

Quality health plans & benefits

Healthier living

Financial well-being

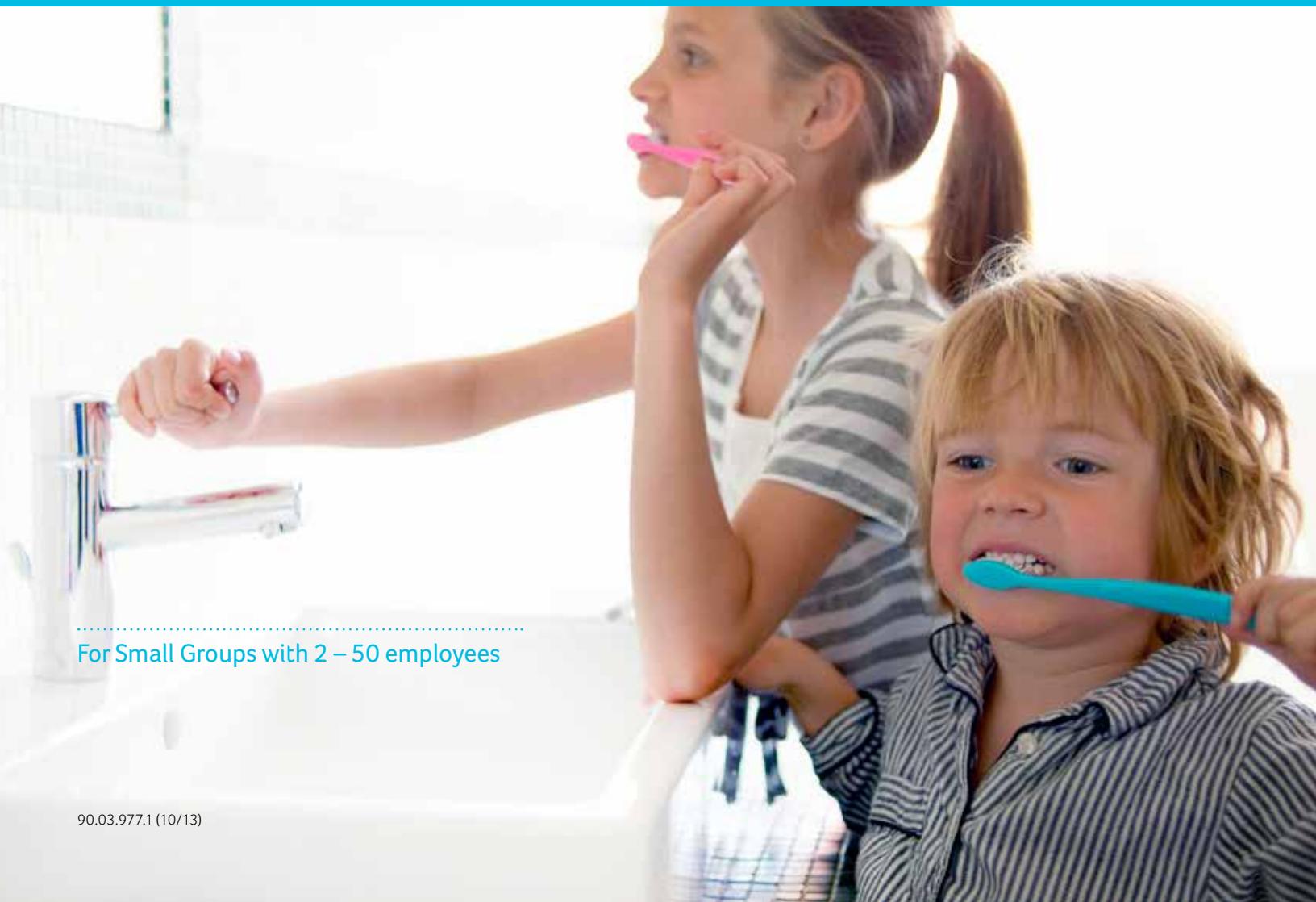
Intelligent solutions



Aetna plans will meet the definition of a Qualified Health Plan (QHP) with coverage for all required essential health benefits

Pediatric Dental Benefits

www.aetna.com



For Small Groups with 2 – 50 employees



Meeting requirements for pediatric dental as an “essential health benefit”

When plans renew or become effective on or after January 1, 2014, many new aspects of the Affordable Care Act (ACA) will take effect. Individual and small group (2 – 50) plans will now provide coverage for ten “essential health benefits” categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- **Pediatric services (including oral and vision care)**

This brochure is specifically about the pediatric dental services provision (for employers with 2 – 50 employees). Visit our **Health Reform Connections website** to learn more or refresh your understanding of The ACA’s requirements for Essential Health Benefits.

Pediatric dental care benefits

Effective with your next renewal on or after January 1, 2014, coverage for pediatric dental services will be added to your medical plan.

Those benefits will include:

- Preventive
- Basic
- Major
- *Medically Necessary Orthodontia*

The U.S. Department of Health and Human Services (HHS) defines “pediatric services” to mean services for individuals under the age of 19 years. While all states have adopted the benefit age limit of “to age 19,” states may increase the age limit.

You may offer a standalone dental plan to address the orthodontic limitation of medical necessity

As an embedded benefit, orthodontic treatment is covered when it is medically necessary for a covered person with a fully erupted set of permanent teeth and a severe, dysfunctional, handicapping condition.

We will continue to offer our standard standalone dental plans for Small Group (2-50) in 2014. You may offer a medical plan with pediatric dental benefits and a standalone dental product. The standalone dental product provides broader coverage for orthodontia services and includes comprehensive adult dental coverage.

During open enrollment, a member will have the opportunity to purchase the pediatric dental benefits embedded within their medical plan and decide to either enroll or terminate any existing standalone dental plan, based on their needs.

How other plan provisions apply

Waiting period – A 24-month waiting period applies to the medically necessary orthodontia benefit in most states. There are a few states that do not have a 24-month waiting period for medically necessary orthodontic treatment. Waiting periods do not apply to any other pediatric dental benefits.

Deductibles, out-of-pocket limits and medical coinsurance limits – Deductibles and out-of-pocket maximums are integrated with the same medical provisions. The pediatric dental coinsurance limits may be different from the medical coinsurance.*

Annual and lifetime limits – Since pediatric dental is an essential health benefit, no annual and lifetime dollar limits apply.

Pre-existing conditions – The ACA requires that benefits be provided for pre-existing conditions. Pediatric dental benefits allow for procedures such as:

- Dentures and fixed bridgework replacing teeth missing before the effective date of coverage
- Dentures, bridgework, crowns, cast restorations and root canal therapy begun before the effective date of coverage

Work in Progress – Applies to services covered such as crowns, bridges, dentures, root canals and medically necessary orthodontic procedures. Orthodontic treatment benefits will be prorated to cover treatment rendered after the Aetna plan’s effective date.

How other plan features apply

The National Dental PPO network will apply to pediatric dental benefits regardless of the base medical product's network

Members may seek services from any dentist in the network (not limited to pediatric dentists/specialists). Members may use the DocFind® directory to look up participating providers.

Members can view their pediatric dental benefits in their secure Aetna Navigator® website

The embedded pediatric dental benefit information will display in Aetna Navigator along with their medical benefit details.

*Plans in California require separate dental deductible and out-of-pocket maximum amounts. They do not integrate with the medical provisions.

Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

This material is for information only. Health benefits and health insurance plans contain exclusion and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in OK include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

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