

Aetna Student Health

Aetna PPO Dental Plan Design and Benefits Summary

OHSU Student Plan

This Plan Design and Benefits Summary has been updated as of October 27, 2014

Policy Year: 2014 - 2015

Policy Number 474951

aetna[®]



This Aetna Dental® Preferred Provider Organization (PPO) insurance plan summary is provided by Aetna Life Insurance Company (Aetna) for some of the more frequently performed dental procedures. In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company. Under this plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the PPO participating dentists have agreed to provide care for covered services at the negotiated fee schedule.

Coverage periods

New Students: Coverage for eligible students will become effective at or after 12:00 a.m. on August 1, 2014, and will terminate at or before 11:59 p.m. on August 31, 2015. Student specific coverage periods are determined based upon their academic programs and the status of any approved waivers on file for that current academic year. Please refer to the eligibility and waiver application sections for further details.

Returning Students: Coverage for eligible students will become effective at or after 12:00 a.m. on September 1, 2014, and will terminate at or before 11:59 p.m. on August 31, 2015. Student specific coverage periods are determined based upon their academic programs and the status of any approved waivers on file for that current academic year. Please refer to the eligibility and waiver application sections for further details.

Insured Dependents: Coverage will become effective on the same date the insured student's coverage is effective. Coverage for insured dependents terminates in accordance with the Termination Provisions that have been defined by Oregon Health Sciences University. Examples include, but are not limited to: the date the student's coverage terminates (graduation, withdrawal, leave of absence), and/or the date the dependent no longer meets the definition of an eligible dependent.

Rates

2014-15 Dental Plan Rates	
	All Students Monthly
Student Only	\$22.90
Add Spouse/Domestic Partner	\$23.51
Add Child(ren)	\$19.71
Add Family	\$43.22

Student coverage

Eligibility

Oregon Health & Science University requires students enrolled in one of the programs listed below to have dental insurance. Students enrolled in the eligible programs will be charged premiums for the University sponsored dental insurance plan. An initial list of programs that are eligible for the University sponsored dental insurance plan has been provided below, and is subject to change. Please check with your program for any changes made after spring 2014. You may also reference the OHSU Fee Book (<http://www.ohsu.edu/xd/education/student-services/registrar/>) to determine if your program is eligible, in which case you will be billed directly via your student account for the University sponsored dental insurance.

Major Medical & Dental Insurance

Assessed at 1 Credit and Above:

- Dietetic Internship
- M.S. in Clinical Nutrition or Master of Clinical Dietetics
- Physician Assistant
- Radiation Therapy
- Dental (DMD)
- Dental Graduate (Advanced Specialty)
- Medicine (MD)
- Graduate Medicine - Portland (Cert., Masters and PhD)
- Pharmacy (Pharm.D)
- Graduate Nursing - Portland (Cert., Masters, PhD and DNP)
- Graduate Nursing - Nurse Anesthesia
- Undergraduate Nursing - Accelerated Baccalaureate
- Undergraduate Nursing – Ashland
- Undergraduate Nursing - Klamath Falls
- Undergraduate Nursing – La Grande
- Undergraduate Nursing – Monmouth
- Undergraduate Nursing - Portland

Online Programs Not Assessed

Major Medical & Dental:

- Distance Learning Biomedical Informatics
- M.S./Certificate in Healthcare Management
- Master of Business Administration
- Master of Clinical Research, Certificate in Human Investigations or Health Sciences Technology Entrepreneurship Certificate
- R.N. to B.S.
- Nursing Education (Cert. And Masters)
- SoN Master/Certificate in Public Health
- Advanced Practice Gerontological Nursing Certificate
- Health Systems and Organizational Leadership
- G.R. Nursing outside of Oregon

Home study, correspondence, Internet classes, and television (TV) courses, do not fulfill the eligibility requirement that the student actively attend classes. If it is discovered that this eligibility requirement has not been met, our only obligation is to refund premium, less any claims paid.

Enrollment

Eligible students will be automatically enrolled in this plan, unless they have completed the Waiver Application, it has been received, **and** approved by the University before their respective program/school deadlines, based on the OHSU 2014-15 Academic Calendar. Students who carry comparable group dental coverage are eligible to request a waiver from the OHSU dental insurance program. For more information on the requirement and information on how to request a dental waiver please visit the OHSU site at **www.aetnastudenthealth.com** under the tab on the left “Dental Only Waivers” more information and details on how to request a waiver are available.

Dependent coverage

Eligibility

Covered students may also enroll their lawful spouse, domestic partner and any dependent children up to the age of 23.

