Aetna Dental® Direct DMO® plan

Complete dental coverage

DMO benefits and insurance plans are insured by Aetna Life Insurance Company, Aetna Dental Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products. Aetna® and CVS Pharmacy® are part of the CVS Health family of companies.

Aetna.com

4563650-01-01 (5/25)

All-around value, quality dental care

It's easy for you and your family to take care of your dental health. With the Aetna Dental® Direct DMO® plan*, you'll enjoy coverage from day one, with no waiting period for any services. Plus, you'll get:

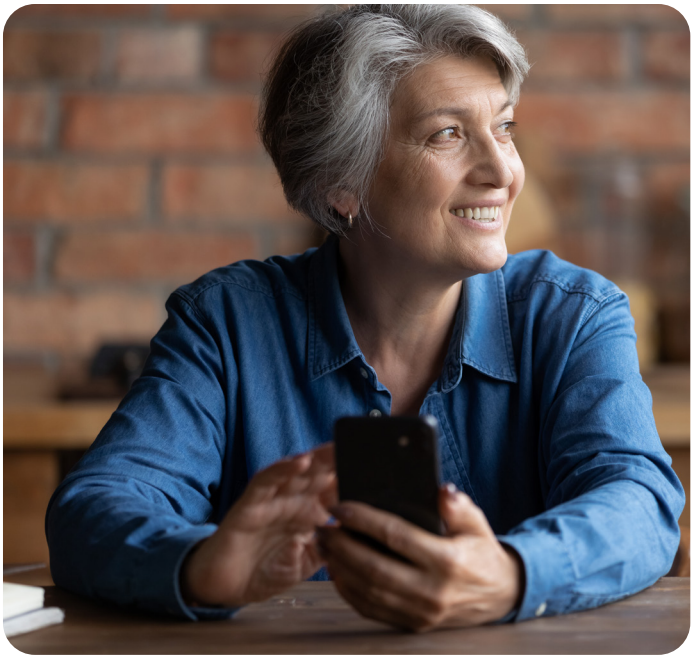
- Robust coverage
- Low monthly premiums
- Cost transparency — know before you go
- Access to our large provider network

We've got you covered for these services, and more

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

Keep in mind — some covered services have limitations, based on your age or how often you use them. Refer to your policy to learn more about covered services and benefits.

So get ready to enroll and start using your benefits right away. If you have questions about enrollment, call us at **1-855-837-6453**.



Choose a trusted dentist in our DMO network

It's important (and required) that you choose a primary care dentist (PCD). Not only will your PCD get to know you, they'll provide and coordinate your overall care. Plus, they'll refer you to network specialists, as needed.

Easily find DMO network dentists

- Go to **Aetna Dental online directory**
- Call us at **1-877-238-6200 (TTY: 711)**.

Feel good about your dental care decisions with online resources

With our plans, you'll get the tools you need to manage your dental care. You'll also get the health information you need 24 hours a day, 7 days a week.

Manage your benefits online — it's a snap

Find a dentist. Track a claim. View or print your ID card and more. It's easy with your member website.

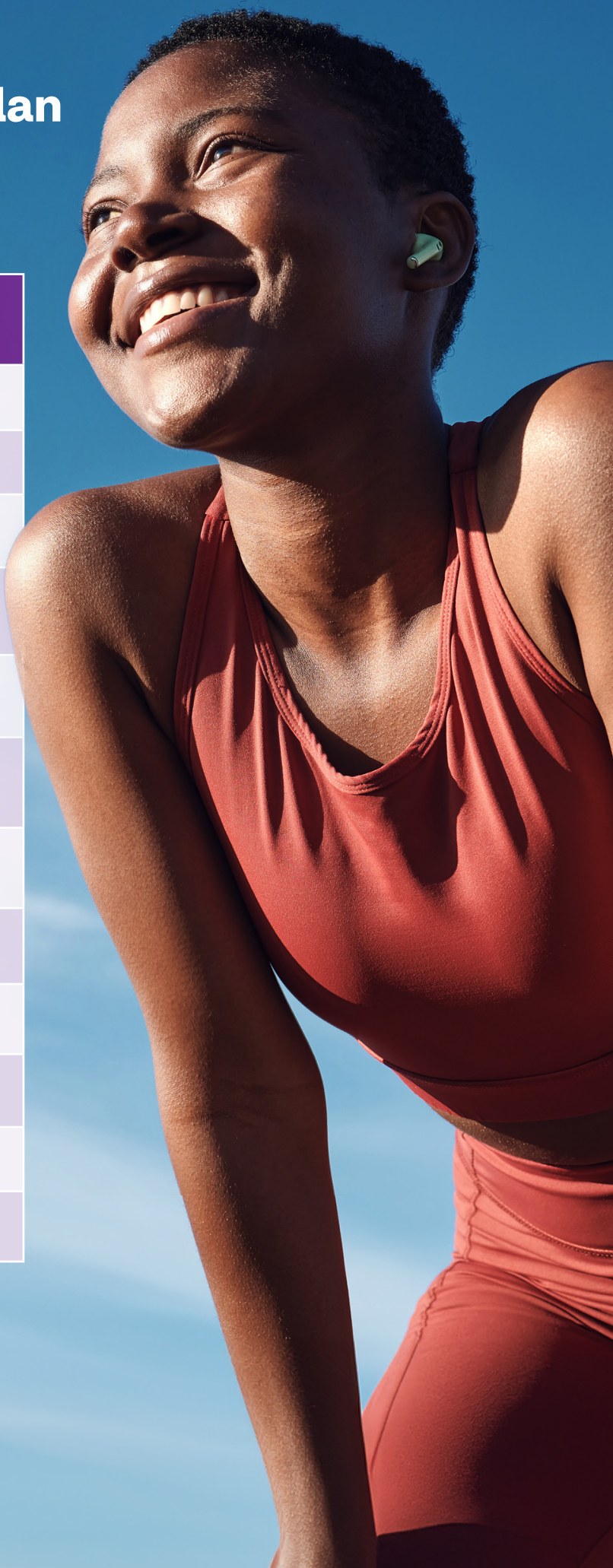
Simply sign up at **Aetna.com** and choose "Member login" on the home page.

