



PPO Dental			
PLAN FEATURES	Outside the U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	\$75 per calendar year	\$75 per calendar year	\$75 per calendar year
Family Deductible	\$150 per calendar year	\$150 per calendar year	\$150 per calendar year
Type A Expense (Diagnostic & Preventive)	No Charge	No Charge	10% after deductible
Type B Expense (Basic Restorative)	20% after deductible	20% after deductible	30% after deductible
Type C Expense (Major Restorative)	50% after deductible	50% after deductible	50% after deductible
Calendar Year Maximum	\$1,250	\$1,250	\$1,250
Orthodontic Treatment (Adult & Child)	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,250	\$1,250	\$1,250
Please refer to the Dental Plan Caveats below for additional benefit coverages for Types A, B and C			

Dental Plan Caveats
Type A Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.
Type B Includes Fillings, Simple Extractions and Oral Surgery.
Type C Includes Crown Lengthening, Crown Buildup, Inlays/onlays, Bridgework, Osseous surgery, Soft tissue grafts, Partial and full bony impactions, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Molar root canal therapy, Prosthetic repairs, and Occlusal Guards (for bruxism only)..

This plan of benefits is underwritten by Aetna Life Insurance Company (Delaware).
This is only a brief summary of the PPO Medical and PPO Dental benefits available. Some restrictions may apply.

For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the employee booklet (which will be provided near the time the plan becomes effective).

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.

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