

CRC Retiree Dental Summary - 2021

Network: Dental PPO/PDN/with PPOII

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Annual Deductibles	\$50 individual/\$150 family
Benefit Maximums <ul style="list-style-type: none"> • Annual maximum • Lifetime maximum • Lifetime orthodontic maximum 	\$2,000 per individual/calendar year Unlimited (except for orthodontic) \$2,500 per dependent under age 19
Benefit Service	Coinsurance
Preventive and Diagnostic Services <ul style="list-style-type: none"> • Routine oral exams (max. 2 exams/calendar year) • Cleaning and scaling of teeth - prophylaxis (max. 3 treatments/calendar year) • Bitewing X-rays (one set/calendar year age 14 and over; two sets/ calendar year under age 14) • Diagnostic X-rays (one full mouth or panoramic series in any 36-month period) • Fluoride application (one/calendar year for dependents under age 16) • Sealants (once in any 36-month period only on permanent molars for dependents under age 16) • Space maintainers (for premature loss of primary teeth only) • Problem-based exams 	Covered at 100% <u>before</u> annual deductible
Restorative Services <ul style="list-style-type: none"> • Simple extractions • Oral surgery for wisdom teeth extractions • Other oral surgery if the procedure is not covered under your medical plan • Fillings, except gold • Repair or recementing of crowns, inlays, bridgework, dentures • Relining of dentures • Treatment of diseases of the gums and tissues of the mouth (periodontics) • Endodontic treatments such as root canals • General anesthesia, if medically necessary 	Covered at 80% <u>after</u> annual deductible
Major Services <ul style="list-style-type: none"> • Crowns, inlays or gold fillings • Dentures • Fixed bridgework (including inlays and crowns as abutments) 	Covered at 50% <u>after</u> annual deductible
Orthodontic Services Braces and other orthodontic treatment for dependents under age 19	Covered at 50% <u>before</u> annual deductible