



Understanding Aetna's 2021 dental plans

Different types of dental coverage

The chart below outlines the three main types of dental coverage offered with our 2021 Medicare Advantage plans (MA/MAPD). Not all plans have a dental benefit. But when they do, it falls into one of the following categories.

Embedded coverage (network structure)	Embedded allowance (direct member reimbursement structure)	Optional supplemental benefit (OSB)
<ul style="list-style-type: none">• Included in the member's health plan• Provides coverage for specific dental services. A list of all covered services, any cost share amounts and the dental schedule of benefits can be found in the members' Evidence of Coverage (EOC)• Plans use the Aetna Medicare dental provider network. With HMO plans, members must use an in-network dentist. With PPO plans, members can use an out-of-network dentist at higher costs, so long as the dentist is licensed in the U.S. and has not opted out of Medicare.• Members can find a network dentist by visiting the website on their Aetna® ID card, AetnaMedicare.com/findprovider. For accurate results, members must select a plan; or they must log in to their secure member portal.	<ul style="list-style-type: none">• Included in the member's health plan• Members must pay for services up front and submit an itemized receipt for reimbursement• The allowance can be used for preventive and comprehensive services (i.e., all ADA codes, including dentures and implants). However, it cannot be used for cosmetic services, such as teeth whitening• Members can see any licensed dental provider (no network) in the U.S. who accepts Medicare patients and has not opted out of Medicare• In certain states (CT, MA, ME, NH and RI), some allowances may have a coinsurance amount. For example, if the coinsurance is 50%, the member is reimbursed for 50% of their costs, up to their benefit maximum• Allowance amounts do not roll over each year• To request reimbursement, members must:<ul style="list-style-type: none">- Get a receipt or proof of payment from the doctor along with a description of the dental services provided- Include their printed name and Aetna ID number on the receipt- Submit the receipt to us at the claims address on their ID card (a claim form can be found online at the website on the ID card)• Members can also request reimbursement electronically through their secure member portal.• We'll reimburse up to the benefit amount	<ul style="list-style-type: none">• OSBs must be purchased separately for an additional premium• Members must enroll in an OSB when they enroll in their plan, or within 30 days of the plan's start date (or during another valid election period)• Provides coverage for specific dental services. A list of all covered services, any cost share amounts, and the dental schedule of benefits can be found in the members' EOC• Plans use the Aetna Medicare dental provider network. With HMO plans, members must use an in-network dentist. With PPO plans, members can use an out-of-network dentist at higher costs, so long as the dentist is licensed in the U.S. and has not opted out of Medicare.• Members can find a network dentist by visiting the website on their Aetna® ID card, AetnaMedicare.com/findprovider. For accurate results, members must select a plan; or they must log in to their secure member portal.

Frequently asked questions

Where can I find the dental options for each plan?

If you need to check dental options, you should use the documents below.

- **The Summary of Benefits (SOB):** This document lists any required network or additional premium for coverage
- **The Evidence of Coverage (EOC):** This document contains a dental schedule of benefits that provides high-level description of dental costs, rules and coverage (in Chapter 4). For plans with an OSB, the EOC will include a complete description of the OSB option toward the end of the document (after the “Definition of important words” section)

Do all plans have a dental benefit?

No. Some of our 2021 Medicare plans do not offer dental coverage. Check a plan’s EOC to see if dental coverage is available.

Where can I check the costs for dental coverage?

Costs and coverage can vary among plans. For example, some plans have a dental deductible. Please review the plan’s EOC and the dental schedule of benefits for maximum coverage amounts and any frequency limitations.

How long does it take for members to be reimbursed for their allowance amount?

It may take up to 45 business days for members to receive their reimbursement.

How can I enroll a client in an OSB?

Your clients can enroll in an OSB when they enroll in a new plan or make a plan change during AEP, IEP, OEP or an applicable SEP.

Once a member is enrolled in a plan, they have 30 days from their plan effective date or renewal date to add an OSB. To do so, they just need to submit a 1-page OSB request form, available on [Producer World](#) and [AetnaMedicare.com](#).

What’s the difference between mandatory and optional benefits?

Mandatory benefits – Embedded network and allowance benefits are considered “mandatory” because they are included with the member’s health coverage. Members don’t have to pay an additional premium, or separate enrollment, to get them.

Optional supplemental benefits (OSB) – When a plan offers dental coverage through an OSB, it means dental coverage is not automatically included in the member’s health plan. Instead, your client must purchase the OSB separately for an additional monthly premium.

Do all dental benefits cover the same services?

No, it varies by plan. A plan’s dental benefit will cover a specific set, or package, of dental services. There are 5 different package levels: preventive, basic, major, deluxe and total. See the table on page 3 to review what services are covered by each. You’ll need to check the EOC to see the services covered by a specific plan.



What dental services are covered?

A plan's dental benefit will cover one of five packages of services: preventive, basic, major, deluxe or total. The chart below shows what services each package covers. Please refer to the EOC for more details.

	Preventive*	Basic*	Major*	Deluxe*	Total**
Preventive					
Oral exams	X	X	X	X	X
X-rays	X	X	X	X	X
Cleanings	X	X	X	X	X
Basic Comprehensive					
Diagnostic		X	X	X	X
Fillings		X	X	X	X
Extractions		X	X	X	X
Periodontics		X	X	X	X
Major Comprehensive					
Crowns			X	X	X
Root canals		X	X	X	X
Full mouth debridement				X	X
Dentures				X	X
Oral surgery				X	X
Anesthesia				X	X

*This package has frequency limits, benefit maximums, and some cost shares.

**This package has no frequency limits, but benefit maximum limits apply.

Have questions?



We're here to help.

Please contact your local Aetna Medicare broker manager. You may also call Aetna Medicare Broker Services at **1-866-714-9301**, Monday through Friday, 8 AM to 8 PM ET. Or email us at brokersupport@aetna.com.

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