

Important disclosure information about traditional and PPO-based dental plans:

- Preferred Provider Organization (PPO)\*
- Aetna Dental® PPO Max Plan\*
- Aetna Dental Preventive Care<sup>SM</sup>
- Aetna Dental® Indemnity plan
- Aetna Dental Care Reward<sup>SM</sup>

\*In Texas, the dental PPO is known as the Participating Dental Network (PDN).

Dental PPO and dental indemnity insurance plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

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## Features of a traditional or PPO-based dental plan

Most, but not all, of the information in this document applies to your specific traditional or PPO-based dental plan.

You will find that some of the information in this document applies only to a handful of states. To be sure about which plan features apply to you, check your Summary of Benefits and Coverage plan documents. Can't find them? You can ask your benefits administrator or call Member Services to have a copy of your plan documents mailed to you.

### **How we pay your dentist and other providers**

We pay your dentist and other providers depending on the type of the plan you have. We encourage you to ask your dentists and other providers how they are paid for their services. Some plans require you to personally bear all costs if you use health care providers or facilities that are not authorized by your plan. As stated above, be sure to check your plan documents to see which plan features apply to you.

### **Not yet a member?**

For help understanding how a certain dental plan works, review the plan's Summary of Benefits and Coverage document.

### **Avoid unexpected bills**

To avoid a surprise bill, make sure you check your plan documents to see what's covered *before* you get dental care. Also, make sure you get care from a provider who is part of your plan's network. This just makes sense because:

- We have negotiated lower rates for you
- Network dentists won't bill you above our negotiated rates for covered services
- You have access to quality care from our national network

### **Get a free printed directory**

To get a free printed list of dental care providers, call the toll-free number on your member ID card. If you're not yet a member, call **1-877-238-6200 (TTY: 711)**.

## Important information for certain states and plans

Here is additional disclosure content that varies by state.

### Colorado

This policy does not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the state of Colorado and can be purchased as a stand-alone plan or as a covered benefit in another health plan. Please contact your insurance carrier, agent or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

#### **Aetna dental network access plan (For individual Aetna dental PPO and group dental PPO/DMO plan members)**

We maintain network access plans for our dental provider networks in Colorado. These plans have important information about your dental plan's provider network — including how we monitor the networks to be sure they meet our members' dental care needs.

To view the Aetna dental network access plan for Colorado, you can do any of the following:

- (1) Visit **[Aetna.com/individuals-families/member-rights-resources/rights/state-specific-information.html](https://www.aetna.com/individuals-families/member-rights-resources/rights/state-specific-information.html)** and scroll down to find Colorado.
- (2) Visit **Aetna.com**.  
Scroll to the bottom of the page and select Plan Disclosures.  
From that page, select State Specific Information.  
Scroll down to find Colorado.
- (3) Request a printed copy by calling Member Services at **1-877-238-6200**.

### Connecticut

#### **Connecticut dental plan members**

If there is no in-network dentist within 15 miles of your residence in Fairfield County or 30 miles in all other counties, or if an in-network dental office cannot provide you with 1) emergency care within 48 hours, 2) routine care within 10 business days, or 3) nonurgent specialist care within 15 business days, you can contact Member Services at **1-877-238-6200 (TTY: 711)** to ask for approval to get the in-network level of benefits when visiting the out-of-network dentist you end up choosing.

**Note: This doesn't apply to indemnity plans.**

### Georgia

Members can call Member Services at **1-877-238-6200 (TTY: 711)** to confirm whether a dental provider is in the network and/or accepting new patients. Members can also ask Member Services for a summary of any agreement or contract between Aetna and any dental care provider. The summary will not include financial agreements as to actual rates, reimbursements, charges or fees negotiated by Aetna and the provider. The summary will include a category or type of compensation paid by Aetna to each class of provider under contract with Aetna.

### Hawaii

If you live in Hawaii, you may contact the Hawaii Department of Commerce and Consumer Affairs, Insurance Division at **808-586-2790**.

#### **Informed consent**

You have the right to be fully informed before making any decision about any benefit, treatment, or nontreatment. Your dental provider will do all of the following actions:

- Discuss all treatment options, including the option of no treatment at all.
- Ensure that persons with disabilities have an effective means of communication with the provider and other members of the managed care plan.
- Discuss all risks, benefits and consequences of treatment and nontreatment.

### Illinois

While every primary care dentist listed in the dental directory has a contract with Aetna to provide primary care services, not every provider listed will be accepting new patients. Although we identified providers who were not accepting patients at the time the dental directory was created, the status of the dental practice may have changed. To get the most current information about any dental practice, call either the dental practice or Member Services at **1-877-238-6200 (TTY: 711)**. You can get more information about the network, participating providers or our grievance procedures by using the online provider search tool at **Aetna.com** or by calling Member Services.

## Kansas

Kansas law permits you to have the following information upon request: (1) a complete description of the dental care services, items and other benefits to which you are entitled in the particular dental plan that is covering or being offered to you; (2) a description of any limitations, exceptions or exclusions to coverage in the dental benefits plan, including prior-authorization policies or other provisions that restrict your access to covered services or items; (3) a listing of the plan's participating dental providers, their business addresses and telephone numbers, their availability and any limitation on your choice of provider; (4) notification in advance of any changes in the dental benefits plan that either reduces the coverage or increases the cost to you; and (5) a description of the grievance and appeal procedures available under the dental benefits plan and your rights regarding termination, disenrollment, nonrenewal or cancellation of coverage.

## Kentucky

### A provider's right to join the network

Any dental care provider who meets our enrollment criteria and who is willing to meet the terms and conditions for participation has a right to become a participating provider in our network.

### Kentucky appeals process

(1) As a member of Aetna, you have the right to file an appeal about service(s) you have received from your dental care provider or Aetna if you are not satisfied with the outcome of the initial determination and if the request is regarding a decision change for:

- Certification of health care services
- Claim payment
- Plan interpretation
- Benefits determination
- Eligibility

(2) You or your authorized representative may file an appeal within 180 days of an initial determination. You may contact Member Services at **1-877-238-6200 (TTY: 711)**.

(3) A Customer Resolution Consultant will acknowledge the appeal within five business days of receipt. A Customer Resolution Consultant may call you or your dental care provider for dental records and/or other pertinent information.

- (4) Our goal is to complete the appeal process within 30 days of receipt of your appeal. An appeal file is reviewed by an individual who was neither involved in any prior coverage determinations related to the appeal nor a subordinate of the person who made a prior coverage determination. A dentist or other appropriate clinical peer will review clinical appeals. A letter of resolution will be sent to you upon completion of the appeal. It is important to note that it is a covered member's right to submit new clinical information at any time during the appeal of an adverse determination or coverage denial to an insurer or provider.
- (5) If your appeal is for a decision not to certify urgent or ongoing services, you should request that the appeal be expedited. An example of an expedited appeal is a case where a delay in making an appeal decision might seriously jeopardize the life or health of the member or jeopardize the member's ability to regain maximum function. An expedited appeal will be resolved within 72 hours. If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.
- (6) If you are dissatisfied with the outcome of a clinical appeal, and the amount of the treatment or service would cost the covered individual at least \$100.00 if they had no insurance, you may request a review by an external review organization (ERO). The request must be made within 60 days of the final internal review. A request form will be included in your final determination letter. You can also get the form by calling Member Services at **1-877-238-6200 (TTY: 711)**. The ERO will make a decision within 21 calendar days of your request. As with the appeal, if medical urgency is a concern, you can request an expedited review. If you disagree with the ERO's decision, you may file a complaint with the Kentucky Department of Insurance.
- (7) As a member, you may, at any time, contact your local state agency that regulates health care service plans for any complaint or appeal issues that Aetna has not resolved or has not resolved to your satisfaction. Requests may be submitted to: Kentucky Department of Insurance, PO Box 517, Frankfort, KY 40602-0517.
- (8) Your plan might provide other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your plan administrator, your local U.S. Department of Labor Office, or your state insurance regulatory agency.

## **Maryland**

For quality-of-care issues and life and health care insurance complaints, you may contact either or both of the organizations below.

### **(1) Aetna Dental Grievance and Appeals Unit**

- **Mail:**

Aetna Dental Grievance and Appeals Unit  
PO Box 14080  
Lexington, KY 40512-4080

- **Toll-free phone: 1-877-238-6200 (TTY: 711)**

### **(2) Maryland Insurance Administration of Life and Health**

- **Mail:**

Maryland Insurance Administration of Life and Health  
Insurance Complaints  
200 Saint Paul Place, Suite 2700  
Baltimore, MD 21202

- **Toll-free phone: 1-800-492-6116**

- **Local phone: 410-468-2244**

- **Fax: 410-468-2243**

For help resolving a billing or payment dispute with the dental plan or your dental care provider, you may contact either or both of the organizations below.

### **(1) Aetna Dental Grievance and Appeals Unit**

- **Mail:**

Aetna Dental Grievance and Appeals Unit  
PO Box 14080  
Lexington, KY 40512-4080

- **Toll-free phone: 1-877-238-6200 (TTY: 711)**

### **(2) Maryland Health Education and Advocacy Unit**

- **Mail:**

Maryland Health Education and Advocacy Unit  
Consumer Protection Division, Office of the  
Attorney General  
200 Saint Paul Place, 16th Floor  
Baltimore, MD 21202

- **Phone: 410-528-1840**

- **Fax: 410-576-7040**

- **Email: [HEAU@oag.state.md.us](mailto:HEAU@oag.state.md.us)**

- **Web: [oag.state.md.us/Consumer/HEAU.htm](http://oag.state.md.us/Consumer/HEAU.htm)**

**Note: The plan is not required to pay counsel fees or any other fees or costs incurred by a member in pursuing a complaint or appeal.**

# Maryland

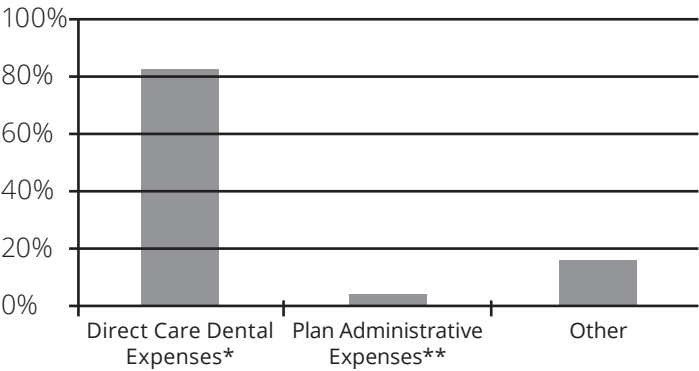
## How we pay providers

The Maryland Insurance Administration requires this explanation. Although the examples below do not involve dental benefits, the payment methods illustrated may be applicable to your network providers.

| Terms                      | These examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.   | Percentage of dentists paid by each method |
|----------------------------|---|--|
| Salary                     | <p>A physician is an employee of Aetna and is paid compensation (monetary wages) for providing specific health care services. Since Dr. Jones is an employee of Aetna, she receives her usual biweekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing prenatal care to Mrs. Smith, who is a member of Aetna, Dr. Jones' salary is unchanged.</p> <p>Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have any effect on Dr. Jones' salary.</p>  | 0%   |
| Capitation                 | <p>A physician (or group of physicians) is paid a fixed amount of money per month by Aetna for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services an individual patient requires. Under this type of contractual arrangement, Dr. Jones participates in an Aetna network. She is not employed by Aetna. Her contract with Aetna stipulates that she be paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of Aetna, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.</p>  | 0%   |
| Fee-for-service            | <p>A physician charges a fee for each patient visit, medical procedure or medical service provided. An HMO pays the entire fee for physicians it has under contract, and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder. Dr. Jones' contract with the insurer or Aetna states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend on the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for some portion of the bill.</p> | 100%                                       |
| Discounted fee-for-service | <p>Payment is less than the rate usually received by the physician for each patient visit, medical procedure or service. This arrangement is the result of an agreement between the payer, who gets lower costs, and the physician, who usually gets an increased volume of patients. Like fee-for-service, this type of contractual arrangement involves Aetna paying Dr. Jones for each patient visit and each delivery; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure she performs, Aetna will pay Dr. Jones a discounted rate.</p>  | 0%   |

| Terms     | These examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.   | Percentage of dentists paid by each method |
|-----------|---|--|
| Bonus     | A physician is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services. Aetna rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment. | 0%   |
| Case rate | Aetna and the physician agree in advance that payment will cover a combination of services provided by both the physician and hospital for an episode of care. This type of arrangement stipulates how much Aetna will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from Aetna for the care provided to Mrs. Smith.  | 0%   |

Premium dollar distribution



The cost of providing dental services in the State of Maryland did not exceed the premium revenue per \$100.

\*Dental Expenses includes the costs of dental services, other professional services, referrals, emergency room visits, hospitalization and pharmacy

\*\*Administrative Expenses include, but may not be limited to: occupancy, depreciation and amortization, marketing, salaries, interest expense and accounting and corporate expenses.



## Massachusetts

### Supplemental dental notice

We are required by law to provide you with the Massachusetts disenrollment rate. The voluntary disenrollment rate for insured persons is 0 percent. The involuntary disenrollment rate for insured persons is 0 percent. If you need a printed copy of the disenrollment rate notice, call the number on your ID card.

