Access to dental care that is important to you!

The Aetna Dental® Indemnity Plan

Virginia Tech

Aetna Dental® Indemnity insurance plan gives you the freedom to visit any licensed dentist in the country for covered services — with no referrals required.

Plan Description

- Traditional fee-for-service dental insurance
- Members have the freedom to visit any licensed dentist
- Specialty and emergency care are covered. No referrals are required.

What the Plan Offers

- Preventive care – exams, cleanings, X-rays and more
- Basic care – fillings, simple extractions, root canals, basic restorative work and more
- Major services – bridges, crowns, and more

<table>
<thead>
<tr>
<th>Pricing</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$296</td>
</tr>
<tr>
<td>Spouse</td>
<td>$311</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$379</td>
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Coverage Dates

| Annual Coverage | 8/1/11-7/31/12 |

Enroll Today

- Find complete plan details by visiting www.aetnastudenthealth.com.
- Click on “Find Your School” and enter Virginia Tech.
- Review DocFind® to find dentists in your area.
- Enroll online!

Pricing

Student $296
Spouse $311
Child(ren) $379

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### Benefits Summary

<table>
<thead>
<tr>
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<th>Indemnity</th>
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</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
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<tr>
<td>Individual</td>
<td>$50</td>
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<tr>
<td>Family</td>
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<tr>
<td><strong>Preventive Service Covered Percent</strong></td>
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<tr>
<td><strong>Basic Service Covered Percent</strong></td>
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<tr>
<td><strong>Major Service Covered Percent</strong></td>
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<tr>
<td><strong>Annual Benefit Maximum</strong></td>
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<tr>
<td><strong>Orthodontic Services</strong></td>
<td>Not Covered</td>
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<tr>
<td><strong>Orthodontic Deductible</strong></td>
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<tr>
<td><strong>Orthodontic Lifetime Maximum</strong></td>
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</tbody>
</table>

*The deductible applies to: Basic and Major services only*

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### Partial List of Plan Provisions

#### Preventive

- Oral examinations **
- Cleanings, including scaling and polishing ** (Adult/Child)
- Fluoride **
- Sealants (permanent molars only) **
- Bitewing X-rays **
- Full mouth series X-rays **
- Space maintainers

#### Basic

- Root canal therapy, with X-rays and cultures
  - Anterior teeth / Bicuspid teeth
  - Amalgam (silver) fillings
  - Composite fillings (anterior teeth only)
  - Stainless steel crowns
  - Scaling and root planing **
  - Gingivectomy
  - Incision and drainage of abscess
  - Uncomplicated extractions
  - Surgical removal of erupted tooth
  - Surgical removal of impacted tooth (soft tissue)

#### Major

- Root canal therapy, molar teeth, with X-rays and cultures
- Osseous surgery **
- Surgical removal of impacted tooth (partial bony/ full bony)
- General anesthesia/intravenous sedation
- Inlays
- Onlays
- Crowns
- Full & partial dentures
- Denture repairs
- Pontics

** Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.