

Need emergency dental care? You're covered 24 hours a day, 7 days a week.



Here are some examples of covered dental services

- Preventive care — cleanings, X-rays and more
- Basic care — fillings, simple extractions, root canals, basic restorative work and more
- Major services — bridges, crowns, dentures and more

Some covered services have limitations based on your age or how often they are used. Definitions of covered services may vary by plan. Refer to your plan documents for details on covered services and benefit levels.

What's not covered?

Here's a partial listing of charges and services this dental plan does not cover. For a complete listing of exclusions and limitations, refer to your Certificate of Coverage.

- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as a joint disorder commonly known as TMJ
- Replacement of lost, missing or stolen dental appliances and certain damaged dental appliances
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition
- All other limitations and exclusions in your Certificate of Coverage

Start saving on vision products, fitness programs and more

These savings are part of a discount program, not insurance. But isn't it great to get discounts on other health services, too? As an Aetna dental member, you'll get discounts on a variety of vision, hearing and fitness products and services. You'll enjoy discounts on vitamins, massage and acupuncture, too. Show your ID card at participating locations to save.

And you can save on Sonicare® toothbrushes and a variety of Epic Dental products like gum, mints, toothpastes, and mouth rinses with xylitol — a natural sweetener designed to stop tooth decay.



Have questions?

Just call 1-877-24 DENTAL
(1-877-243-3682)

We're here to help!

Want a quote now?

Visit www.aetna.com/buydental

If you need this material translated into another language, please call Member Services at 1-877-238-6200.

Si usted necesita este documento en otro idioma, por favor llame a Servicios al Miembro al 1-877-238-6200.

This material is for information only and is not an offer or invitation to contract. Dental insurance plans contain exclusions and limitations. Dental information programs provide general dental information and are not a substitute for diagnosis or treatment by a dentist or other dental care professional. Dental providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and/or group size and are subject to change. Discount programs provide access to discounted prices and are NOT insured benefits, discounts may be provided by independent vendors. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma include: GR-9 and/or GR-9N, GR-23, GR-29, GR-29N and/or Dental-11826 Ed 9/04.

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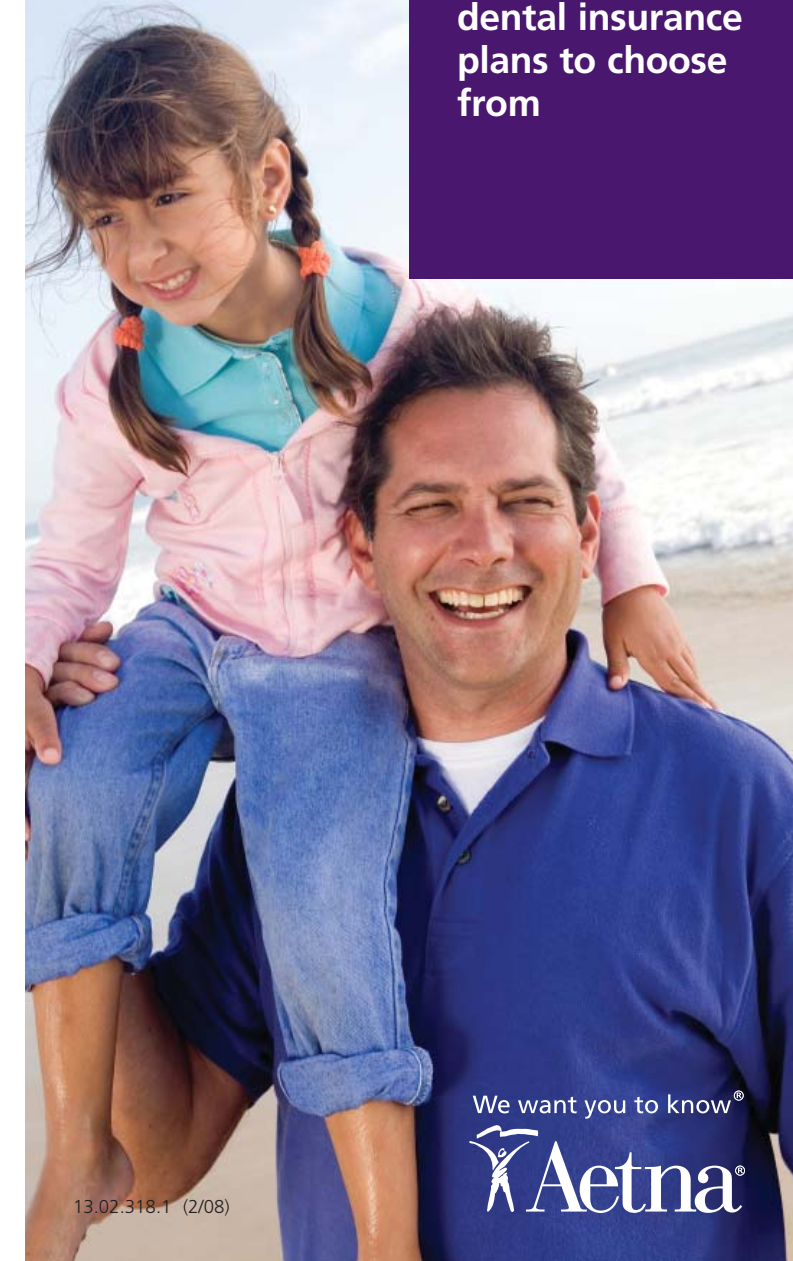
We want you to know®

www.aetna.com

Aetna dental plans for individuals

Aetna Dental PPO and PPO Plus

Two great dental insurance plans to choose from



We want you to know®


13.02.318.1 (2/08)



Are you looking for dental insurance for you and your family? Check out our newest offering — Aetna[†] dental plans for individuals.

If you need coverage for preventive care, basic and major dental services, Aetna Dental Plans for Individuals offers two great plans.

- Aetna Individual AdvantageSM PPO Plan
- Aetna Individual AdvantageSM PPO Plus Plan

In-network or out?

With the Aetna dental insurance plans for individuals, you can obtain services from either a participating or nonparticipating dentist. *Participating dentists have agreed to provide services at a negotiated rate for both covered services, as well as noncovered services such as cosmetic teeth whitening and orthodontic care, so you generally pay less out of pocket.* You also have the flexibility to visit a dentist who does not participate in Aetna’s network, though you will not benefit from negotiated fees.

- Refer to our DocFind[®] directory at www.aetna.com to select a participating dentist, or call Member Services. You also have the freedom to visit a licensed dentist who does not participate in the Aetna network.

[†]Dental insurance plans are offered and or 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.

Dental services covered and amount paid by plan — In-Network Coverage*

	Aetna PPO Plus pays	Aetna PPO pays
Diagnostic and preventive	100% not subject to deductible	80% not subject to deductible
Periodontal maintenance cleanings	80%	50%
Denture repair, rebase and relining	80%	50%
Basic restorative (fillings)	50%	50%
Oral surgery	50%	50%
Endodontics (root canals)	50%	50%

Additional coverage

Periodontics	50%	50%
Crown and cast restorations	50%	50%
Prosthodontics (dentures)	50%	50%
Temporomandibular joint (TMJ) dysfunction	Not covered	Not covered
Dental accident	N/C	N/C
Lifetime maximum — dental accident	N/A	N/A

Deductibles and maximums per member enrolled

Deductible (calendar year)	\$50	\$100
Maximum benefit (calendar year)	\$1,200	\$1,000

Waiting period

Basic	6 months	6 months
Major	18 months	18 months

*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. Above list of covered services is representative. Not all services are covered. See plan documents for a full list of exclusions and limitations.

Thinking about your yearly coverage limit?

Dentists in Aetna’s network have agreed to provide covered services at negotiated rates. They have also agreed to charge negotiated rates for noncovered services, such as cosmetic teeth whitening. So smile! See a network dentist.

Feel good about your dental care decisions — our online services can help

You’ll get the tools you need to manage your dental care and get the dental health information you need 24 hours a day, 7 days a week.

Manage your dental benefits — it’s a snap!

Find a dentist. Track a claim. Replace your ID card and more. It’s easy with Aetna Navigator[®], our secure member website. You can:

- Find a network dentist through our DocFind online directory. Search for a dentist by name, specialty, zip code and miles. You can do it by city and state or county and state, too. You’ll even find maps and directions to your dentist’s office.
- Get estimated average costs for cleanings, fillings, X-rays, crowns, dentures and more. It’s a great tool to help you manage your dental expenses.
- See who’s covered by your plan.
- Check claims and statements.
- Request replacement ID cards.
- Send us an e-mail. We’re ready to help!

Dental information at your fingertips

We also have an informational dental website at www.simplestepsdental.com. There you’ll find articles and facts on over 50 dental conditions and treatments. Have a question? There’s an *Ask the Dentist* feature and so much more!

No computer — no problem

Contact us by phone

After you enroll, you can call our customer service representatives toll free for answers to your questions. See the number on the dental ID card you get after you enroll. Our experienced staff is ready to help!

Did you know?

Medical research continues to show an association between heart disease and gum disease.¹ Researchers have also found a higher incidence and severity of gum disease among diabetics.² That’s why seeing your dentist regularly might be one of the best defenses against illness — for good oral health as well as overall health.

