



# Pediatric Dental FAQs

## General questions

### **I didn't get an ID card. How will my dentist know I have coverage for dental services through my Aetna medical plan?**

There are no separate ID cards for dental services that are part of the medical plan. Just use your medical ID card when visiting the dentist.

### **My dependent has coverage for dental services under my medical and dental plans with Aetna. How does coverage work with these two plans?**

The Aetna medical plan is always primary to the Aetna dental plan for dental services covered under both plans. In other words, Medical will consider the services first. Then, the dental plan will determine if any more benefits are available.

## Network questions

### **Do I need a referral to see a specialist?**

You don't need a referral under this plan.

### **How do I find a dentist?**

You can find a network dentist using our online directory. For personalized results, first log in to your secure member website. Search for a dentist by name, specialty, ZIP code or the number of miles you are willing to travel. Select "Aetna Pediatric Dental Plan."

[Log in to find a dentist who accepts your coverage >](#)

### **How will my claims be reimbursed?**

#### *Network dentists:*

Network dentists have agreed to offer certain services at a negotiated rate. If you visit a network dentist, you generally pay less.

- You must first satisfy your medical plan's deductible on most services before your plan covers eligible dental expenses.
- After the deductible is satisfied, you will pay a coinsurance amount (a percentage of covered expenses) at the time of service. See your plan documents to learn this amount.
- Your dentist may submit claims for you.

#### *Out-of-network dentists:*

If your plan has out-of-network benefits, dentists who are not in our network may bill you their normal fee for procedures. Your plan provides benefits using amounts that we have set as the "recognized charge" for each service in your geographic area. When we set the "recognized charge" we may consider other factors, including the prevailing charge in other areas. The amount of our "recognized charge" does not suggest your dentist's fee is not reasonable.

Your dentist may bill you for the difference between his or her normal fee and our recognized charge. This amount is not covered, and you must pay it.

- You must first satisfy your medical plan's deductible before your plan covers eligible dental expenses.
- After the deductible is satisfied, you will pay a coinsurance amount (a percentage of covered expenses) at the time of service. See your plan documents to learn this amount.
- You or your dentist may submit a claim for reimbursement.

If your plan does not have out-of-network benefits, you are responsible for the entire amount billed by the dentist. Please see your plan documents or contact Member Services for coverage details.

## Plan design questions

### **Which dental services are covered?**

Your Aetna Summary of Benefits describes the services that your plan covers. You can get a Summary of Benefits from the employer that is providing your insurance.

### **How often will my plan pay to replace crowns, bridges and other devices?**

Please see your plan documents or contact Member Services for coverage details.

### **Are there any restrictions on how often a service can be performed?**

Yes, some services have a time restriction. Please see your plan documents or contact Member Services for details.

### **Which orthodontia treatments are covered?**

Your plan only covers orthodontic treatment when it is medically necessary for a covered person with a severe handicapping condition. Orthodontic treatment for dental conditions that are primarily cosmetic in nature or when self-esteem is the primary reason for treatment is not considered medically necessary. Please see your plan documents for coverage details.

### **What will my Aetna plan cover if a service started before my effective date, but finishes after my Aetna coverage begins?**

There are no pre-existing exclusions under your plan. If a service is started before your coverage starts and completed after your coverage begins, we won't deny it for this reason. We'll consider it in the same manner as a service started after coverage begins.

### **How will I know if the treatment will be covered?**

Have your dentist send a request for a pretreatment estimate to us. This will let you and the dentist know what the benefit will be if the service is done. You or your dentist may also call Member Services at the number on your ID card.