Enrollment

To enroll the dependent(s) of a covered student, please complete the Enrollment Form by visiting **www.aetnastudenthealth.com**, selecting the school name, and clicking on the “Plans & Products Offered to You” link on the left hand side of the screen. Please refer to the Coverage Periods section of this document for coverage dates and deadline dates. Dependent enrollment applications will not be accepted after the enrollment deadline, unless there is a significant life change that directly affects their insurance coverage. (An example of a significant life change would be loss of health coverage under another health plan.) The completed Enrollment Form and premium must be sent to Aetna Student Health.

Preferred Provider Network

Consult Aetna Dental online provider directory, DocFind[®], for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna. The availability of any particular provider cannot be guaranteed. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your ID card, or use our Internet-based provider directory (DocFind) available at **www.aetna.com**.

Payment made to a PPO provider is based on a negotiated fee, which is usually significantly less than the providers’ standard billed charges. PPO providers cannot bill beyond the negotiated rate for covered services.

Nonparticipating benefits are also subject to recognized charge limits.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Description of benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Master Policy issued to Oregon Health & Science University, please contact Aetna Student Health at **(877) 261-8409**.

*All coverage is based on Recognized Charges unless otherwise specified.

Policy Year Maximum	\$1,500	
	Preferred Care	Non-Preferred Care
DEDUCTIBLE* *The deductible applies to: Basic & Major Services only	Individual: \$50 Family: \$150	Individual: \$100 Family: \$300
PREVENTIVE SERVICES	100%	100%
BASIC SERVICES	80%	50%
MAJOR SERVICES	50%	50%
ORTHODONTICS	Not Covered	Not Covered
SPACE MAINTAINERS	Not Covered	Not Covered

Description of Covered Service by Benefit Service Category

Covered Preventive Services

Visits and X-Rays

Office visit during regular office hours; for oral examination (limited to 2 visits every year)

Prophylaxis (cleaning) (limited to 2 treatments per year) Adult Child

Topical application of fluoride; (limited to 1 course of treatment per year and to children under age 14)

Sealants; per tooth (limited to 1 application every 5 years for permanent bicuspid and molars only; and to children under age 14)

Bitewing X-rays (limited to 1 set per year)

Entire denture series consisting of at least 14 films; including bitewings if necessary; or panoramic film limited to 1 set every 5 years)

Covered Basic Services

Visits and X-Rays

- Professional visit after hours (payment will be made on the basis of services rendered or visit; whichever is greater)
- Emergency palliative treatment; per visit

X-Ray and Pathology

- Periapical x-rays (single films up to 13)
- Intra-oral; occlusal view; maxillary or mandibular
- Upper or lower jaw; extra-oral
- Biopsy and histopathologic examination of oral tissue

Oral Surgery

- Extractions
- Exposed root or erupted tooth
- Surgical removal of erupted tooth
- Impacted Teeth
 - Removal of tooth (soft tissue)
- Odontogenic Cysts and Neoplasms
 - Incision and drainage of abscess
 - Removal of odontogenic cyst or tumor
- Other Surgical Procedures
 - Alveoplasty; in conjunction with extractions - per quadrant
 - Alveoplasty; not in conjunction with extraction - per quadrant
 - Sialolithotomy: removal of salivary calculus
 - Closure of salivary fistula
 - Excision of hyperplastic tissue
 - Removal of exostosis
 - Transplantation of tooth or tooth bud
 - Closure of oral fistula of maxillary sinus
 - Sequestrectomy
 - Crown exposure to aid eruption
 - Removal of foreign body from soft tissue
 - Frenectomy
 - Suture of soft tissue injury

Periodontics

- *Occlusal adjustment (other than with an appliance or by restoration)*
- *Root planning and scaling; per quadrant (limited to 4 separate quadrants every 2 years)*
- *Root planning and scaling – 1 to 3 teeth per quadrant (limited to once per site every 2 years)*
- *Gingivectomy; per quadrant (limited to 1 per quadrant every 3 years)*
- *Gingivectomy; 1 to 3 teeth per quadrant; limited to 1 per site every 3 years*
- *Gingival flap procedure - per quadrant (limited to 1 per quadrant every 3 years)*
- *Gingival flap procedure – 1 to 3 teeth per quadrant (limited to 1 per site every 3 years)*
- *Periodontal maintenance procedures following active therapy (limited to 2 per year)*
- *Localized delivery of chemotherapeutic agents*

Endodontics

- *Pulp cap*
- *Pulpotomy*
- *Apexification/recalcification*
- *Apicoectomy*
- *Root canal therapy including necessary X-rays*
 - *Bicuspid Anterior*
 - *Bicuspid*

Restorative Dentistry Excludes inlays; crowns (other than prefabricated stainless steel or resin) and bridges. (Multiple restorations in 1 surface will be considered as a single restoration.)