¹Demmer, Ryan T; Desvarieux, Moise. Periodontal infections and cardiovascular disease. *Journal of the American Dental Association*. October 2006; Volume 137: Page 1.

²Mealy, Brian L. Periodontal disease and diabetes. *Journal of the American Dental Association*. October 2006; Volume 137: Page 1.

Aetna Individual Advantage Dental Plan Options

Aetna Advantage Plans for Individuals and Families Monthly Dental Rates, Effective 6/1/08

Your rates are guaranteed not to increase for 12 months from your effective date.

Arizona Zip Codes	Ages	AETNA INDIVIDUAL ADVANTAGE SM DENTAL PPO PLUS PLAN			AETNA INDIVIDUAL ADVANTAGE SM DENTAL PPO PLAN		
		Single	Two People*	Family*	Single	Two People*	Family*
85001 - 85499, 85601 - 85899	Less than 50	\$34.76	\$70.88	\$118.01	\$28.90	\$59.08	\$98.47
	50 and over	\$46.11	\$87.61	\$132.29	\$39.08	\$74.26	\$111.52
85501 - 85599, 85901 - 86999	Less than 50	\$29.80	\$60.55	\$101.18	\$25.03	\$50.96	\$85.29
	50 and over	\$39.04	\$74.17	\$112.80	\$33.32	\$63.31	\$95.91
Delaware Zip Codes	Ages	Single	Two People*	Family*	Single	Two People*	Family*
19701 - 19899	Less than 50	\$31.49	\$64.10	\$106.91	\$26.30	\$53.67	\$89.63
	50 and over	\$41.52	\$78.90	\$119.53	\$35.31	\$67.09	\$101.16
19901 - 19999	Less than 50	\$32.28	\$65.74	\$109.59	\$26.92	\$54.96	\$91.73
	50 and over	\$42.65	\$81.03	\$122.63	\$36.23	\$68.84	\$103.65
Illinois Zip Codes	Ages	Single	Two People*	Family*	Single	Two People*	Family*
60001 - 60899	Less than 50	\$37.99	\$77.55	\$128.97	\$26.92	\$54.96	\$91.73
	50 and over	\$50.61	\$96.15	\$144.84	\$36.23	\$68.84	\$103.65
60901 - 62999	Less than 50	\$28.26	\$57.30	\$95.95	\$23.86	\$48.44	\$81.28
	50 and over	\$36.73	\$69.79	\$106.60	\$31.45	\$59.75	\$91.01
Pennsylvania Zip Codes	Ages	Single	Two People*	Family*	Single	Two People*	Family*
15001 - 15999	Less than 50	\$30.42	\$61.86	\$103.26	\$27.83	\$56.88	\$94.84
	50 and over	\$39.99	\$75.98	\$115.30	\$37.59	\$71.42	\$107.33
16001 - 16299	Less than 50	\$32.04	\$65.25	\$108.77	\$26.70	\$54.49	\$90.97
	50 and over	\$42.31	\$80.39	\$121.69	\$35.90	\$68.20	\$102.75
16301 - 16599	Less than 50	\$30.00	\$60.99	\$101.83	\$25.11	\$51.16	\$85.56
	50 and over	\$39.39	\$74.84	\$113.65	\$33.53	\$63.71	\$96.34
16601 - 17999, 18201 - 18899	Less than 50	\$28.82	\$58.54	\$97.85	\$24.20	\$49.24	\$82.44
	50 and over	\$37.72	\$71.66	\$109.04	\$32.17	\$61.12	\$92.65
18001 - 18199, 19501 - 19699	Less than 50	\$32.41	\$66.01	\$110.02	\$26.98	\$55.10	\$91.95
	50 and over	\$42.83	\$81.38	\$123.13	\$36.33	\$69.02	\$103.91
18901 - 19499	Less than 50	\$37.88	\$77.39	\$128.58	\$31.28	\$64.13	\$106.61
	50 and over	\$50.63	\$96.20	\$144.62	\$42.73	\$81.19	\$121.27

*Two People and Family contracts are rated based on the age of the oldest spouse.

Aetna Advantage Plans for individuals, 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.





Aetna Individual Advantage (SM) for Individuals and Families

Instructions:

- Enrollment form must be completed by the subscriber in blue or black ink. **Please PRINT clearly.** (A photocopy of this enrollment form will not be accepted.)
- Enrollment form must be completed in its entirety and one (1) form of payment selected or processing time will be delayed.
- Signature and date is required.

