontic - Indirect Resin Based Composite                                                                                           | \$207 |
| D6210 | Pontic - Cast High Noble Metal                                                                                                    | \$207 |
| D6211 | Pontic - Cast Predominantly Base Metal                                                                                            | \$207 |
| D6212 | Pontic - Cast Noble Metal                                                                                                         | \$207 |
| D6214 | Pontic - Titanium                                                                                                                 | \$207 |
| D6240 | Pontic - Porcelain Fused to High Noble Metal                                                                                      | \$207 |
| D6241 | Pontic - Porcelain Fused to Predominantly Base Metal                                                                              | \$207 |
| D6242 | Pontic - Porcelain Fused to Noble Metal                                                                                           | \$207 |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys                                                                          | \$207 |
| D6245 | Pontic - Porcelain/Ceramic                                                                                                        | \$207 |
| D6250 | Pontic - Resin With High Noble Metal                                                                                              | \$207 |
| D6251 | Pontic - Resin With Predominantly Base Metal                                                                                      | \$207 |
| D6252 | Pontic - Resin With Noble Metal                                                                                                   | \$207 |
| D6545 | Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis                                                                           | \$189 |
| D6548 | Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis                                                                    | \$189 |
| D6549 | Resin Retainer - Resin Bonded Prosthesis                                                                                          | \$104 |
| D6600 | Inlay - Porcelain/Ceramic, 2 Surf                                                                                                 | \$189 |
| D6601 | Inlay - Porcelain/Ceramic, 3+ Surf                                                                                                | \$189 |
| D6602 | Inlay - Cast High Noble Metal, 2 Surf                                                                                             | \$221 |
| D6603 | Inlay - Cast High Noble Metal, 3+ Surf                                                                                            | \$221 |
| D6604 | Inlay - Cast Predominantly Base Metal, 2 Surf                                                                                     | \$189 |
| D6605 | Inlay - Cast Predominantly Base Metal, 3+ Surf                                                                                    | \$189 |
| D6606 | Inlay - Cast Noble Metal, 2 Surf                                                                                                  | \$210 |
| D6607 | Inlay - Cast Noble Metal, 3+ Surf                                                                                                 | \$210 |
| D6608 | Onlay - Porcelain/Ceramic, 2 Surf                                                                                                 | \$200 |

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|-------|---------------------------------------------------------|-----------|
| D6609 | Onlay - Porcelain/Ceramic, 3+ Surf                      | \$200     |
| D6610 | Onlay - Cast High Noble Metal, 2 Surf                   | \$232     |
| D6611 | Onlay - Cast High Noble Metal, 3+ Surf                  | \$232     |
| D6612 | Onlay - Cast Predominantly Base Metal, 2 Surf           | \$200     |
| D6613 | Onlay - Cast Predominantly Base Metal, 3+ Surf          | \$200     |
| D6614 | Onlay - Cast Noble Metal, 2 Surf                        | \$221     |
| D6615 | Onlay - Cast Noble Metal, 3+ Surf                       | \$221     |
| D6624 | Inlay - Titanium                                        | \$221     |
| D6634 | Onlay - Titanium                                        | \$232     |
| D6710 | Crown - Indirect Resin Based Composite                  | \$207     |
| D6720 | Crown - Resin With High Noble Metal                     | \$207     |
| D6721 | Crown - Resin With Predominantly Base Metal             | \$207     |
| D6722 | Crown - Resin With Noble Metal                          | \$207     |
| D6740 | Crown - Porcelain/Ceramic                               | \$207     |
| D6750 | Crown - Porcelain Fused to High Noble Metal             | \$207     |
| D6751 | Crown - Porcelain Fused to Predominantly Base Metal     | \$207     |
| D6752 | Crown - Porcelain Fused to Noble Metal                  | \$207     |
| D6753 | Crown - porcelain fused to titanium and titanium alloys | \$207     |
| D6780 | Crown - 3/4 Cast High Noble Metal                       | \$207     |
| D6781 | Crown - 3/4 Cast Predominantly Base Metal               | \$207     |
| D6782 | Crown - 3/4 Cast Noble Metal                            | \$207     |
| D6783 | Crown - 3/4 Porcelain/Ceramic                           | \$207     |
| D6784 | Crown 3/4 - titanium and titanium alloys                | \$207     |
| D6790 | Crown - Full Cast High Noble Metal                      | \$207     |
| D6791 | Crown - Full Cast Predominantly Base Metal              | \$207     |
| D6792 | Crown - Full Cast Noble Metal                           | \$207     |
| D6794 | Crown - Titanium                                        | \$207     |
| D6930 | Recement Fixed Partial Denture                          | \$20      |
| D7111 | Extraction, Coronal Remnants - Deciduous Tooth          | No Charge |

