

Aetna Dental Access[®]

Your **Aetna Dental Access** plan provides you with discounts of 15% to 50%* on dental procedures - everything from general dentistry and cleanings to root canals, crowns and orthodontia - at over 161,000 dental practice locations nationwide.

All dentists accepting the plan are credentialed and participate in a quality management program. No health restrictions. No predetermination of benefits required. There is no referral required to see a Specialist. And there are no annual caps - use the plan as many times as needed.

Your Plan Includes

Your Plan Provides Savings on These Benefits



Basic/Preventive



Restorative



Orthodontics



Cosmetic



Dentures/Implants



Oral Surgery

Remember that the Aetna Dental Access plan is not insurance. Savings plans work differently than traditional insurance. Rather than waiting for reimbursements, you pay your provider directly for services and you save immediately.

You can review all the details of your plan in your Member's Area at DentalPlans.com/members. And if you ever have any questions about your plan, please call the :DP AtYourService team at **1-800-494-9294** or email us at members@dentalplans.com.

*Savings vary by provider and zip code.

Select Your Dentist

You'll find everything that you need to make the most of your **Aetna Dental Access** plan, plus special savings and perks, in the Member's Area. Your first step towards saving is to select your dentist. Follow the easy to follow steps below to search and select your dentist.

- ▶ Visit DentalPlans.com/members, and **log in with your email and password**. (Forgot your password? No problem, it's **easy to reset it** on the log in page.)

DentalPlans.com
Join. Save. Smile.

Need Help? Call our :DP AtYourService™ Team at 1-855-214-7724, M-F 8am-8pm EST

Welcome Back!

Please enter your email & password.

Email Address

Password

Remember Me

[If you forgot your password, click here](#)

[Not a member yet? Click here to join!](#)

Please note that participating provider lists and fee schedules for all

- ▶ If you haven't already done so, please link your dentist to your account. You can easily do this by clicking "**Find a Dentist**". Here you can either locate your dentist, or find nearby dentists who accept your plan. Just click "**Add Dentist**" to add the dentist's info to your Member's Area.

DentalPlans.com
Join. Save. Smile.

Home My Account How To... Member Corner **Find a Dentist** Log In

Need Help? Live Chat With A DP AtYourService® Team Member or Call 800-494-9294, M-F 8:30am-8pm EST

Welcome to Your Member's Area

Account Information
Plan Name **How to Use Your Dental Savings Plan**

Dentist Last Name	Closest Location	Select Your Dentist
Axel Martinez-Negron General Dentist	2654 N ANDREWS AVE FORT LAUDERDALE, FL 33311 (954)567-3311 Distance: less than 3 miles	<input type="button" value="Add Dentist"/>
Joseph Heider General Dentist	2026 NE 19TH ST FORT LAUDERDALE, FL 33305 (954)566-5428 Distance: less than 5 miles	<input type="button" value="Add Dentist"/>

- ▶ You can add as many dentists as you choose, and you can always opt to see any dentist – anywhere in the nation – that accepts your plan!

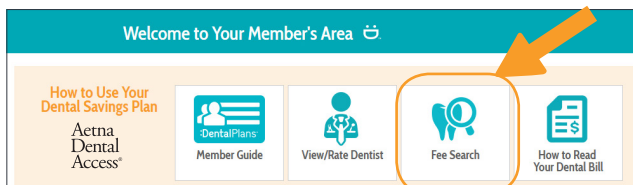
The Member's Area also includes information on how to use and renew your plan, your plan's documentation, a tool to help you track your dental savings, and special offers for health and wellness services and products.

Questions? Call 1-800-494-9294

See How Much You Will Save

A dental fee schedule lists the discounted prices that members of your dental plan pay for dental services.

Obtain a copy of your **Aetna Dental Access** fee schedule by logging into the DentalPlans.com Member's Area. Fee schedules for Aetna Dental Access are specific to the dentist you have selected. After you have selected a dentist, click on "**Fee Search**" to view the fee schedule for your selected dentist.



ADA codes (also known as "Dental Procedure Codes") are numerical codes that are used by insurance companies, dentists and government agencies to help ensure consistency in dental records.

EXAMPLE CODE

ADA CODE **D1110** ADULT PROPHYLAXIS

more commonly known as a cleaning

There is a code for every dental procedure, and the codes are used nationwide. Dental procedures associated with each code are listed on your fee schedule under the "Description" column. When your dentist tells you what treatments you need, you can ask for the ADA codes. If your dentist provides you with a treatment plan, the codes for each recommended procedure will be listed. The **reduced fees that you pay for each procedure** are listed in the right-hand column, underneath the type of service.

Diagnostic

ADA Number	Description	GENERAL DENTISTRY
D0120	periodic oral evaluation - established patient	\$17.00
D0140	limited oral evaluation - problem focused	\$19.00
D0150	comprehensive oral evaluation - new or established patient	\$22.00
D0210	intraoral - complete series of radiographic images	\$52.00
D0220	intraoral - periapical first radiographic image	\$12.00
D0230	intraoral - periapical each additional radiographic image	\$8.00
D0270	bitewing - single radiographic image	\$12.00
D0272	bitewings - two radiographic images	\$16.00
D0274	bitewings - four radiographic images	\$26.00
D0330	panoramic radiographic image	\$52.00
D0273	bitewings - three radiographic images	\$22.00

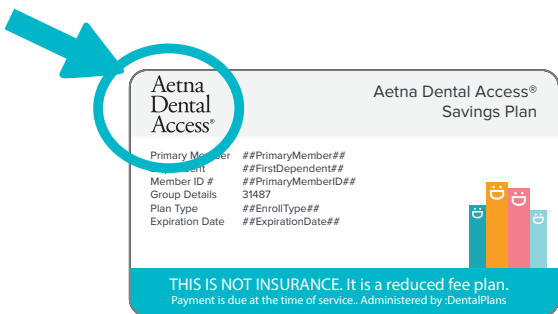
It's a good idea to log into your account periodically to ensure you always have the most recent fee schedule. If you have any questions, please call 1-800-494-9294 to speak to a member of the :DP AtYourService team.

Get More Info: [DentalPlans.com/members](https://www.dentalplans.com/members)

Use Your Plan

As you know your plan enables you to access a network of dentists who offer reduced fees to plan members. Here's a quick reminder of how to use your plan to save directly at the dentist:

1. Make a dentist appointment, and provide the dental office with the name of your dental savings plan - **Aetna Dental Access**.



2. Take your membership card with you to the dentist.
3. You can get information about the savings you'll receive for any treatment by calling the :DP AtYourService Team at **1-800-494-9294**. We'll need your dentist's name and the ADA codes for each treatment your dentist recommends.

4. Pay the discounted fee directly to your dentist. No claims to file, and no waiting for reimbursement with your dental plan!

5. After your visit, don't forget to return to your Member's Area and enter your savings in your :DP Savings Tracker! That way you can keep track of how much you're saving with your plan.

Questions? Call 1-800-494-9294
Get More Info: DentalPlans.com/members

Member's Agreement

The following terms and conditions of the Member Agreement, as well as the Member Welcome Letter, which is incorporated herein by reference, govern the plan that you are purchasing/have purchased.

Disclosure:

This plan is NOT insurance.

The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. This discount card program contains a 30 day cancellation period. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com.

Not available to CA, VT or WA residents.

The discount program provides access to the Aetna Dental Access[®] network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of the discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

1. Description of Plan Services: Dental

2. Description of Plan Features:

Each Member is entitled to receive discounts on specified services and receive other services (collectively, "Services") when using a participating provider ("Provider"). Members are entitled to receive certain Services from Providers at predetermined fees which equate to a percentage discount off the Provider's normal retail prices for such Services. Fees for Services vary by region. In order to receive Services at the discounted rate, a Member must present his/her Membership ID Card to the Provider before Services are rendered. Members must pay the Provider directly at the time of Service unless otherwise agreed upon between Provider and Member. If prompt payment to the Provider is not made and arrangements for payment are not made, the Provider may rescind the discount.

3. Processing Fee:

A processing fee in addition to the Membership fees in the Plan is applicable in the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. This processing fee is non-refundable except in those states listed below in the Cancellation and Refund Policy.

4. Membership Term:

If the Membership fee and any non-refundable processing fee is paid and received, a Member will be entitled to all Services on a monthly basis for as long as Membership fees are paid prior to the next billing cycle date. The Member will receive a Plan activation notice with such activation commencing within 72 hours of the purchase and remaining in force as long as Member continues to pay required Membership fees and otherwise complies with the terms of this Agreement. Member may change the Membership term by calling customer service before the new Membership term at the number located on the Membership ID card.

5. Automatic Renewal of Membership Term:

Membership will be automatically renewed prior to the next billing cycle date of the Member's Plan unless the Member notifies customer service, either by telephoning a customer service representative at the number on the Membership ID card or by providing written notification received prior the next billing cycle date at the address below, that he/she wishes to cancel his/her Membership in the Plan. Setting an account to "Do Not Renew" is a sufficient form of notification to avoid automatic renewal. If the Member either fails to notify customer service of his/her election not to continue the Membership, Membership in the Program will be renewed automatically and the Membership fee for an additional term will be charged to the Member's original payment source unless other payment methods are arranged.