*FOR AETNA DENTAL DIRECT DMO PLAN: State laws vary with regard to out-of-network benefits. In Illinois, DMO plans provide limited out-of-network benefits. However, in order to receive maximum benefits, members must select and have care coordinated by a participating primary care dentist. Illinois DMO is not an HMO.

Get to know our DMO® plan

Understand your coverage and enjoy these benefits

Sample of covered services	In network, you pay
Preventive oral examinations	No cost
Cleanings	No cost
Full-mouth series images	No cost
Sealants (permanent molars only)	No cost
Resin filling (1 surface)	$26-$63
Periodontal maintenance cleanings	$65
Extraction (simple)	$8
Extraction (surgical)	$65
Crowns	$265-$362
Root canal therapy	$135-$333
Dentures	$174-$483
Orthodontics	Not covered



Extra perks to stay healthy

Your dental plan includes the CVS® ExtraCare Plus® program.* So you'll get easy access to medicine and health products with:

- $10 monthly reward*
- Free 1- to 2-day shipping from **CVS.com**®
- Free 1- to 2-day delivery on qualifying prescriptions
- Access to a 24/7 pharmacist helpline
- **20% off** CVS Health® brand products*

*FOR EXTRACARE PLUS PROGRAM: Requires registration through the Aetna Health℠ app or Aetna® member website. Membership will be terminated if you are no longer on an eligible dental plan or if CVS cannot verify your eligibility. No recurring payments or payment data is required to receive or maintain membership. Must have a valid ExtraCare® card to enroll. To cancel, call **1-800-746-7287** or cancel online anytime. Bonus rewards are promotional, have no cash value and are not redeemable for cash. 20% discount applies only to non-sale and non-promo items labeled CVS Health®; exclusions apply. To enable certain digital, shipping and pharmacy delivery benefits, you must have a CVS® account and complete your digital profile online. **CVS.com**® shipping and same-day delivery are FREE for qualifying orders of at least $10 after the application of any coupons, rewards or discounts and before taxes are applied. FREE Rx delivery is available for qualifying prescription orders and health plans. Delivery times may vary. Most stores are eligible for delivery. Check our store locator to find out if your store is eligible at **CVS.com/StoreLocator**. Other exclusions apply. Visit full terms and conditions at **CVS.com/content/extracareplus-terms**.

*FOR $10 BONUS REWARD: May take up to 72 hours to load to ExtraCare Plus card. Bonus reward expires on stated expiration date and cannot be used toward renewal of ExtraCare Plus membership. Only redeemable on a single transaction at participating CVS Pharmacy® locations or on CVS.com® for eligible merchandise. Minimum of $10 purchase (excluding taxes and fees) for **CVS.com** purchases. Bonus rewards are promotional, have no cash value, are not redeemable for cash and are not transferrable. We reserve the right to process bonus rewards and coupons in any order. Sales tax may be charged pre-coupon. Cannot be exchanged for cash or gift card and may not be reissued or prorated for refund. Excludes alcohol, bottle deposits, bus passes, copays, ephedrine/pseudoephedrine products, gift cards, hunting and fishing license, lottery tickets, magazines, milk (where required by law or regulation), money orders, newspapers, postage stamps, prepaid cards, prescriptions, and any imposed governmental fees and items reimbursed by a government health plan. Visit full terms and conditions at **CVS.com/content/extracareplus-terms**.

