



Dental Plan

Aetna
Dental
Access®

Regional Care, Inc. is a third party administrator that is dedicated to providing exceptional service and innovative products to our Clients. Our tailored to fit plans are perfect for both small and large groups. Paired with the **Aetna Dental Administrators Program**, the average savings range is from 15-20 percent on billed charges. Members will have access to general dentistry and cleanings to root canals and crowns.

PLAN GUIDELINES

- Preventative services are covered at **no cost** to the member without deductible being met
- Network services also include: network management, provider education, and grievance support
- Standards are set to help members with **timely** office visits and 24/7 emergency care access
- Dental network includes providers in **all 50 states**, including Puerto Rico, with over 157,000 general dentists and more than 51,000 specialists
- Members can locate a dentist with ease in **DocFind**
 - Visit www.aetna.com/docfind/custom/aetnadentalaccess

Coverage Tier	Monthly Rates
Employee	\$40.45

DEDUCTIBLE (Per Calendar Year, Per Person)	
Class B, C and D Services	\$50
MAXIMUM BENEFIT AMOUNT PER PERSON	
Class B and C Services	\$1,000 per Calendar Year
Class D Services	\$1,500 Lifetime Maximum
DENTAL PERCENTAGE PAYABLE	
Class A - Preventative	100% covered by the plan
Class B - Basic	70% after deductible
Class C - Major	50% after deductible
Class D - Orthodontia	50% after deductible
OON Charges are limited to Usual and Customary	



COMPREHENSIVE PLAN DESIGN

CLASS A SERVICES - PREVENTATIVE CARE

Routine oral exams. This includes the cleansing and scaling of teeth. Limit of 2 exams each Calendar Year. One bite-wing x-ray series, one fluoride treatment for dependent children (under age 19), each Calendar Year. One full mouth x-ray every five (5) Calendar Years. Space maintainers for covered Dependent children (under age 19) to replace primary teeth. Sealants on the occlusal surface of a permanent posterior tooth for Dependent (under age 14) once per tooth in any 36 consecutive month period. Emergency palliative treatment for pain. *Some exclusions apply.

CLASS B SERVICES - BASIC

Dental x-rays not included in Class A. Oral surgery limited to removal of teeth, preparation of the mouth for dentures and removal of tooth generated cysts of less than 1/4 inch. Periodontics (gum treatments); endodontics (root canals); extractions (includes local anesthesia and routine post-operative care); re-cementing bridges, crowns or inlays; fillings (other than gold); general anesthetics, upon demonstration of Medical Necessity; antibiotic drugs. *Some exclusions apply.



CLASS C SERVICES - MAJOR

Gold restorations, including inlays, on-lays and foil fillings. The cost of gold restorations in excess of the cost for amalgam, synthetic porcelain or plastic materials will be included only when the teeth must be restored with gold. Installation of crowns; installing precision attachments for removable dentures; installing partial, full or removable dentures to replace one or more natural teeth (includes all adjustments made during six (6) months following the installation). Addition of clasp or rest to existing partial removable dentures; initial installation of fixed bridgework to replace one or more natural teeth; repair of crowns, bridgework and removable dentures; rebasing or relining of removable dentures; dental implants. Replacing an existing removable partial or full denture or fixed bridgework; adding teeth to an existing removable partial denture or existing bridgework (to replace newly extracted natural teeth) – Applies if either 1) the existing denture or bridgework was installed at least five (5) years prior to its replacement and cannot currently be made serviceable, or 2) the existing denture is of an immediate temporary nature. Further, replacement by permanent dentures is required and must take place within twelve (12) months from the date the temporary denture was installed. *Some exclusions apply.

CLASS D SERVICES - ORTHODONTICS (SUBJECT TO LIFETIME MAXIMUM)

Class D charges by a dentist or orthodontist for treatment, material and supplies in connection with orthodontic treatment furnished to dependent children (under age 19) when active appliance is first placed.



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