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|-----------|----------------------------------------------------------------------------------------------------|-----------|
| D7140     | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)                       | No Charge |
| D7210 (1) | Surgical Removal of Erupted Tooth                                                                  | No Charge |
| D7220 (1) | Removal of Impacted Tooth - Soft Tissue                                                            | No Charge |
| D7230 (1) | Removal of Impacted Tooth - Partially Bony                                                         | \$55      |
| D7240 (1) | Removal of Impacted Tooth - Completely Bony                                                        | \$85      |
| D7241 (1) | Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications                   | \$85      |
| D7250 (1) | Surgical Removal of Residual Tooth Roots                                                           | \$16      |
| D7251     | Coronectomy - intentional partial tooth removal                                                    | \$39      |
| D7280 (1) | Surgical Access of Unerupted Tooth                                                                 | \$27      |
| D7282 (1) | Mobilization of Erupted or Malpositioned Tooth to Aid Eruption                                     | \$33      |
| D7283     | Placement of Device to Facilitate Eruption of Impacted Tooth                                       | \$7       |
| D7285 (1) | Biopsy of Oral Tissue - Hard (Bone, Tooth)                                                         | \$55      |
| D7286 (1) | Biopsy of Oral Tissue - Soft                                                                       | \$55      |
| D7287 (1) | Cytological Sample Collection                                                                      | \$28      |
| D7310 (1) | Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant     | \$20      |
| D7311 (1) | Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant        | \$10      |
| D7320 (1) | Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant | \$28      |
| D7321 (1) | Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant       | \$14      |
| D7510 (1) | Incision and Drainage of Abscess - Intraoral Soft Tissue                                           | \$22      |
| D7511 (1) | Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated                             | \$24      |
| D7961 (1) | Buccal / labial frenectomy (frenulectomy)                                                          | \$26      |
| D7962 (1) | Lingual frenectomy (frenulectomy)                                                                  | \$26      |
| D7963 (1) | Frenuloplasty                                                                                      | \$28      |
| D9110     | Palliative (Emergency) Treatment of Dental Pain - minor procedure                                  | \$11      |
| D9222     | Deep sedation/general anesthesia - 1st 15 min                                                      | \$109     |

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|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------|
| D9223                                                                                                                                  | Deep sedation/general anesthesia - each 15 minute increment                                                   | \$87      |
| D9239                                                                                                                                  | Intravenous conscious sedation/analgesia - 1st 15 min                                                         | \$109     |
| D9243                                                                                                                                  | Intravenous conscious sedation/analgesia - each 15 minute increment                                           | \$87      |
| D9310                                                                                                                                  | Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician | No Charge |
| D9311                                                                                                                                  | Consultation with a medical health care professional                                                          | No Charge |
| D9932                                                                                                                                  | Denture cleaning and inspection of removable complete denture, maxillary                                      | \$25      |
| D9933                                                                                                                                  | Denture cleaning and inspection of removable complete denture, mandibular                                     | \$25      |
| D9934                                                                                                                                  | Denture cleaning and inspection of removable partial denture, maxillary                                       | \$25      |
| D9935                                                                                                                                  | Denture cleaning and inspection of removable partial denture, mandibular                                      | \$25      |
| D9942                                                                                                                                  | Repair and/or Reline of Occlusal Guard                                                                        | \$18      |
| D9943                                                                                                                                  | Occlusal guard adjustment                                                                                     | \$19      |
| D9944                                                                                                                                  | Occlusal guard - hard appliance, full arch                                                                    | \$173     |
| D9945                                                                                                                                  | Occlusal guard - soft appliance, full arch                                                                    | \$150     |
| D9946                                                                                                                                  | Occlusal guard - hard appliance, partial arch                                                                 | \$90      |
| D9951                                                                                                                                  | Occlusal Adjustment - limited                                                                                 | \$35      |
| D9952                                                                                                                                  | Occlusal Adjustment - complete                                                                                | \$96      |
|                                                                                                                                        | Additional Charge per Unit for Full Mouth Rehabilitation.                                                     | \$125     |
| <b>(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.</b>                           |                                                                                                               |           |
| <b>(2) Includes relines, adjustments, rebases within the 1st six months.</b>                                                           |                                                                                                               |           |
| <b>(3) Eligible on Anterior Teeth only.</b>                                                                                            |                                                                                                               |           |
| <b>Services may be subject to age and frequency limitations. See your booklet for details.</b>                                         |                                                                                                               |           |
| <b>Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.</b> |                                                                                                               |           |
| <b>Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.</b>              |                                                                                                               |           |
| <b>ORTHODONTICS</b>                                                                                                                    |                                                                                                               |           |
|                                                                                                                                        | <b>Comprehensive Orthodontic Treatment</b> - Includes exam, records, retention and appliance                  |           |
|                                                                                                                                        | Adolescent - excludes transitional dentition                                                                  | \$2000    |
|                                                                                                                                        | Adult - excludes transitional dentition                                                                       | \$2000    |

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## DMO<sup>®</sup> Dental Benefits Summary

| Other Important Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This Benefit summary of the Aetna Dental Maintenance Organization (DMO<sup>®</sup>) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.</p> <p>Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO<sup>®</sup> service area to be eligible to enroll in the DMO<sup>®</sup>.</p> <p>Due to state law, limited (varying by state) DMO<sup>®</sup> benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).</p> <p><b>Attention Massachusetts residents</b> Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.</p> |
| PLAN EXCLUSIONS AND LIMITATIONS*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Some Services Not Covered Under the Plan Are:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1. Services or supplies that are covered in whole or in part:<br>(a) under any other part of this Dental Care Plan; or<br>(b) under any other plan of group benefits provided by or through your employer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2. Services and supplies to diagnose or treat a disease or injury that is not:<br>(a) a non-occupational disease; or<br>(b) a non-occupational injury.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| 6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.                                                                                                                                                                                                                                                                         |
| 7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion. Does not apply to CA contracts.                                                                                                                                                                                                          |
| 8. Those for any of the following services (Does not apply to TX contracts):<br>(a) An appliance or modification of one if an impression for it was made before the person became a covered person;<br>(b) A crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person;<br>(c) Root canal therapy if the pulp chamber for it was opened before the person became a covered person.                       |
| 9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.                                                                                                                                                                                                                                                |
| 10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.                                                                                                                                                                                                                                                                                                                                         |
| 11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.                                                                                                                                                                                                                                                                                                                                             |
| 12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.                                                                                                                                                                                                                                                                                                                                                                             |
| 13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.                                                                                                                                                                                                                                  |
| 14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.                                                                                                                                                                                                    |
| 15. Those in connection with a service given to a dependent age 5 or older if that dependent becomes a covered dependent other than:<br>(a) during the first 31 days the dependent is eligible for this coverage, or<br>(b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:<br>(i) after the end of the 12-month period starting on the date the dependent became a covered dependent; or |

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| (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; or<br>(iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.                                                                                     |
| 16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.                                                                                                                                                         |
| 17. Those for a crown, cast or processed restoration unless:<br>(a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or<br>(b) The tooth is an abutment to a covered partial denture or fixed bridge.                                                                                   |
| 18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.                                                                                                                                                                                          |
| 19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.                                                                                                                                                                                               |
| 20. Services needed solely in connection with non-covered services.                                                                                                                                                                                                                                                                        |
| 21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services. Does not apply to CA contracts.                                                                                                                                                                                  |
| Any exclusion above will not apply to the extent that coverage of the charge is required under any law that applies to the coverage.                                                                                                                                                                                                       |
| *This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.                                                                                                                                                                                                                       |
| <b>Specialty Referrals</b>                                                                                                                                                                                                                                                                                                                 |
| 1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee. |
| 2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.                                                     |

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## DMO<sup>®</sup> Dental Benefits Summary

| Emergency Dental Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Your Dental Care Plan Coverage Is Subject to the Following Rules:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Replacement Rule</b><br/>The replacement of; addition to; or modification of:<br/>existing dentures;<br/>crowns;<br/>casts or processed restorations;<br/>removable denture;<br/>fixed bridgework; or<br/>other prosthetic services<br/>is covered only if one of the following terms is met:</p> <p>The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.</p> <p>The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.</p> <p>The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.</p> |
| <p>The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>Tooth Missing But Not Replaced Rule (Does not apply to TX and CA contracts.)</b><br/>Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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**Alternate Treatment Rule:** If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

### Finding Participating Providers

Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at [www.aetna.com](http://www.aetna.com).

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

**Telehealth Services:** the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may

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vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

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## DMO® Dental Benefits Summary

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| English                 | To access language services at no cost to you, call the number on your ID card.                                                             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Albanian                | Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.                                         |
| Amharic                 | የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።                                                                                       |
| Arabic                  | للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.                                                |
| Armenian                | Ձեր նախընտրած լեզվով ավել՝ ապահովություններ ստանալու համար՝<br>զանգահայելք ձեր բժշկական ապահովագրության քարտի վրա նշված<br>հեռախոսահամարով: |
| Bantu-Kirundi           | Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe                                                       |
| Bengali                 | আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।                                                       |
| Burmese                 | သင့်အနေဖြင့် အခကြေးငွေ မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပြားတို့တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။               |
| Catalan                 | Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d’identificació.                 |
| Cebuano                 | Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.                            |
| Chamorro                | Para un hago'i i setbisien lengguañi ni dibåtde para hàgu, àgang i numiru gi iyo-mu kard aidentifikasion.                                   |
| Cherokee                | ႵႴႯႠ ြႧႡႩႸႨ ᄏႦႧႡႮႨႩ ᄒႤႧႯႨ ᄃႻႻႽႲႨႩႨႩ ᄆႺ, ᄇႡႡႨႨႩႨႩ ᄇႯႩ ᄃႻႯႨ ᄆႻႯႨႩႨႩ ᄇႯႩ ID ᄆႻႯႨ ᄇႯႩႨ.                                                         |
| Chinese Traditional     | 如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼                                                                                                                |
| Choctaw                 | Anumpa tosholi i toksvli ya peh pillá ho ish i payahinla kv́t chi holisso kallo iskitini holhtena takanlı ma i payah                        |
| Chuukese                | Ren omw kopwe angei anininis eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID                               |
| Cushitic-Oromo          | Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.                        |
| Dutch                   | Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.                                                                     |
| French                  | Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.                |
| French Creole (Haitian) | Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.                                      |
| German                  | Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.                           |
| Greek                   | Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.                                              |
| Gujarati                | તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.                                             |

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Plan 76I

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## DMO® Dental Benefits Summary

| Dine Dialects Summary |                                                                                                                                                                   |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hawaiian              | No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.                                           |
| Hindi                 | बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।                                                                      |
| Hmong                 | Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npaw ID.                                                              |
| Igbo                  | Inweta enyemaka asụsụ na akwughi ugwo obula, kpọọ nọmba nọ na kaadi njirimara gi                                                                                  |
| Ilocano               | Tapno maakes dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.                                                      |
| Indonesian            | Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.                                                       |
| Italian               | Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.                                                     |
| Japanese              | 無料の言語サービスは、IDカードにある番号にお電話ください。                                                                                                                                    |
| Karen                 | လၢတၢ်ကၢမၤန့ၣ်တၢ်မၤအၢတၢ်ဒီးတၢ်မၤတၢ်တၢ်<br>လၢတၢ်အိၣ်ဒီးအၢပုၤလၢနကတၢ်တၢ်တၢ်အိၣ်ဒီးတၢ်တၢ်လၢအိၣ်လၢနဒိၣ်ဂီၤ (ID) အလၢန့ၣ်တၢ်က့ၢ်.                                         |
| Korean                | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.                                                                                                                     |
| Kru-Bassa             | I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla                                                        |
| Kurdish               | بۆ دەستگیرکردنی بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتی خۆت.                                                          |
| Lao                   | ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.                                                                                         |
| Marathi               | आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.                                                            |
| Marshallese           | Nan bōk jipān kōn kajin ilo an ejjelōk wōnean nan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.                                                                 |
| Micronesian-Ponapean  | Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.                                                                        |
| Mon-Khmer, Cambodian  | ដើម្បីទទួលបានសេវាភាសាសេរីសេរីគិតថ្លៃសម្រាប់លោកអ្នក<br>សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។                                                |
| Navajo                | T'áá n' nizaad k'ehjí bee níká a'doowol doo b'ááá h'ílnígóó naaltsoos bee atah nílgígo nanitínígíí bee néé'ho'dó'zínígíí béésh bee hane'í biká'ígíí áájí' hólne'. |
| Nepali                | भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।                                                                           |
| Nilotic-Dinka         | Tē koor yin ran de wëër de thokic ke cîn wëu kør keek tēnɔŋ yin. Ke yin cɔl ran ye koc kuony nē namba de abac tō nē ID kard duɔŋ de tūt de nyin de panakim kōu.   |
| Norwegian             | For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.                                                                                      |

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