*FOR 20% OFF CVS HEALTH® BRAND PRODUCTS: Excludes sale and promo items, alcohol, prescriptions and co-pays, pseudoephedrine/ephedrine products, pre-paid gift cards, and items reimbursed by any health plan. Not combinable with other offers. 20% discount is not valid on other CVS brands such as CVS Pharmacy®, Beauty 360®, CVS, Gold Emblem® or Gold Emblem abound®. CVS reserves the right to apply the 20% discounts to qualifying items in any order within the transaction. For in-store use only.

Know your benefits

This benefits summary describes the most common dental procedures. But it's best to check your specific plan benefits for details.

Emergency dental care

If you need emergency dental care to relieve or manage pain, you're covered 24 hours a day, 7 days a week.

If a network dentist provides emergency services, your copay and/or coinsurance amount will be based on a set fee schedule. When an out-of-network dentist provides these services, you'll need to pay the difference between the plan payment and the dentist's usual charge.

All of the above is subject to state requirements. Refer to your plan documents to learn more. Our dental experts may review any emergency dental care to make sure it's needed.

Non-covered services

The following is a list of services and supplies that are generally not covered. However, your plan may contain exceptions to this list based on state mandates or the specific benefits purchased by the policyholder.

Your plan doesn't cover dental services or supplies if they're:

- Provided by an out-of-network provider (except where required by state law) and costs more than what your plan covers
- Provided for your personal comfort or ease, or that of any other person, including a dental provider
- Provided before your dental coverage starts or after it has ended — see your policy to learn more
- Due to you cancelling or missing a dental visit
- Provided to you even though you aren't required by law to pay them
- Over the benefit, dollar, day, visit or supply limits stated in your schedule of benefits
- Items that wouldn't have been provided if you didn't have coverage
- Cosmetic in nature (teeth whitening and facings on molar crowns and pontics are always considered cosmetic)
- Experimental or investigational
- Not medically needed
- Prescribed drugs, pre-treatments or analgesia
- For work-related conditions
- Conditions or issues that began before you were covered under the plan

Your plan also doesn't cover these dental services and supplies:

- Acupuncture, acupressure and acupuncture therapy
- Crowns, inlays and onlays, and veneers, unless:
  - It's a treatment for decay or traumatic injury, and teeth can't be restored with a filling material
- The tooth is an abutment to a covered partial denture or fixed bridge
- Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, other devices to protect, replace or reposition teeth, and removal of implants
- Dental services and supplies made with high-noble metals (gold or titanium), except as covered in the schedule of benefits
- Dentures, crowns, inlays, onlays, bridges, or other appliances or services used to splint, alter vertical dimension, restore occlusion, or correct attrition, abrasion or erosion
- General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another dental service for which you're covered
- Instruction for diet, tobacco counseling, plaque control and oral hygiene
- Orthodontic treatment unless it's covered in the schedule of benefits
- Replacement of a device or appliance that's lost, missing or stolen, the replacement of appliances that have been damaged due to abuse, misuse or neglect, or for an extra set of dentures
- Replacement of teeth beyond the normal number of 32
- Services and supplies provided when there's no sign of pathology, dysfunction or disease, other than covered preventive services
- Surgical removal of impacted wisdom teeth when done only for orthodontic reasons
- Temporomandibular joint (TMJ) dysfunction, unless your policy says it's covered

Keep this important information in mind

Know the guidelines of Aetna Dental® Direct DMO® plans

Replacement rule

You're covered for certain services only if specific conditions are met. These services include replacing, adding to or changing existing dentures, crowns, casts or processed restorations. Other services covered under this rule are removable dentures, fixed bridgework and other prosthetic services.

Alternate treatment rule

If your dental condition can be treated with more than one covered service, we may choose to cover only the less costly one.

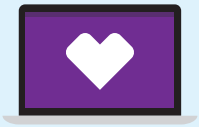
If a network dentist is treating you and you ask for a more costly covered service than your coverage is approved for, your copay will consist of:

- The copay for the approved less costly service, plus
- The difference in cost between the approved service and the more costly covered service

Finding network dentists

Visit the **Aetna Dental online directory** for the current list of network dentists and other providers. Network dentists are independent contractors in private practice. They're not employees or agents of Aetna Dental or its affiliates. We don't guarantee that you'll be able to see a network dentist at the time you wish. And our list of network providers can change without notice.

For the most current information, please directly contact the provider you'd like to visit. You can also call us at **1-855-837-6453** — we're happy to help.



Easily find dentists in our network

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change.

This material is for information only. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to **Aetna.com** for more information about Aetna® plans.

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