Carrier Name: Aetna

Plan Name: NT P20 PPP Prev/Basic 90th

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible:

Out-of-Network Family Deductible:

In-Network Annual Maximum: $1000

Out-of-Network Annual Maximum:

Frequencies Cleaning:

Frequencies Exam:

In-Network Cleanings: 100%

Out-of-Network Cleanings:

In-Network Exams: 100%

Out-of-Network Exams:

In-Network X-Rays: 100%

Out-of-Network X-Rays:

In-Network Sealants: 100%

Out-of-Network Sealants:

In-Network Fillings: 80%

Out-of-Network Fillings:

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions:

In-Network Root Canal: 80%

Out-of-Network Root Canal:

In-Network Periodontal Gum Disease: 80%

Out-of-Network Periodontal Gum Disease:

In-Network Oral Surgery: 80%

Out-of-Network Oral Surgery:

In-Network Crowns: Not Covered

Out-of-Network Crowns:

In-Network Dentures: Not Covered

Out-of-Network Dentures:

In-Network Bridges:

Out-of-Network Bridges:

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia:

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum: Not Covered

Orthodontia Maximum Age: Not Covered

Out of Network Explanation: With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to recognized charge limits.

Waiting Period for Major Services:

Plan Year:

Network Type: PPO

Network Name: PPO II and ExtendSM Networks

Member Website: [www.aetna.com](http://www.aetna.com)

Customer Service Phone Number: