

Your choice, your way

Aetna Dental® PPO plan

Choosing your dental plan

See if your dentist is in the network

You may want to see if your dentist is in our network. Go to [Aetna.com](https://www.aetna.com) to use our provider search tool.

Check your costs

Dental plans are all different. So you won't see cost information here. Instead, check your benefits summary to find your share of the costs.

This may include your:

Deductible — the dollar amount some plans require you to pay for services before coverage starts.

Coinsurance — the percentage of dental care expenses you pay after your deductible. Your dental plan pays the rest. For example, you pay 20%, and your plan pays 80%.

Your dental plan may have yearly and lifetime limits on coverage. There also may be age and frequency limits on some services.



If you have a health savings account (HSA) or a flexible spending account (FSA), you can use those funds to help with costs.

Sign up today! You can visit any licensed dentist — in or out of network.

Your options	Pick your dentist	How it works
In network No paperwork Lower costs	Visit a dentist in the Aetna Dental PPO* network.	<ul style="list-style-type: none">• Network dentists offer special rates for covered services. So your share of the cost is usually lower.• Network dentists file claims for you.
Out of network Choices	Visit any licensed dentist outside the network.	<ul style="list-style-type: none">• You may pay more when you get care from dentists who aren't in the network.**• You may have to file your own claims.

*In Texas, the Preferred Provider Organization (PPO) plan is known as the Participating Dental Network (PDN).

**Out-of-network benefits are paid based on recognized charge levels, as determined by Aetna and specified in your plan documents.

Dental PPO insurance plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna).