Important disclosure information about New York individual DMO dental plans

Table of contents

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

aetna®

2121503-11-01 (4/25)

Here is important disclosure information about our plans.

Features of a NY DMO dental plan

Most, but not all, of the information in this document applies to your specific DMO dental plan.

To be sure about which plan features apply to you, check your Summary of Benefits and policy documents. Can't find them? You can call Member Services to have a copy of your plan documents mailed to you.

Understanding your plan of benefits

Aetna DMO plans cover many dental services. However, they do not cover all dental services. Your plan documents list all the details for the plan you choose. This includes what preventive and specialty services are covered, what's not covered, and your cost share for services.

Your plan documents include a Schedule of Benefits and policy. You can also find out what preventive and specialty services are covered and your cost share for covered services by logging into the secure member website on **Aetna.com**.

If you need assistance finding your plan documents, call Member Services at **1-877-238-6200 (TTY: 711)** to ask for a copy.

We check if it's medically necessary

We cover benefits described in your policy as long as the dental service is medically necessary. The fact that a provider has furnished, prescribed, ordered, recommended, or approved the service does not make it medically necessary or mean that we have to cover it.

Services will be deemed medically necessary only if:

- They are clinically appropriate in terms of type, frequency, extent, site, and duration, and are considered effective for your illness, injury, or disease
- They are required for the direct care and treatment or management of that condition
- Your condition would be adversely affected if the services were not provided
- They are provided in accordance with generally accepted standards of dental practice
- They are not primarily for the convenience of you, your family, or your provider
- They are not more costly than an alternative service or sequence of services, that is at least as likely to produce equivalent therapeutic or diagnostic results.

Utilization review

We review dental services to determine whether the services are or were medically necessary or experimental or investigational ("medically necessary"). This process is called utilization review. Utilization review includes all review activities, whether they take place prior to the service being performed (predetermination); when the service is being performed (concurrent); or after the service is performed (retrospective). If you have any questions about the utilization review process, please call the number on your ID card. The toll- free telephone number is available at least 40 hours a week with an after-hours answering machine.

All determinations that services are not medically necessary will be made by:

- Licensed dentists; or
- Licensed, certified, registered or credentialed healthcare professionals who are in the same profession and same or similar specialty as the provider who typically manages your dental condition or disease.

Referrals for in-network specialist care

In our DMO dental plans, you need a referral from your primary dentist to get care from a specialist in the network.

To get a referral, contact your PCD before you get services from a dental specialist. Your PCD will submit a referral to Aetna on your behalf. Referrals to network specialists are valid as soon as the PCP requests it. Your DMO plan provides timely access to in-network care. Network dentists and specialists are required to be reasonably available for non-urgent and urgent care.

2121503-11-01 (4/25)

You can find network specialists by using our online provider search tool. It has the most up-to-date list of network dental providers. Members and providers can search the tool at Aetna.com. Or you can log in to your Aetna member website. If you don't have access to a computer, just call us at **1-877-238-6200 (TTY: 711)** for help. That's also the number to call for a printed provider directory.

How we pay your dentist and other providers

A dentist's reimbursement is a combination of:

- The amount we pay the dentist
- The member's copay/coinsurance amount
- We have an arrangement with our DMO® providers. It sets what they can charge for covered services. What you pay will be based on a percentage of those charges (coinsurance). Or it will be a flat dollar amount (copay).
- The DMO plan doesn't have any deductibles or annual maximums.

Not yet a member?

For help understanding how a certain dental plan works, review the plan's Summary of Benefits and policy document.

Avoid unexpected bills

To avoid a surprise bill, make sure you check your plan documents to see what's covered *before* you get dental care. Also, make sure you get care from a provider who is part of your plan's network. This just makes sense because:

- We have negotiated lower rates for you
- Network dentists won't bill you above our negotiated rates for covered services
- You have access to quality care from our national network

How to find an in-network provider

Aetna maintains both print and online provider directories. The online provider directory is also called the online provider search tool. You can access the search tool at **Aetna.com**. You can also get a printed provider directory upon request. Just call us at **1-877-238-6200. (TTY: 711)**.

You can find information on how we update our online directory by accessing the online provider search tool. You can find information on how we update our paper directories in the "Information" section of the print directory.

Get a free printed directory

To get a free printed list of dental care providers, call the toll-free number on your member ID card. If you're not yet a member, call **1-877-238-6200 (TTY: 711)**.