6. Cancellation and Refund Policy:

If a Member cancels his or her Membership within the first 30 days after the effective date of registration in the plan, the Member will receive a full refund after notification of cancellation is provided to customer service. Arkansas members who cancel a membership within the first 30 days after the effective date of registration in the plan will receive a full

Member's Agreement

refund, inclusive of the processing fee. To ensure a cancellation request is processed, the Member must call a customer service representative at the number on his or her Membership ID Card. The applicable refund will be made within 30 days of receipt of the notice of cancellation.

FOR PLANS CONTAINING PRESCRIPTION DISCOUNTS: In the state of Tennessee only, if a member cancels his or her membership within the first 30 days after the effective date of registration in the plan, the member will receive a full refund, inclusive of the processing fee upon receipt by customer service of the Member's notification of cancellation. In the state of South Carolina only, a member shall receive a full refund of Membership fees, if Membership is cancelled within the first 30 days after receipt of Membership materials.

After 30 days of initial purchase, the Refund Policy is as follows:

A Member is eligible to receive a pro-rated refund only if a Membership is cancelled by DentalPlans.com or New Benefits, Ltd. for any reason, if discounted savings are not realized on care delivered, or if the fee schedule of the Plan is not honored by at least one Provider in your vicinity. Pro-rated refunds will not be issued for any other reason, including nonpayment of fees by the Member.

For residents of Oklahoma and North Dakota:

After 30 days of initial purchase, the cancellation and refund policy is as follows:

A Member is eligible to receive a pro-rated refund for any reason, including if discounted savings are not realized on the Services, or if the fee schedule of the Plan is not honored by at least one Provider in your vicinity. Pro-rated refunds will not be issued for the nonpayment of fees by the Member.

7. Complaint Procedure:

Any complaint regarding Plan Membership should be directed to customer service at the toll-free number on the Member ID Card or in writing to the address shown below. Each complaint will be acknowledged in writing within 5 business days of receipt. After the complaint is investigated, the Member will receive a letter disclosing the results of that investigation no later than 30 calendar days after receipt of the complaint. If the Member remains unsatisfied, the Member may contact his or her state's department of insurance. Note to IL consumers: Customer service shall provide contact information for the State Department of Insurance upon request.

8. Member Acknowledgements:

In return for the discounts and Services available under the Plan, the Member makes the following representations and acknowledgments:

(a) Member has read this Agreement carefully, including the documents incorporated by reference, and is aware and acknowledges that the Program is NOT insurance.

(b) Member may cancel his/her Plan Membership and will be entitled to a refund only as set forth in and subject to Paragraph 6 of this Agreement.

(c) Unless the Member cancels his/her Membership in accordance with Paragraph 6 of this Agreement, the Plan Membership will be automatically renewed up to 30 business days prior to the expiration date of a Membership Term, and payment of the Membership fee and processing fee will be charged to the Member's original payment source unless other payment methods are arranged.

(d) Membership in the Plan and or Member's rights or duties under this Agreement may not be assigned or delegated without the prior express written consent. Member acknowledges that the Plan Membership is only for his/her personal benefit or the benefit of his/her immediate family members, if the Plan is a family Membership. To add an immediate family member to the Plan, contact customer service. "Immediate family members" are a primary member, spouse, and all legal dependents. A Member's violation of this paragraph may, at the discretion of New Benefits, Ltd., result in immediate termination of the Plan Membership. Member may register immediate family members by calling customer service.

(e) Member is responsible for paying Providers and/or vendors for Services rendered at time of Service unless otherwise agreed upon by Member and Provider or vendor.

(f) This Plan is a discount health care program and does not guarantee the quality of the services or products offered by individual providers. New Benefits, Ltd. and DentalPlans.com do not recommend or endorse any particular provider listed in the network. Providers are independent contractors in private practice and are neither employees nor agents of DentalPlans.com or New Benefits, Ltd. and/or its parents, subsidiaries or affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. DentalPlans.com and/ or New Benefits, Ltd. does not provide medical, dental or any other treatment and is not responsible for outcomes. All medical, dental and/or other health care is the responsibility of the treating provider, in consultation with the Member. Member's selection of the provider is also the responsibility of the Member and is not based on any representations by DentalPlans.com and/or New Benefits, Ltd.

