
DMO Availability and Networks

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Aetna, not JCPenney or the Dental Plan, arranges for the dental care and services provided under the *DMO* option. Your coverage, other than eligibility, is described in the written materials available from Aetna. It is important to review the *DMO* material carefully for all provisions and exclusions. If you do not have this information or you need more specific information, call the *claims administrator/insurer* at 1-800-811-5671. The information in this section is only an overview of the *DMO* option.

DMO AVAILABILITY

If you live or work within the *DMO* network, as determined by your home or work zip code, the *DMO* option will be available when you enroll.

Your Responsibilities

Before choosing the *DMO* option, be sure to review your access to *PCDs* and specialty dentists, such as orthodontists, periodontists, pedodontists, endodontists, and oral surgeons.

Also, your choice of the *DMO* should **not** be based solely on the availability of a specific *DMO dental provider*. *DMOs* generally contract with *dental providers* and hospitals on a calendar-year basis. However, providers may terminate their contracts mid-year by giving written notice to the *DMO*. Just because your *dental provider* is in the network during your enrollment period is no guarantee he or she will be a part of the network all year. Generally, you cannot change your Dental Plan option during the year because your *dental provider* leaves the network.

It is your responsibility to choose a *dental provider* in the *DMO* network to be your *PCD*. If you do not select a *PCD*, your *DMO* may choose one for you. If you do not receive care from the *PCD* the *DMO* has you enrolled with, you may not receive reimbursement.

With a *DMO*, if you choose to use *dental providers* outside the *DMO* network of providers, you will receive no reimbursement. But because your *PCD* closely manages your dental care, you don't have to assume as much responsibility for ensuring that the services you receive are covered expenses.

DMO NETWORK

The *DMO* network is determined by the number of *PCDs* practicing within a specific number of miles from the center of a zip code. The *DMO* network must have at least two (2) *PCD*'s (accepting new patients) within a 15-mile radius of the center of either your home or work zip code.

To receive a list of *DMO dental providers*, automatically and without charge, call the *claims administrator/insurer* at 1-800-811-5671 or go to the Aetna's web site at www.aetna.com and follow the steps below:

- Select DocFind from the “**Quick Tools**” drop down box;
- Select “**Dentists**” from the DocFind home page; and
- Select “**DMO**” from the dental plan selection drop down box in step #1.

Due to variations in state licensing and filings, the *DMO* option may be known by a slightly different name and offered by a different Aetna company, depending on which state is involved. All member care and related decisions are the sole responsibility of the *DMO* dental providers. Aetna does not provide dental care services and, therefore, cannot guarantee any results or outcomes. Dental benefits are provided or administered by:

Aetna Life Insurance Company

Aetna U.S. Healthcare, Inc. (AZ)

Aetna U.S. Healthcare Dental Plan of California, Inc.

Aetna U.S. Healthcare Dental Plan Inc. (MD, NC, NJ, and TX)