- *Amalgam restorations*
- *Resin-based composite restorations (other than for molars)*
- *Pins*
- *Pin retention—per tooth; in addition to amalgam or resin restoration*
- *Crowns (when tooth cannot be restored with a filling material)*
- *Prefabricated stainless steel*
- *Prefabricated resin crown (excluding temporary crowns)*
- *Recementation*
 - *Inlay*
 - *Crown*
 - *Bridge*

Covered Major Services

Oral Surgery

- *Impacted Teeth*
 - *Removal of tooth (partially bony)*
 - *Removal of tooth (completely bony)*

Periodontics

- *Osseous surgery (including flap and closure); 1 to 3 teeth per quadrant; limited to 1 per quadrant; every 5 years*
- *Osseous surgery (including flap and closure); per quadrant; limited to 1 per site; every 5 years*
- *Soft tissue graft procedures*

ENDODONTICS

- *Root canal therapy including necessary X-rays*
- *Molar*

Restorative *Inlays; onlays; labial veneers and crowns are covered only as treatment for decay or acute traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge (limited to 1 per tooth every 10 years- see Replacement Rule)*

- *Inlays/Onlays-Metallic or Porcelain/Ceramic*
 - *Inlay; 1 or more surfaces*
 - *Onlay; 2 or more surfaces*
- *Inlays/Onlays-Resin-based composite*
 - *Inlay; 1 or more surfaces*
 - *Onlay; 2 or more surfaces*
- *Labial Veneers*
 - *Laminate-chairside*
 - *Resin laminate – laboratory*
 - *Porcelain laminate – laboratory*
- *Crowns*
- *Resin*
 - *Resin with noble metal*
 - *Resin with base metal*
- *Porcelain*
 - *Porcelain with noble metal*
 - *Porcelain with base metal*
- *Base metal (full cast)*
- *Noble metal (full cast)*
- *Metallic (3/4 cast)*
- *Post and core*

Prosthodontics: *First installation of dentures and bridges is covered only if needed to replace teeth extracted while coverage was in force and which were not abutments to a denture or bridge less than 10 years old. (See Tooth Missing But Not Replaced Rule.) Replacement of existing bridges or dentures is limited to 1 every 10 years. (See Replacement Rule.)*

- *Bridge Abutments (See Inlays and Crowns)*
- *Pontics*
 - *Base metal (full cast)*
 - *Noble metal (full cast)*
 - *Base metal (full cast)*
 - *Porcelain with noble metal*
 - *Porcelain with base metal*
 - *Resin with noble metal*
 - *Resin with base meta*
- *Removable Bridge (unilateral)*
- *One piece casting; chrome cobalt alloy clasp attachment (all types) per unit; including pontics*
- *Dentures and Partials (Fees for dentures and partial dentures include relines; rebases; and adjustments; within 6 months after installation.*
- *Fees for relines and rebases include adjustments within 6 months after installation. (Specialized techniques and characterizations are not eligible.)*
 - *Complete upper denture*
 - *Complete lower denture*
 - *Partial upper or lower; resin base (including any conventional clasps; rests and teeth)*
 - *Partial upper or lower; cast metal base with resin saddles (including any conventional clasps; rests and teeth)*
- *Stress breakers*
- *Interim partial denture (stayplate); anterior only*
- *Office reline*
 - *Laboratory reline*

- *Special tissue conditioning; per denture*
 - *Rebase; per denture*
 - *Adjustment to denture more than 6 months after installation*
 - *Full and partial denture repairs*
 - *Broken dentures; no teeth involved*
 - *Repair cast framework*
 - *Replacing missing or broken teeth; each tooth*
 - *Adding teeth to existing partial denture*
 - *Each tooth*
 - *Each clasp*
 - *Repairs: crowns and bridges*
 - *Occlusal guard (for bruxism only); limited to 1 every 5 years*
- General Anesthesia and Intravenous Sedation** *(only when provided in conjunction with a covered surgical procedure)*

Exclusions

Not every dental care service or supply is covered by the plan, even if prescribed; recommended; or approved by the **covered person's physician; or dentist**. The plan covers only those services and supplies that are included in the Dental Care Schedule. Charges made for the following are not covered. In addition, some services are specifically limited or excluded. This section describes expenses that are not covered; or are subject to special limitations.

1. Apicoectomy (dental root resection); root canal treatment.
2. Cosmetic services and supplies including plastic surgery; reconstructive surgery; cosmetic surgery; personalization or characterization of dentures or other services and supplies which improve alter or enhance appearance; augmentation and vestibuloplasty; and other substances to protect; clean; whiten; bleach; or alter the appearance of teeth; whether or not for psychological or emotional reasons; except to the extent coverage is specifically provided in the Dental Care Schedule.
3. Crown; inlays and onlays; and veneers unless:
 - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or
 - The tooth is an abutment to a covered partial denture or fixed bridge.
4. Dental implants; false teeth; prosthetic restoration of dental implants; plates; dentures; braces; mouth guards; and other devices to protect, replace or reposition teeth and removal of implants.
5. Services and supplies provided by an out-of-network provider.
6. Services and supplies provided for the covered person's personal comfort or convenience, or the convenience of any other person, including a provider.
7. Services and supplies provided in connection with treatment or care that is not covered under the plan.
8. Space maintainers; except when needed to preserve space resulting from the premature loss of deciduous teeth.
9. Dental services and supplies that are covered in whole or in part:
 - Under any other part of this plan; or
 - Under any other plan of group benefits provided by the policyholder.

