

**ILLINOIS AETNA ADVANTAGE PLAN OPTIONS**

Individual Dental PPO Max		
	Preferred	Nonpreferred
<b>Annual Deductible per Member</b> (does not apply to Diagnostic and Preventive Services)	\$25; \$75 Family maximum	\$25; \$75 family maximum
Annual maximum benefit	Unlimited	Unlimited
<b>Diagnostic Services</b>		
<b>Oral Exams</b>		
Periodic oral exam	100% not subject to deductible	50% not subject to deductible
Comprehensive oral exam	100% not subject to deductible	50% not subject to deductible
Problem-focused oral exam	100% not subject to deductible	50% not subject to deductible
<b>X-rays</b>		
Bitewing - single film	100% not subject to deductible	50% not subject to deductible
Complete series	100% not subject to deductible	50% not subject to deductible
<b>Preventive Services</b>		
Adult Cleaning	100% not subject to deductible	50% not subject to deductible
Child Cleaning	100% not subject to deductible	50% not subject to deductible
Sealants - per tooth	Discount	Not Covered
Flouride Application - with cleaning	100% not subject to deductible	50% not subject to deductible
Space Maintainers	Discount	Not Covered
<b>Basic Services</b>		
Amalgam Filling - 2 surfaces	100% not subject to deductible	50% not subject to deductible
Resin filling - 2 surfaces anterior	Discount	Not Covered
Oral Surgery	Discount	Not Covered
Extraction-exposed root or erupted tooth	Discount	Not Covered
Extraction of impacted tooth - soft tissue	Discount	Not Covered
<b>Major Services</b>		
Complete upper denture	Discount	Not Covered
Partial Upper Denture (resin base)	Discount	Not Covered
Crown - porcelain with noble metal	Discount	Not Covered
Pontic - porcelain with noble metal	Discount	Not Covered
Inlay - metallic (3 or more surfaces)	Discount	Not Covered
<b>Oral Surgery</b>		
Removal of impacted tooth-partially bony	Discount	Not Covered
<b>Endodontic Services</b>		
Bicuspid root canal therapy	Discount	Not Covered
Molar root canal therapy	Discount	Not Covered
<b>Periodontic Services</b>		
Scaling & Root planing - per quadrant	Discount	Not Covered
Osseous surgery - per quadrant	Discount	Not Covered
<b>Orthodontic Services</b>	Discount	Not Covered <sup>ILL</sup>

**Access to negotiated discounts: members are eligible to receive non covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist at any time.**

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

This list of covered services is representative. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the county list located on page 2 of the Aetna Advantage Brochure.

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

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