

Aetna Dental Rates

Starting March 2025

Single Coverage	\$23.09
Family Coverage	\$65.82



Painters District Council No. 4 Health & Welfare Trust Fund
Effective Date: 03-01-2021

Dental Benefits Summary

	Active PPO MAX	
	With PPOII and Extend SM Networks	Non-participating
Annual Deductible*		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Annual Benefit Maximum	\$2,500	\$2,500
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1,000	\$1,000
*The deductible applies to: Basic & Major services only		
**Orthodontia is covered only for children (appliance must be placed prior to age 20).		

Partial List of Services	Active PPO MAX	
	With PPOII and Extend SM Networks	Non-participating
Preventive	100%	100%
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Space Maintainers	100%	100%
Basic		
Full mouth series Images (a)	80%	50%
Amalgam (silver) fillings	80%	50%
Composite fillings (anterior teeth only)	80%	50%
Uncomplicated extractions	80%	50%
Major		
Inlays	50%	50%
Onlays	50%	50%
Crowns	50%	50%
Stainless steel crowns	50%	50%
Full & partial dentures	50%	50%
Pontics	50%	50%
Scaling and root planing (a)	50%	50%
Gingivectomy (a)*	50%	50%
Root canal therapy		
Anterior teeth / Bicuspid teeth	50%	50%
Molar teeth	50%	50%
Osseous surgery (a)*	50%	50%
Incision and drainage of abscess*	50%	50%
Surgical removal of erupted tooth*	50%	50%
Surgical removal of impacted tooth (soft tissue)*	50%	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%	50%
General anesthesia/intravenous sedation*	50%	50%
Denture repairs	50%	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.		