10. Dentures; crowns; inlays; onlays; bridges; or other appliances or services used for the purpose of splinting; to alter vertical dimension; to restore occlusion; or correcting attrition; abrasion; or erosion.
11. First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth; or to replace teeth; all of which were lost while the covered person was not covered.
12. Any instruction for diet; plaque control; and oral hygiene.
13. General anesthesia and intravenous sedation; unless specifically covered and only when done in connection with another medically necessary covered service or supply.
14. Except as covered in the Dental Care Schedule section, non-surgical surgical treatment of any jaw joint disorder. and treatments to alter bite; or the alignment or operation of the jaw; including temporomandibular joint disorder (TMJ) treatment, orthognathic surgery, and treatment of malocclusion or devices to alter bite or alignment.
15. Orthodontic treatment, except as covered in the Dental Care Schedule.
16. Pontics; crowns; cast or processed restorations; made with high noble metals (gold or titanium).
17. Prescribed drugs; pre-medication; or analgesia.
18. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.
19. Removal of soft bony impactions.
20. Surgical removal of impacted wisdom teeth when only for orthodontic reasons.
21. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are:
 - Scaling of teeth; and
 - Cleaning of teeth.
22. Treatment of alveolectomy.
23. Treatment of periodontal disease.
24. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or Hospital; or by health care providers employed by the Policyholder.
25. Expense incurred as a result of injury due to participation in a riot. "Participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law and order.
26. Expense incurred as a result of an accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
27. Expense incurred for injury or sickness resulting from declared or undeclared war or any act thereof.
28. Expense incurred as a result of an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
29. Expense incurred as a result of an injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the covered person entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.

30. Expense incurred for treatment provided in a governmental hospital unless there is a legal obligation to pay such charges in the absence of insurance. However, this exclusion will not apply where prohibited by law. It does not apply to services rendered at any hospital owned or operated by the state of Oregon or any state approved community health and developmental disabilities program.
31. Expense incurred for elective treatment or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
32. Expense for injuries sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.
33. Expense incurred as a result of preventive medicines; serums; vaccines or oral contraceptives.
34. Expense incurred as a result of commission of a felony.
35. Expense incurred after the date insurance terminates for a covered person except as may be specifically provided in the Extension of Benefits Provision.
36. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
37. Expense incurred for any services rendered by a member of the covered person's immediate family or a person who lives in the covered person's home.
38. Expense incurred for injury resulting from the play or practice of collegiate or intercollegiate sports; including collegiate or intercollegiate club sports and intramurals.
39. Expenses for treatment of injury or sickness to the extent that payment is made; as a judgment or settlement; by any person deemed responsible for the injury or sickness (or their insurers).
40. Expense incurred for which no member of the covered person's immediate family has any legal obligation for payment.
41. Expense incurred by a covered person; not a United States citizen; for services performed within the covered person's home country; if the covered person's home country has a socialized medicine program.
42. Expense for injuries sustained as the result of a motor vehicle accident; to the extent that benefits are payable under other valid and collectible insurance; whether or not claim is made for such benefits. The Policy will only pay for those losses; which are not payable under the automobile medical payment insurance Policy.
43. Expense incurred when the person or individual is acting beyond the scope of his/her/its legal authority.
44. Expense for care or services to the extent the charge would have been covered under Medicare Part A or Part B; even though the covered person is eligible; but did not enroll in Part B.
45. Expense for telephone consultations; charges for failure to keep a scheduled visit; or charges for completion of a claim form.
46. Expense for charges that are not recognized charges; as determined by Aetna; except that this will not apply if the charge for a service; or supply; does not exceed the recognized charge for that service or supply; by more than the amount or percentage; specified as the Allowable Variation.
47. Expenses arising from a pre-existing condition.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 8 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 8 years.

Alternate Treatment Rule

If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- a) The service must be listed on the Dental Care Schedule;
- b) The service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- c) The service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved; the specific copayment for such service will consist of:

- d) The copayment for the approved less costly service; plus
- e) The difference in cost between the approved less costly service and the more costly covered service.

The Oregon Health & Science University Aetna Dental® Preferred Provider Organization (PPO) Student Dental Plan is underwritten and administered by Aetna Life Insurance Company (ALIC). Aetna Student HealthSM is the brand name for products and services provided by these companies and their applicable affiliated companies.