Large Group Dental Underwriting Self Insured Disclosures
As Of 01-01-2025

Contents

Large Group Dental Underwriting Self Insured Disclosures
As Of 01-01-2025

This supplemental underwriting disclosure document (the "Supplement Document") provides additional information regarding your programs and services and is intended to be used in conjunction with your new business proposal or renewal letter. The Supplemental Document applies to our Large Group (Middle Market, Public & Labor and National Accounts) Self Insured dental relationships administered for Dental Maintenance Organization by Aetna Life Insurance Company and its affiliates except for the following states: Aetna Dental of California Inc., Maryland, Missouri, North Carolina, Texas - Aetna Dental Inc., New Jersey - Aetna Dental Inc. and Aetna Life Insurance Company. Preferred Provider Organization, Preferred Dental Network and Indemnity plans are administered by Aetna Life Insurance Company. For purposes of this document, Aetna may be referred to using "we", "our" or "us" and your company may be referred to using "you" or "your".

Billing of Fees

Monthly Self-Funded Billing

Aetna will reconcile the collected fees at the end of the Guarantee Period. Any surplus or shortfall due, will be payable within the timeframe specified in the Agreement for the payment of service fees.

Claim Wire Billing

Claim wire billing fees refers to the portion of the total administrative expenses charged through the claim wire as the services are rendered and are subject to any future fee increases independent of any changes to the base per-employee, per-month (PEPM). Fees charged through the claim wire include those described on the financial exhibit as well as those fees that the parties may subsequently agree to add to the claim wire from time to time. Programs or services charged through the claim wire are excluded from the monthly Guaranteed Fees as outlined in the financial exhibit and will not appear on the monthly billing statement. Claim wire charges will appear in the claim detail report separated by unique Claim Reporting System (CRS) draft accounts and other monthly reports.

Coverage

For some plans, coverage may not be available for employees and their dependents located outside specified service area boundaries.

Large Group Dental Underwriting Self Insured Disclosures
As Of 01-01-2025

Eligibility

Employer Eligibility

All proposals are only available to corporations, sale proprietorships, and partnerships. Associations, Taft-Hartley Groups, MEWAs, PEOs (Professional Employer Organizations/Employee Leasing Firms), or multiple employer groups of any kind are not eligible for coverage through this rate application. Closed groups are not eligible.

Eligibility Transmission

Aetna assumes the customer will submit eligibility information once a week, twice a week or every two weeks from the customer's location(s) and/or by the customer's designated vendor. The preferred method of submission is via electronic connectivity. Aetna doesn't charge for the first four Electronic Reporting (ELRs)/segments whether associated with one transmission or by multiple methods. Costs associated with more than four ELRs/segments or with any custom programming necessary to accept the customer's eligibility information and/or information coming from a designated vendor aren't included in this proposal/renewal and will be assessed separately. Customers who elect to send eligibility less frequently than every two weeks may incur additional charges due to the increase in retroactive activity. Customers who elect to send eligibility information more than twice a week may incur additional charges due to additional time and resources necessary to manage files. During the installation, we will review all available methods of submitting eligibility information and identify the approach that best meets the customer's needs or the needs of the customer's designated vendor. Submitting eligibility information and identify the approach that best meets the Plan Sponsor's needs or the needs of their designated vendor.

Open Enrollment

For contributory plans, we assume there'll be a predetermined annual enrollment period when all eligible employees/union participants have a choice of enrolling in any of the available plans. For voluntary plans, we assume no true open enrollment will be permitted except at the initial enrollment for the first year of the plan with us. Employees/Union participants or dependents who initially decline coverage, but who elect coverage during subsequent annual enrollment will be subject to the Late Entrant Provision.

New Employees

New employees must complete the waiting period designated by their employer prior to enrolling in one of our plans. The waiting period must be consistently applied within a class of employees.

Producer Compensation

Aetna will honor "Agent of Record" or "Broker of Record" letters when an agent, broker or consultant sells new business or takes over one of its customers from another agent, broker or consultant. Please have an appropriate representative from your company sign such a letter using your company's letterhead. The change will become effective on the first day of the month

following the date the payment unit receives the "Agent of Record" or "Broker of Record" letter unless another future date is designated in the letter. Aetna has various programs for compensating agents, brokers and consultants. If your company would like information regarding commission and additional bonus programs for which your agent, broker, or consultant may be eligible for, payments (if any) which Aetna has made to your agent, broker, or consultant (including commission and applicable bonus payments), or other material relationships your agent, broker, or consultant may have with Aetna, you may contact your agent, broker, or consultant, or your Aetna Account Executive. Information about Aetna's programs for compensating agents, brokers and consultants is also available at www.aetna.com.

Network Services

Dental Preferred Provider Organization (PPO)

Allows members to choose the dentist they want and pay deductibles and coinsurance up to an annual maximum. Members generally save on dental costs when they see an in-network dentist, as coinsurance is applied to a negotiated rate. Flexible claims system allows us to accommodate deductibles, coinsurance levels and plan maximums you choose. Member cost sharing is based on negotiated provider fees. Participating dentists will not balance bill members. Offered on an active or passive basis with varying coinsurance, deductible, and maximum levels.

DPPO II Network

Dental PPO II is a vendor-based program that offers access to contracted rates for dental claims that may otherwise be paid under the out-of-network portion of the Dental PPO plan. The third-party vendors participating in the Dental PPO II Program network are considered participating providers and services rendered by such providers will be reimbursed in accordance with the terms of the Customer's plan as in-network services with the addition of PPO II, In-Network utilization is expected to increase by approximately 5 percentage points, but actual results will vary by plan design and the geographical distribution of membership. There is no impact to your self-funded per-employee-per-month (PEPM) administrative fee for adding this program. Aetna retain a percentage of the negotiated PPO II savings as a network access charge for this subset of the network. Savings are calculated as the difference between the participating provider's fee schedule and the trended Fair Health Average Charges.

Extend℠ Network

Extend℠ network is included to expand in-network access even further. Extend offers access to contracted providers at a discount less than the Dental PPO and Dental PPO II, that would otherwise be paid as an out-of-network claim on the Dental PPO plan. Therefore, members' out of pocket savings are maintained or enhanced. Providers in the Extend℠ network are participating providers and their services will be reimbursed in accordance with the terms of the plan at the in-network level.

Large Group Dental Underwriting Self Insured Disclosures
As Of 01-01-2025

Claim and Member Services

Alternate Office Processing (AOP)

We regularly use both internal and external claim adjudication services to meet service requirements of our business. These services may be located inside or outside of the United States. Aetna quality standards and controls apply to all claims regardless of where they are processed. Standard pricing assumptions are in effect based on type of product, auto-adjudication, plan design, and customer specific requirements. We may adjust rates based on the above factors and/or where plan sponsors wish to limit use of Alternative Office Processing (AOP).

Dental Explanation of Benefits (EOBs)

Aetna doesn't produce paper EOBs for members registered through our member website. Aetna doesn't produce EOBs for claims when there is no member liability. EOBs are always available electronically through our secure member website. Members can visit www.aetna.com to register and sign into their account.

Continuity of Coverage at Takeover

Our standard contracts exclude coverage for work begun prior to the member's effective date with Aetna. Our quotation assumes that continuity of coverage handling will apply for work in progress for members covered under the prior carrier's plan the day before the effective date of the plan with Aetna, to the extent that the prior carrier's extension provisions do not cover these services. Benefits would be allowed at the lesser of the prior plan's benefit level or our plan's benefit levels and reduced by any payments made by the prior carrier.

State Mandates

Illinois Registration of Business Entities

If awarded your business, Aetna will comply with Section 20-160 of the Illinois Procurement Code. If Aetna fails to comply with Section 20-160 of the Illinois Procurement Code, any contract between Aetna and you shall be voidable under Section 50-60 of the Illinois Procurement Code. We have registered as a business entity with the State Board of Elections and our registration certificate is enclosed. We acknowledge that we have a continuing duty to update the registration in compliance with applicable Illinois law.

Massachusetts Customers

Attention customers with Massachusetts residents, be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester. Members' out of pocket expenses will be higher if they do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

Large Group Dental Underwriting Self Insured Disclosures
As Of 01-01-2025

New York Contributory Plans
For contributory plans, New York state insurance law says, employers must insure not less than 50 percent of eligible employees or, if less, 50 or more of such employees. To ensure compliance with this law, Aetna requires New York customers to provide updated employee census information on an annual basis.

Texas Dental PPO (PDN)
Aetna's Dental PPO plan is referred to as "PDN" in Texas. Employees residing in Texas will receive the In-Network Dental PPO plan of benefits on a Passive PPO basis.

Virginia DMO
In Virginia, the DMO® Plan is known as DNO Plan. DNO (Dental Network Only) in Virginia is not an HMO.

Disclosure Statements

“Aetna" is the brand name used for products and services provided by one or more of the Aetna groups of subsidiary companies. DMO plans are underwritten by Aetna Life Insurance Company, except in the following states:

- Arizona: Aetna Health Inc (PA)
- California: Aetna Dental of California, Inc.
- Georgia: Aetna Health Inc (Medical HMO)
- Maryland, Missouri, North Carolina, Texas: Aetna Dental Inc.
- New Jersey: Aetna Dental Inc.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna groups of subsidiary companies. PPO/PDN and Indemnity plans are underwritten by Aetna Life Insurance Company.

Policy forms issued in Oklahoma include HMO/OK COC-4 09/02, HMO/OK GA-3 11/01, CHI/OK GP-3 02/02, CHI/OK INSCT-4 01/02, GR-23, GR-29, GR-700-W, GR-96172 and/or GR-96173.

Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines.

While this material is believed to be accurate as of the print date, it is subject to change.

For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.

Large Group Dental Underwriting Self Insured Disclosures
As Of 01-01-2025

Aetna has various programs for compensating producers (agents, brokers, and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at www.Aetna.com.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Not all health/dental services are covered. Aetna does not provide care or guarantee access to dental services. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by location and are subject to change.

If you are a person with a disability who needs assistance using our websites (or mobile apps), our Customer Service Representatives can assist you. Please call them at the number on your member ID Card or at 1-855-401-5713 from 9 a.m.-5 p.m. ET Mon-Fri. Persons with a hearing or speech disability can use 711 for Telecommunications Relay Service (TRS). Additional information can be found on the following URL: ***https://www.aetna.com/accessibility/accessibility-services.html****.*