

## Aetna Inc. Advantage Dental Cover for CUMC

### Summary of Benefits\*

\*All benefits are subject to applicable limitations, exclusions and copayments. Please consult applicable plan documents for further details.

#### Covered Services

Members pay a \$5.00 copay per person per visit for the following services when rendered by their primary care dentist.

#### Diagnostic Care

Office visit for oral examination (limit to 2 visits per year)

Emergency Exam

Diagnostic Casts

Bitewing X-rays (not more than twice a year)

Entire X-ray series or panoramic equivalents  
(limited to once every 3 years)

Periapical X-rays (individual tooth) and other dental  
X-rays as necessary

Pulp vitality tests

Consultation with primary dentist

#### Plan Coverage

Covered in full

Covered in full

Covered in full

Covered in full

Covered in full

Covered in full

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Covered in full

#### Preventive Care

Prophylaxis, including cleaning and polishing  
(limited to 2 treatments every year)

Topical application of fluoride (2 treatments per year for  
Children under age 18)

Sealants (limited to once every 3 years for permanent  
bicuspid and molars of children under age 18)

Oral hygiene instruction

Dietary advice and counseling

Minor occlusal (bite) adjustments

Covered in full

Covered in full

Covered in full

Covered in full

Covered in full

Covered in full

#### Restorative Care

Amalgam restorations & related medication

Composite restoration and related medication

Retention pins (as necessary)

Sedative fillings

Minor denture adjustment

Covered in full

Covered in full

Covered in full

Covered in full

Covered in full

#### Periodontic Care

Scaling and root planing

Covered in full

#### Oral Surgery

Non-surgical extractions and related medications

Covered in full