



FAX COVER PAGE

To	Brightway Family Dentistry PLLC- GP
Fax Number	9722865715

From	Aetna Inc.
Payer ID	60054

Pages	04
Subject	Provider ID: 463580721
Date	Tuesday, May 3, 2022 5:24:16 PM

If you are a Medical or Dental Professional and have a question about benefits, eligibility or claims, please contact us using the following numbers:

Medical Professionals PPO and Indemnity Plans HMO Plans	Toll free number 1-888-MD-Aetna (632-3862) 1-800-624-0756
Dental Professionals PPO, Indemnity and DMO Plans Medicare Advantage EPO/PPO Plans	Toll free number 1-800-451-7715 1-866-690-4916

Confidentiality Notice

This communication, including attachments, is for the exclusive use of the person or entity to which it is addressed and may contain confidential, proprietary and/or privileged information. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

If you receive this in error, please notify us at 1-877-255-4159.



Coverage & Benefits Basic Eligibility Information

Eligibility information is based on our records as of the date of this fax and applies only to services submitted on that date. Any information furnished, including Coverage, General Breakdown of Benefits and ADA Code information is not an approval or a guarantee of coverage, benefits or payment. A final claim determination will be made upon receipt and review of the actual claim for service(s) performed.

Please note - Some plans may combine deductibles, maximums and/or frequency limitations with like services. We recommend that benefits and eligibility be confirmed before the start of any extensive dental treatment. A predetermination of benefits is not always required, but recommended to help the patient understand their benefits and potential out-of-pocket expense before a procedure is performed. In certain instances, a Predetermination is required (see plan details). For additional information on benefits and other topics, please visit Aetnadental.com.

Aetna offers several plans; always confirm the members plan type and the provider's participation in that plan/network prior to rendering services.

For Oral Surgery inquiries, please speak with a customer service representative to determine the member's eligibility and benefits.

Sent Date	05/03/2022	Sent Time	5:21 PM Eastern Time
Payer ID	60054		
Provider Website	www.aetnadental.com		
Claim Mailing Address	PO Box 14094, Lexington, KY, 40512-4094		

Inquiring Provider

Provider ID	463580721
Call Reference #	AVA153889291642

Patient Information

Patient ID	W240673718
Patient First Name	Cynthia
Patient Last Name	Jenkins
Relationship to Subscriber	Self

Subscriber Information

Subscriber First Name	Cynthia
Subscriber Last Name	Jenkins

Group Information

Group Number	720351-021-00030
Plan Sponsor Name	CSL BEHRING L.L.C.
Coverage Type	Dental
Plan Type	PPO, Self Funded
Network Plans	Standard Dental Network, PPO II Network

Eligibility Information

Plan Effective Date	01/01/2021
Original Effective Date	01/01/2018
Termination Date	Not applicable; patient has active coverage.
Dependent Children Coverage	Stops at age 26
Dependent Full Time Student Coverage	Stops at age 26

General Breakdown of Benefits

	In Network - Coinsurance Rate or Scheduled Benefit Rate (Aetna's Portion)	Out of Network - Coinsurance Rate or Scheduled Benefit Rate (Aetna's Portion)
Preventive	100%	100%
Basic	90%	80%
Major	60%	50%
Ortho	50%	50%



ADA Code Information	
ADA Code	D2330
ADA Code Name	Filling - 1 Surface
Patient Covered	Yes

Benefits		
	In Network	Out Network
Last Date of Service Paid	None	None
Coinsurance Rate or Scheduled Benefit Rate (Aetna's Portion)	90 %	80 %
Individual Deductible	\$ 50 / \$ 50 remaining	\$ 75 / \$ 75 remaining
Family Deductible	\$ 150 / \$ 150 remaining	\$ 225 / \$ 225 remaining

Plan Maximums		
	In Network	Out Network
Annual Maximum	\$ 2000 / \$ 2000 remaining Yearly Limit. Calendar Year.	\$ 2000 / \$ 2000 remaining Yearly Limit. Calendar Year.

ADA Code Information	
ADA Code	D2391
ADA Code Name	Composite Fillings
Patient Covered	Yes

Benefits		
	In Network	Out Network
Last Date of Service Paid	None	None
Coinsurance Rate or Scheduled Benefit Rate (Aetna's Portion)	90 %	80 %
Individual Deductible	\$ 50 / \$ 50 remaining	\$ 75 / \$ 75 remaining
Family Deductible	\$ 150 / \$ 150 remaining	\$ 225 / \$ 225 remaining

Plan Maximums		
	In Network	Out Network
Annual Maximum	\$ 2000 / \$ 2000 remaining Yearly Limit. Calendar Year.	\$ 2000 / \$ 2000 remaining Yearly Limit. Calendar Year.

ADA Code Information	
ADA Code	D9230
ADA Code Name	Nitrous
Patient Covered	No

ADA Code Information	
ADA Code	D2950
ADA Code Name	Core build up
Patient Covered	Yes



Benefits		
	In Network	Out Network
Last Date of Service Paid	None	None
Coinsurance Rate or Scheduled Benefit Rate (Aetna's Portion)	60 %	50 %
Individual Deductible	\$ 50 / \$ 50 remaining	\$ 75 / \$ 75 remaining
Family Deductible	\$ 150 / \$ 150 remaining	\$ 225 / \$ 225 remaining

Plan Maximums		
	In Network	Out Network
Annual Maximum	\$ 2000 / \$ 2000 remaining Yearly Limit. Calendar Year.	\$ 2000 / \$ 2000 remaining Yearly Limit. Calendar Year.