Choose a primary care dentist (PCD)

Most DMO dental plans require you to select a PCD. If you do not pick a PCD, your benefits may be limited, or we may select a PCD for you. Your PCD performs checkups and cleanings, and will also refer you to a specialist when needed. If you experience an emergency, you don't have to call your PCD first. Also, you may change your PCD at any time.

Why use in-network providers?

You pay less out of pocket when you use providers in our network. Some plans do not cover out-of-network services, while others require you to pay a larger share of out-of-network costs. We negotiate discounted rates for covered health care services. This means when you get covered dental services from an in-network provider, they won't bill you for costs above their contracted rates.

Choosing and changing network providers

You can change your PCD at any time. Just call us at **1-877-238-6200 (TTY: 711)**. Or visit your secure member website at **Aetna.com**. You can find information on how to choose and change your PCD in your pre-enrollment materials, Certificate of Coverage, or on **Aetna.com**.

2121503-11-01 (4/25)

aetna®

Most DMO plans do not reimburse out-of-network providers unless you do not have access to a network provider or need to see an out-of-network on an emergency basis.

Members with special communication needs

Access and accessibility of services of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds and with physical or mental disabilities

Members with limited English proficiency, physical or mental disabilities: Aetna uses Language Line, an interpretation service, to address the needs of enrollees with limited English proficiency. Language Line offers 24/7 over-the-phone interpretation in over 200 languages. EOB statements and other correspondence generated through the claims and appeal process provide notice that translation services are available. And Aetna's member disclosure information (available to members on our public website as well as in enrollment packets) includes a notice that language services are available for members who speak another language or are hearing impaired.

Important Telephone Numbers and Addresses

CLAIMS

Aetna
P.O. Box 14094
Lexington, KY 40512-4094; Refer to the address on Your ID card (Submit claim forms to this address.)

COMPLAINTS, GRIEVANCES AND UTILIZATION REVIEW APPEALS

1-800-558-0860; Call the number on Your ID card

MEMBER SERVICES

1-877-238-6200; Call the number on Your ID card (Member Services Representatives are available Monday – Friday 8:00 a.m. – 6:00 p.m.)

OUR WEBSITE

Aetna.com

How to file a claim

For most services, network providers will file your claims for you. If you go outside the network, you may need to file claims yourself. Your dental provider may file a claim within 24 months from the date of service. You may also file a claim yourself.

Monitoring network quality

We consistently work to ensure that our provider network is meeting the needs of our members, including their needs for access to care, continuity of care, and quality of care. To do this, we've developed quality assurance measures to help identify, evaluate, and fix any issues on an ongoing basis.

Access to Care

We continue to monitor and improve access to providers. Every year, we measure and analyze:

- Geographic distribution of providers
- Member-to-practitioner ratios
- Member complaints and surveys
- Provider surveys
- Tracking and trending of data relating to the network
- We review counties where members don't have easy access to care. And we try to identify other providers for recruitment.

Continuity of care

On an annual basis, we conduct analyses to monitor and measure continuity and coordination of care, identify opportunities to improve care coordination, and to measure the effectiveness of any improvement actions. To do this, the information, and data we gather may include:

- Claim and referral data
- Member and provider experience surveys

2121503-11-01 (4/25)

Quality of care

Our Dental Quality Management (QM) Program helps ensure that we are continuously identifying, measuring, and addressing all potential quality of care concerns, as well as evaluating the effectiveness of the QM Program.

Potential quality of care issues may be identified via member complaints, survey feedback, clinical review of utilization data, provider credentialing issues, or other monitoring activities.

Each year, we conduct a comprehensive review of our QM Program, which further ensures quality of care concerns are found and addressed.

How we build your network

We make sure there is a broad range of qualified providers in the network.

This helps ensure you can safely and easily get the care you need.

Before we accept dental providers, they must meet our high standards, accept our reimbursement rates, and agree to your plan's policies and procedures. Each provider goes through a thorough credentialing process, which includes reviewing the provider's:

- Licensure
- Drug Enforcement Agency certification
- Academic background and training
- Certifications
- Sanction history and malpractice claims history
- Malpractice insurance
- Access and availability
- Cost efficiency

All of this information is rechecked every three years. And we're always monitoring other quality indicators such as:

- State licensure board sanctions
- Loss of license
- Office of Personnel Management / Office of -Inspector General reports
- Medicare opt-outs
- Potential quality of care concerns (member complaints and internally identified events)

More information is available upon request

In accordance with New York law, the following information is available to a member or prospective member upon request by contacting the Member Services department:

(1) A list of the names, business addresses and official positions of the membership of the board of directors, officers, controlling persons, owners or partners of the plan

(2) The most recent certified financial statements of the plan, including a balance sheet and summary of receipts and disbursements prepared by a certified public accountant

(3) Information relating to consumer complaints compiled pursuant to Section 210 of the New York insurance law

(4) Procedures for protecting the confidentiality of medical records and other enrollee information

(5) Written description of the organizational arrangements and ongoing procedures of the plan's quality assurance program

(6) A description of the procedures followed in making decisions about the experimental or investigational nature of individual drugs, medical devices or treatments in clinical trials

2121503-11-01 (4/25)

aetna®

(7) Upon written request, specific written clinical review criteria relating to a particular condition or disease and, where appropriate, other clinical information the plan might consider in its patient management program; the plan may include with the information a description of how it will be used in the patient management process, provided, however, that to the extent such information is proprietary to the plan, the enrollee or prospective enrollee shall only use the information for the purposes of assisting the enrollee or prospective enrollee in evaluating the covered services provided by the plan. Member Services can help you with this request by calling the number on your Aetna ID card. You can also send a request to Aetna by writing to: Aetna, Attn: CRC Request, PO Box 818012, Cleveland, OH 44181-8012

(8) Written application procedures and minimum qualification requirements for health care providers considered by the plan

(9) If you are scheduled to receive health care services, you can ask us if that health care provider participates in the plan's network

(10) The approximate dollar amount the plan will pay for a specific out-of-network health care service. This information is nonbinding and the approximate dollar amount for a specific out-of-network service may change.

2121503-11-01 (4/25)

TTY: **711**

English	**To access language services at no cost to you, call** (888) 982-3862 **.**
Amharic	እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ ወደ (888) 982-3862 ይደውሉ።
Arabic	للحصول على خدمات اللغة مجانًا، اتصل على (888) 982-3862
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք հեռախոսահամարով: (888) 982-3862
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye (888) 982-3862 .
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang (888) 982-3862 .
Chinese Traditional	如欲使用免費語言服務，請致電 (888) 982-3862 .
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, (888) 982-3862 irratti bilbilaa.
French	Afin d'accéder aux services langagiers sans frais, composez le (888) 982-3862 .
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele (888) 982-3862 .
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie (888) 982-3862 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό (888) 982-3862 .
Gujarati	તમારે કોઇ તના ખર્ચ વના ભાષાની સેવાઓની પહચ માટે, કોલ કરો (888) 982-3862 .
Hindi	आपके लए बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, (888) 982-3862 पर कॉल करे।
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu (888) 982-3862 .
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero (888) 982-3862 .
Japanese	無料の言語サービスをご利用いただくには、(888) 982-3862 にお電話ください。
Karen	လၢကမၤန့ၢ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လက်ဘူၣ်လက်စ့ၢ လၢနဂီၢ်အဂီၢ်, (888) 982-3862 .
Korean	무료로 언어 서비스를 이용하려면 (888) 982-3862 번으로 전화하세요
Laotian	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາ (888) 982-3862 .
Mon-Khmer, Cambodian	ដើម្បីទទួលនេសវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទេលខ (888) 982-3862 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ąh ílínígóó kojį' hólne' (888) 982-3862 .
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff (888) 982-3862 .
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره (888) 982-3862 تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer (888) 982-3862 .
Portuguese	Ligue para (888) 982-3862 para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, (888) 982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру (888) 982-3862 .
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le (888) 982-3862 .
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite (888) 982-3862 .
Spanish	Para acceder a los servicios de idiomas sin costo, llame al (888) 982-3862 .
Syriac-Assyrian	ܠܡܛܝ ܠܚܠܡܬܐ ܕܠܫܢܐ ܕܠܐ ܟܠܦܐ ܥܠܘܟ، ܩܪܝ: (888) 982-3862 .
Tagalog	Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa (888) 982-3862 .
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร (888) 982-3862 .
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером (888) 982-3862 .
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số (888) 982-3862 .