



Your dental benefits, explained

Understanding your 2027 dental coverage

Deluxe EPO Combo

Your Aetna® Medicare plan includes a dental benefit. It covers some **preventive** care.

Preventive coverage

You'll pay \$0 for covered preventive services when you use a provider in the Aetna Dental® PPO network.

These are services that can help prevent and catch dental issues early. They include oral exams, cleanings and X-rays.

Comprehensive coverage

This plan's dental benefit does not cover comprehensive services. This includes dental services like fillings, extractions, crowns and periodontal maintenance.

Network

You **must** use a dentist in the **Aetna Dental® PPO network**. If you choose a provider who isn't in the network, you'll owe what the dentist charges.

To find out who's in network, visit [AetnaMedicare.com/dental](https://www.aetna.com/dental).



Want to add comprehensive coverage?

For an added monthly premium, you can purchase an **Optional Supplemental Benefit (OSB)** to cover **comprehensive** dental services.

For more info on the premium and how to enroll call **1-833-570-6670 (TTY:711)**, 8 AM to 8PM, 7 days a week. Then choose the option "Questions about your dental plan".

You can add an OSB to your plan up to 30 days after the plan's start date.

Check out page 2 for info on what's covered with the OSB.



Key costs and coverage

Keep in mind: This plan’s dental benefit does **not** include comprehensive dental care unless you enrolled in the **OSB**. Be sure to check your **Evidence of Coverage**. It has a complete list of your dental benefit costs and coverage. You can find it by scanning the QR code on your ID card.

Preventive coverage	Your in-network costs	Your out-of-network costs
Oral exams Cleanings X-rays	0% coinsurance	Out-of-network care isn’t covered. You’ll pay 100% of the cost.

Note: **Fluoride treatments are not covered.** You’ll pay 100% of the cost.

Comprehensive coverage (Only included with OSB)	Your in-network costs	Your out-of-network costs
Fillings Extractions	50% coinsurance	Out-of-network care isn’t covered. You’ll pay 100% of the cost.
Crowns* Dentures* Bridges*	50% coinsurance	

Note: Orthodontics, implants and implant-related treatments are **not** covered with the OSB. You’ll pay 100% of the cost.

Yearly benefit amount: If you enroll in the **OSB**, you’ll also have a set dollar amount, each plan year, to help pay for comprehensive services. This is your yearly benefit amount (or **allowance**). **After it’s used, you’ll pay 100 percent of the cost.**

HAVE QUESTIONS?

We’re here to help. Just call us at the number on your member ID card.

* FOR CROWNS, DENTURES, BRIDGES: There may be more than one way to treat a dental condition. In those cases, Aetna will cover the less expensive treatment option (also called alternate benefit). You can choose the higher cost option but you’ll pay the difference out of pocket.

Not enrolled in a Medicare Advantage plan yet? Find out if you are eligible to enroll now. If you’re turning 65 or qualify for Medicare Extra Help, you may be able to get these benefits.

Call **1-833-771-3457 (TTY: 711)**. From October 1–March 31, we’re here 8 AM–8 PM, 7 days a week, local time. From April 1–September 30, you can reach us 8 AM–8 PM, Monday through Friday, local time.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Plan features and availability may vary by service area. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Other physicians/providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE (TTY users should call 1-877-486-2048)**, 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

