The Dental Plan

The Dental Plan provides benefits for comprehensive preventive and diagnostic dental care, along with coverage for a wide range of services.

HOW IT WORKS

The Board of Pensions partners with Aetna, one of the nation's leading diversified healthcare benefits companies, to offer dental coverage.

Dental coverage includes preventive and diagnostic care, basic services, major services, and orthodontic treatment for eligible children.

Depending on where you live, you have at least one of the following dental coverage options:

- PPO (preferred provider organization)
- DMO (dental maintenance organization)

PPO

If you enroll in the PPO dental coverage option, you may see any licensed dentist. After you pay the deductible, the plan pays a percentage of covered expenses up to the annual or benefit maximum. Though you have the option to see any dentist, network dentists have agreed to provide services for lower, negotiated fees, and the plan pays more for covered services when you use network providers. So, your out-of-pocket costs are lower when you use network providers; network dentists will also generally submit claims for you.

If you live in an area without adequate network access, you will be able to enroll in the Passive PPO which pays for services based on the higher level of network benefits.

Visit aetna.com to locate network dentists, or call Aetna Member Services at 877-238-6200.

Plan Feature	PPO		DMO
	Network (including Passive PPO)	Out of Network*	
Preventive and diagnostic services, such as routine checkups, cleanings, and bitewing X-rays	100% (no deductible)	100% (no deductible)	100%
Basic services, such as fillings and simple extractions	80% (after deductible)	70% (after deductible)	100%
Major services, such as bridges, crowns, and dentures	60% (after deductible)	40% (after deductible)	60%
Implants	See major services	See major services	None
Annual plan maximum (per individual)	\$2,000	\$1,000	None
Deductibles	\$50	\$100	None
Family deductible	\$100	\$200	None
Orthodontia (children only)**	Yes	Yes	Yes
Orthodontia benefit	50% (after deductible)	50% (after deductible)	50%
Deductible	\$50	\$100	None
Lifetime maximum	\$2,000	\$1,000	None

Frequency limits may apply for some services; see the Dental Benefits summaries on pensions.org.

- * For the PPO, out-of-network services are paid subject to reasonable and customary charges; any balance due is your responsibility. In the DMO, out-of-network services are not covered.
- ** Orthodontia covered for eligible children if they are under age 22 when treatment begins.



The Dental Plan

DMO

The DMO offers access to care through a primary care dentist (PCD). You do not pay deductibles, and there is no annual benefit maximum. However, care must be provided or referred by your primary dentist to be covered (except in the event of a dental emergency). You must select a primary care dentist for yourself, and each covered dependent, when you first enroll for coverage; you may change those selections at any time.

ORTHODONTIA -

Comprehensive orthodontic treatment is covered for eligible children if they are under age 22 when treatment begins. Limitations may apply for orthodontic work already in progress when you first become eligible for coverage.

ADDITIONAL COVERED EXPENSES

The following additional dental expenses will be considered covered expenses for you and your covered family members if you have medical coverage through the Board of Pensions

and you (or your covered family member) have at least one of the following conditions: pregnancy; coronary artery disease/ cardiovascular disease; cerebrovascular disease; or diabetes.

- one additional prophylaxis (cleaning) per year
- scaling and root planing per quadrant (four or more teeth)
- scaling and root planing per quadrant
- full mouth debridement (limited to one to three teeth)
- periodontal maintenance (one additional treatment per year)
- localized delivery of antimicrobial agents (not covered for pregnancy)

LEARN MORE

For more information about dental coverage, visit pensions.org/members. To search for Aetna network providers, visit aetnaresource.com/n/Board-of-Pensions and follow the prompts. If you have questions, call Aetna Member Services at 877-238-6200, or the Board at 800-773-7752 (800-PRESPLAN) (TTY: 711).



100% coverage

All options cover 100% of preventive care.



Network providers

Care received in network

helps lower your

out-of-pocket costs.



Orthodontia

Covered for eligible children
if they are under 22
when treatment starts.

This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit pensions.org or call the Board at 800-773-7752 (800-PRESPLAN) (TTY: 711) for a copy of the plan document.

