

Aetna

Dental Plans Comparison

Dental High

Dental Mid

Dental Low

10/1/2024 - 12/31/2025

In-Network

OON Reimbursement	UCR 90%	MAC	MAC
Single Deductible	\$50	\$100	\$100
Family Deductible	\$150	\$300	\$300
Annual Max.	\$2,500	\$5,000	\$1,250
Preventive	100%	100%	100%
Basic	80%	80%	80%
Major	50%	50%	50%
Ortho. Coverage	50%	50%	N/C
Adult/Child(ren)	Adult & Child(ren)	Adult & Child(ren)	N/C
Lifetime Max.	\$1,200	\$1,000	N/C
Periodontics Coverage	Major	Major	Major
Endodontics Coverage	Major	Major	Major

Out-of-Network

Single Deductible	\$50	\$100	\$100
Family Deductible	\$150	\$300	\$300
Annual Max.	\$2,500	\$5,000	\$1,250
Preventive	100%	100%	100%
Basic	80%	80%	80%
Major	50%	50%	50%
Ortho. Coverage	50%	50%	N/C
Adult/Child(ren)	Adult & Child(ren)	Adult & Child(ren)	N/C
Lifetime Max.	\$1,200	\$1,000	N/C

