



Administrative Rule 1501: Dental Eligibility

Benefits Plan Reference: Section 12 - Dental Plan

Original Date: 01/2017

Revision Date: 01/2025

Eligibility

A member may enroll in dental coverage upon initial eligibility, within 60 days of a qualifying life event, or during Annual Enrollment.

To elect, expand, or otherwise change coverage due to a life event, enrollment must take place within 60 days of the event. Coverage is effective on the date of the life event or January 1 following Annual Enrollment.

If the life event is reported after 60 days, the member must wait until the next Annual Enrollment period to elect dental coverage.

Care outside of the United States

Our Aetna PPO plan allows care anywhere in the world with a licensed dentist. If the provider does not file a claim for the member, the member will need to submit a detailed statement. Aetna cannot reimburse foreign providers and will, therefore, reimburse the member directly.

The DMO plan does not allow care outside of the U.S., except for emergency treatment.

Termination of coverage

Termination of coverage is effective on the last day of the month for which dues for coverage were paid. A member may only terminate coverage due to a qualifying life event or during Annual Enrollment.

If a member is undergoing treatment services that were ordered before the coverage end date, there may be a 30-day extension of benefits. A member must call Aetna to find out what services are eligible for this extension. The member must complete all services no more than 30 days after the coverage termination date.

Orthodontics

Orthodontia coverage is available for eligible children under the following criteria:

- the child is under the age of 22, and
- the member is enrolled in Member + Family or Member + Child(ren) dental coverage