[Send completed enrollment form to:

Aetna Advantage Dental Plans, U22N
 P.O. Box 730
 Blue Bell, PA 19422

Fax Form to:

Individual billing and Enrollment 1-860-975-1620]

A. Subscriber Information

Last Name (Last, First, Middle Initial)		First Name		Middle Initial	
Address		City		State	ZIP Code
Home Telephone Number (Include Area Code)		Cell Phone Number (Include Area Code)		E-Mail Address (Optional)	

B. [Election of Dental Coverage

Aetna Individual Advantage Dental PPO Plan Aetna Individual Advantage Dental PPO Plus Plan]

C. Individuals Covered (Complete this section if you are enrolling your spouse and/or family member(s). You may enroll any or all eligible family members.

Family Code*	Last Name	First Name	M.I.	Social Security Number	Date of Birth (MM/DD/YYYY)
APP					
SP					
DEP 1					
DEP 2					
DEP 3					

D. Effective Date

If Aetna approves my enrollment form, I am requesting an effective date beginning the 1st of the _____ (month).

E. Signature

Applicant's Signature	Date
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PAYMENT OPTIONS**F. Easy Pay (By selecting this option you are approving the automatic withdrawal of your initial premium and all subsequent premium payments.)**

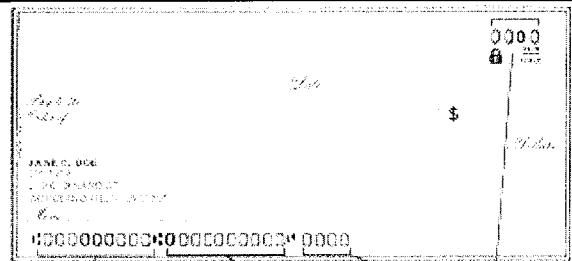
Yes, I would like to use Easy Pay.

Checking Account Number: _____

Routing Number:

Name of Bank: _____

Name(s) on Checking Account: _____



No, I do not want to use Easy Pay. Please bill me each month.

Terms of Agreement: My account(s) at the institution named has sufficient funds to pay all debits and charge credits. Aetna shall initiate electronic debit, charge, or credit entries to pay premiums/charges for authorized policies, and the entries are my transaction receipt. There is no payment to Aetna until Aetna receives full and final credit for the payment. I understand that corrections to the entries may involve an account adjustment, and that **my direct electronic payment of Aetna's premium will be debited/charged on or after the premium due date each month. No bill will be issued.** I understand that by checking the "Yes" box above and with my enrollment form signature on **Page 1, Section E**, I am accepting the terms of the Easy Pay Agreement.

Any rate adjustment made in accordance with the underwriting process will be automatically charged to your account.

NOTE: The initial premium payment will be deducted upon approval of your enrollment form. Aetna reserves the right to refuse/terminate electronic payment services at any time. This agreement remains in effect until Aetna/member terminates it. Joint accounts require the signature of ALL account authorized persons (**Page 1, Section E**) even if not applying.

PAYMENT OPTIONS (continued)

G. Credit Card Payment Option

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		Cardholder's Name (exactly as it appears on the card)		
Account Number □ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □		Card Expiration Date	Card Verification Code* □ □ □	

Credit card payment is for your initial premium payment only and will be charged upon approval of your enrollment form. You will receive a bill on your next billing statement.

Any rate adjustment made in accordance with the underwriting process will be automatically charged to your account.

*The Verification Code can be found on the back of your credit card. This 3-digit code is usually the last three digits located in the signature panel.

H. Payment by Personal Check or Money Order

Please include a personal check or money order made payable to "Aetna" and attach to your completed enrollment form.

I. Insurance Producer Information (Please complete the information below in full)

1. Are you aware of any information not disclosed on this enrollment form relating to the health, habits or reputation of any person listed on this enrollment form which might have a bearing on the risk? If "Yes," please attach explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you see the proposed applicant at the time this application was executed? If you answered "No" to either question above, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Insurance Broker (Required if sold by an agent/broker)		Name of General Agent (print name)	
Date	E-mail Address	E-mail Address	
Name of Insurance Broker (print name)		General Agent TIN Number	
TIN of Broker or Agency		Address (Street, Suite #, POB, City, State, ZIP Code)	
Address (Street, Suite #, POB, City, State, ZIP Code)		Telephone Number ()	
Telephone Number ()	Fax Number ()	Fax Number ()	

J. Aetna Sales Representative (if applicable)

Last Name of Sales Representative (print name)	First Name of Sales Representative (print name)
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K. Authorization

I have read the information contain in this application and choose to enroll. I understand that my enrollment is subject to receipt of payment and verification of funds. Eligibility will begin on the first day of the month following receipt of the enrollment form. I understand that the Electronic Funds Transfer (EFT) for the monthly premium payment will be automatically deducted from my bank account.

I hereby certify that the information contained in this application is true and complete.

Applicant's Signature	Date
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