(g) New Benefits, Ltd. and DentalPlans.com do not warrant, represent or guarantee that there is or will be a Provider in his/her area available or willing to provide any of the Services to Member. Neither this Plan, New Benefits, Ltd., DentalPlans.com, their affiliates, nor any network accessed shall be liable for any payment to a Provider accessed under the Plan. Neither this Plan, New Benefits, Ltd., DentalPlans.com, their affiliates, nor any network accessed is an insurer, guarantor or underwriter of the responsibility or liability of the Member for Member's or Member's dependents' medical care or any other goods or services provided to Member or Member's dependents.

(h) Member is solely responsible for selecting any provider and in the event the Member is dissatisfied with any product or service, the Member will look solely to the Provider, seller, merchant, vendor or manufacturer for any satisfaction of claim. Member is advised that any

Member's Agreement

Service included in the Plan is subject to availability and may be changed or discontinued from the Plan at any time without notice to the Member.

(i) The Plan is not insurance and it may not reduce deductibles, co-payments or other out-of-pocket expenses for Services that are covered by insurance. Additionally, the Program may not be used to coordinate coverage with Medicare or other government assistance programs.

9. General Release:

Each Member, for himself/herself, and on behalf of any Dependent who uses the Services under the Plan Membership ("Membership Participant"), hereby forever releases, acquits and discharges each of New Benefits, Ltd., DentalPlans.com and its employees, officers, directors, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant or Member's legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any Service. The sole recourse available to a Member, Membership Participant or Member's legal representative(s) against New Benefits, Ltd. or DentalPlans.com will be cancellation of the Plan Membership as provided in Paragraph 6.

10. Notices:

Any notice, consent, approval, complaint, request or other written communication given or required under this Agreement must be sent by first class mail, postage prepaid, or by an overnight delivery service such as Fed Ex or United Parcel Service, and addressed to the Member, at the address shown in DentalPlans.com records, or from the Member to DentalPlans.com, at:

DentalPlans.com Customer Service

8100 SW 10th Street, Suite 2000, Plantation, FL 33324

11. Entire Agreement:

This Agreement sets forth the entire agreement and understanding between the parties with regard to Member's Membership in the Plan and constitutes a final complete and exclusive statement of the terms of the agreement between the parties with respect to Member's Membership in the Plan. Any other representation, inducement, promise or agreement shall be of no force or effect.

12. Governing Law:

This Agreement will be governed and construed in accordance with the laws of the State of Texas, except as required otherwise by applicable law.

Note to Oklahoma Consumers: This Agreement will be governed and construed in accordance with the laws of the State of Oklahoma, and venue for any proceedings shall be in the district court of Oklahoma County. Any controversy or claim arising out of or relating to this Member Agreement shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Note to Florida Consumers: This Agreement will be governed and construed in accordance with the laws of the State of Florida, and venue for any proceedings shall be the State of Florida court closest to the member's residence, except as required otherwise by applicable law. Any controversy or claim arising out of or relating to this Member Agreement may be settled by voluntary arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Note to Utah Consumers: This Agreement will be governed and construed in accordance with the laws of the State of Utah, and venue for any proceedings shall be the State of Utah court closest to the member's residence, except as required otherwise by applicable law. Any controversy or claim arising out of or relating to this Member Agreement may be settled by voluntary arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

13. Waiver of Breach

A waiver by New Benefits, Ltd. or DentalPlans.com of a breach of any provision of this Agreement will not be deemed a waiver by New Benefits, Ltd. or DentalPlans.com of any other breach of the same or different provision.

ADA-NB-DP-0514

Questions? Call 1-800-494-9294
Get More Info: DentalPlans.com/members

Healthy Smile, Healthier You!

Medical science continues to find important connections between oral health and overall wellness. Taking good care of your teeth and gums is critical to maintain optimal health. Follow the tips below and talk to your dentist or hygienist to learn how to keep your smile healthy and strong.

- 1.** Brush with a soft toothbrush, 2 minutes per mouth quadrant (top left and top right, bottom left and bottom right), at least twice a day.
- 2.** Floss daily.
- 3.** Limit sugar intake. If you do indulge in a sweet treat, avoid sticky or hard candies as they expose your teeth to sugar longer than a chocolate bar or similar snack does.
- 4.** Acidic drinks, such as fruit juices, may also damage teeth. Rinse your mouth with water afterwards. Avoid brushing immediately after drinking as the acid may temporarily soften your tooth enamel.
- 5.** Chewing sugarless gum helps promote saliva production, which assists in keeping your mouth healthy.
- 6.** See your dentist regularly for checkups & cleanings.
- 7.** **Use your plan! Every dollar spent on preventive oral care can result in up to \$40 in savings on future dental costs, according to the American Dental Hygienists' Association.**

Brought to You By

:DentalPlans.com
Join. Save. Smile.

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Get More Info: DentalPlans.com/members