



Come up smiling

The University of Chicago
wants to help keep your
smile bright

Get to know your dental coverage

The Aetna® Enhanced Preventive Dental Value ESA is part of your Aetna Medicare Advantage plan.

Maintaining good oral hygiene is an important part of your overall health and can help you avoid problems like diabetes, heart disease or dementia. Having dental coverage throughout retirement can keep you on the right track with routine dental care and procedures to keep your smile healthy.

Plan features

- Visit any dentist in or out of network.
- No referrals are required.
- Preventive dental services are covered at 100%.
- The annual benefit maximum for covered preventive dental services is \$750, in or out of network.
- Orthodontic services are not covered.



See if your dentist is in the Aetna dental PPO network

You can see any dentist in or out of the Aetna dental PPO network.

When you see a dentist in the Aetna network, your dentist will submit claims to Aetna directly. You may need to pay for services to an out-of-network dentist and submit a request for reimbursement.

To check if your dentist is in the Aetna network, call **1-866-409-0937** (Dental), Monday–Friday, 8 AM–8 PM ET.

Understand what's covered under your dental plan

In general, preventive dental services (such as cleanings, routine dental exams, and dental X-rays) are not covered by Original Medicare. With the dental coverage that's part of your Aetna Medicare Advantage plan, you get these services covered at 100% up to the \$750 annual benefit maximum.

Your Aetna Medicare Advantage plan includes dental services as outlined in the chart below.

Plan features	Aetna® Enhanced Preventive Dental Value ESA
Annual deductible (the amount you pay before the plan begins to pay benefits)	You pay \$0.*
Annual benefit maximum (the amount the plan pays for the non-Medicare covered preventive dental services described in this chart)	Plan covers up to \$750.
Services covered	Your cost in or out of network
Preventive dental services Covered services include: <ul style="list-style-type: none"> • Oral exams <ul style="list-style-type: none"> - Periodic/comprehensive: two per calendar year - Problem-focused/periodontal: two per calendar year • Cleanings (prophylaxis): two per calendar year • Bitewing X-rays: one set per calendar year • Complete (full mouth) series X-rays, panoramic or vertical bitewing X-rays: one set every three calendar years • Periapical X-rays: no frequency limitations 	You pay 0% coinsurance.* Plan pays 100%.
Exclusions and limitations <ul style="list-style-type: none"> • Coverage is subject to any plan benefit limitations. • Frequency limitations may apply to covered services. 	
*Amounts you pay for preventive dental services do not apply to your Aetna Medicare Advantage plan out-of-pocket maximum.	



Understand and manage your benefits

You can manage your benefits and connect with care by logging in to your Aetna member website. Once logged in you'll be able to:

Review benefits and coverage details specific to your plan

- See what's covered by your plan and where you are with your deductible and annual benefit maximum.
- Access your ID card whenever you need it.
- Get a copy of the claim reimbursement form.

Connect to care and stay healthy

- Search for dentists by name, specialty or procedure.
- View ratings and reviews of providers.
- Access discounts on additional services and products.

Register now to get started

- Visit [aet.na/memberwebsite](https://aetna.com/memberwebsite)
- You'll need your Aetna member ID card on hand to register.



Questions?

Aetna® representatives can help.
Call 1-866-409-0937 (Dental),
Monday–Friday, 8 AM–8 PM ET.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。