For the purposes of 211 CMR 52.14(1)(c), the term “voluntary disenrollment” means that an insured has terminated coverage with the carrier for nonpayment of premium. For the purposes of 211 CMR 52.14(1)(c), the term “involuntary disenrollment” means that a carrier has terminated the coverage of the insured due to any of the reasons contained in 211 CMR 52.13(3)(j)2 and 3:

- Misrepresentation or fraud on the part of the insured
- Commission of acts of physical or verbal abuse by the insured which pose a threat to providers or other insureds of the carrier and which are unrelated to the physical or mental condition of the insured, provided that the commissioner prescribes or approves the procedures for the implementation of the provisions of 211 CMR 52.13(3)(i)3

If you have any questions concerning this information, please contact the Massachusetts Office of Patient Protection by any of the ways below.

- **Toll-free phone: 1-800-436-7757**
- **Fax:** 617-624-5046
- **Web:** [Mass.gov/Orgs/Office-of-Patient-Protection](https://www.mass.gov/Orgs/Office-of-Patient-Protection)

## Michigan

Michigan members may contact the Michigan Office of Financial and Insurance Services at **517-284-8800** to verify participating providers’ licenses and to access information on formal complaints and disciplinary actions filed or taken against a dental care provider.

## North Carolina

### North Carolina dental PPO plan members

You may be eligible to receive authorization for the in-network level of benefits when covered dental services are performed by a nonparticipating dentist. If you are unable to find a participating general dentist (within 75 miles of your home) or a specialty\* dentist (within 40 miles of your home), or if there is an unreasonable appointment delay, you can call Member Services.

Member Services will find a participating dentist for you (within the accessibility and appointment wait guidelines) or authorize that you can receive services from a dentist outside the network. Your out-of-pocket

cost will be the same as if you had received services from a participating dentist.

## Virginia

### Virginia contact information

If you need to contact someone about your insurance for any reason, please contact your agent. If no agent was involved in the sale of your insurance or if you have questions, you may contact the insurance company issuing your insurance at the following address and telephone number:

- **Mail**  
Aetna Life Insurance Company  
PO Box 14080  
Lexington, KY 40512-4597
- **Toll-free phone: 1-877-238-6200 (TTY: 711)**

If you have been unable to contact or obtain satisfaction from the company or the agent, you may also contact any or all of the organizations below.

### (1) Virginia State Corporation Commission

- **Mail**  
Virginia State Corporation Commission, Bureau of Insurance  
PO Box 1157  
Richmond, VA 23218-1157
- **Phone: 804-371-9741**
- **Toll-free-in-Virginia-only phone: 1-800-552-7945**

### (2) Virginia Office of the Managed Care Ombudsman

- **Mail**  
Virginia Office of the Managed Care Ombudsman, Bureau of Insurance  
PO Box 1157  
Richmond, VA 23218
- **Toll-free phone: 1-877-310-6560 (select option 1)**
- **Fax: 804-371-9944**
- **Email:** [Ombudsman@scc.virginia.gov](mailto:Ombudsman@scc.virginia.gov)

### (3) Virginia Department of Health, Complaint Intake

- **Mail**  
Virginia Department of Health, Complaint Intake, Office of Licensure and Certification  
9960 Mayland Drive, Suite 401  
Henrico, VA 23233-1463
- **Toll-free phone: 1-800-955-1819**
- **Local phone: 804-367-2106**
- **Fax:** 804-527-4503
- **Email:** [OLC-Complaints@vdh.virginia.gov](mailto:OLC-Complaints@vdh.virginia.gov)

\*Specialty dentists include endodontists, periodontists, pedodontists, oral surgeons and orthodontists.



Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

Aetna Life Insurance Company is regulated as a Managed Care Health Insurance Plan (MCHIP) and, as such, is subject to regulation by both the Virginia State Corporation Commission Bureau of Insurance and the Virginia Department of Health.

## **Washington**

### **Washington State**

The following materials are available: any documents referred to in the enrollment agreement; any applicable pre-authorization procedures; dentist compensation arrangements and descriptions of and justification for provider compensation programs; and circumstances under which the plan may retroactively deny coverage previously authorized.

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

We provide 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 the number on your ID card.

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**).

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)**.

TTY: 711

To access language services at no cost to you, call 1-888-982-3862 .

Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)

如欲使用免費語言服務，請致電 1-888-982-3862 。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-982-3862 . (Arabic)

Pou jwenn sèvis lang gratis, rele 1-888-982-3862 . (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862 . (Italian)

言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862 . (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862 . (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)