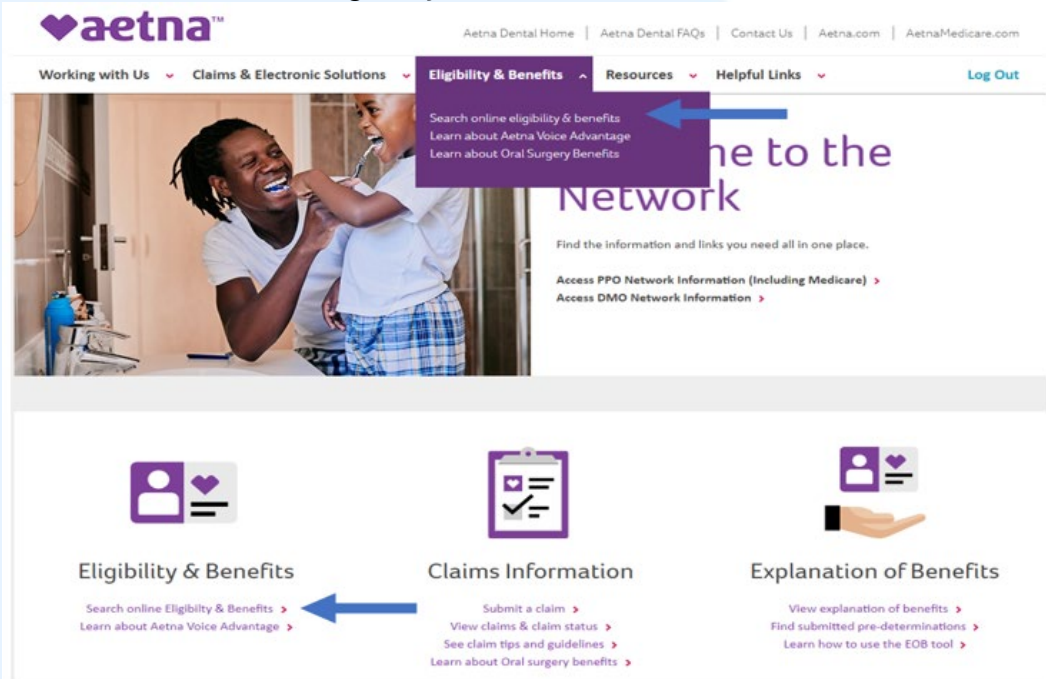


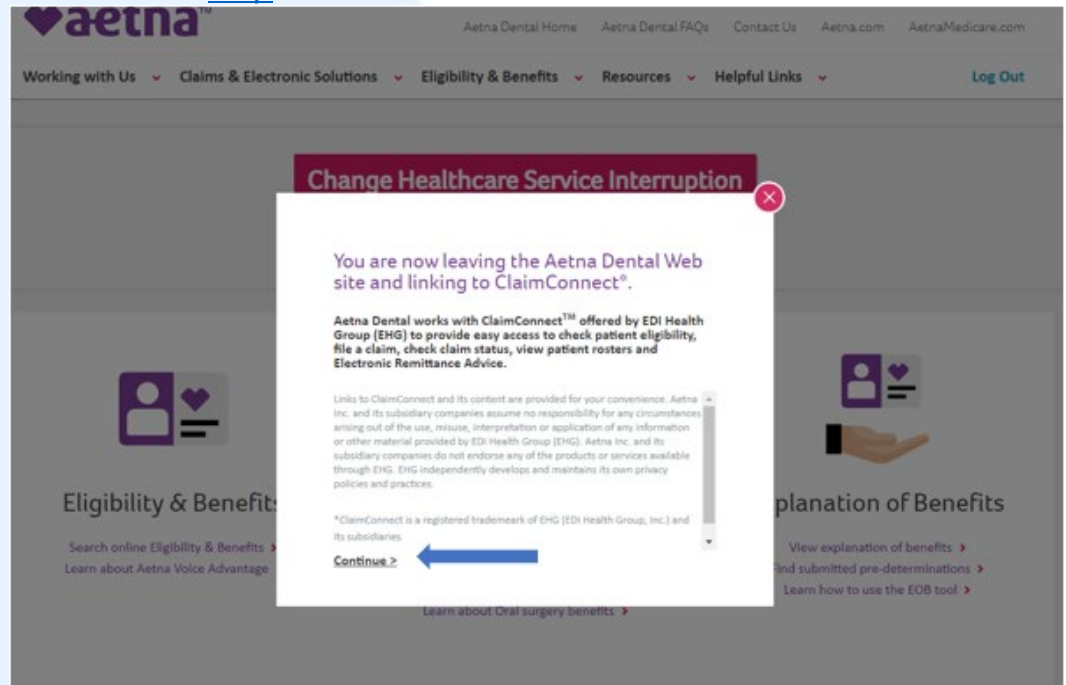
Eligibility and Benefit Search for Aetna Dental Members on DentalXChange

1. Visit Aetnadental.com
2. Log-in
3. Select Search online Eligibility & Benefits.



4. A pop-up will display stating you will be redirected to ClaimConnect which is offered through DentalXChange. Select "Continue" If you have not yet registered for DentalXChange

click here for [help](#)



5. A new tab will open with the DentalXChange site. On the **Eligibility Search** page, select the billing provider from the provider drop-down menu, and then select **Aetna Dental Plans-60054** from the drop-down menu.

Please ensure you add all providers to your DentalXChange account. For help, see instructions [Account Settings](#) (dentalxchange.com)

6. You can search in two ways (1 – preferred) Member ID and DOB or (2) First Name, Last Name and DOB

Then, click **Continue**

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Eligibility Search

We recommend completing all fields. Fields with an asterisk * are required for the selected payer but additional information may be required by a plan to complete your eligibility request.

Provider

Select a provider from the list below. To add a provider or edit an existing one, click **Add/Edit Provider**.

Select Billing Provider

Add/Edit Provider

Payer

Select the name of the payer that the patient is covered under.

Aetna Dental Plans - 60054

Patient

Search a patient to view plan coverage details.

Member ID or SSN

No spaces or dashes

Patient Relationship

Self

Last Name

First Name

Date of Birth *

mm/dd/yyyy

Group#

Actions

Continue

Below is an example of the results screen showing Member is active, their basic coverage details, and Network Type.

Patient Details and Benefit Search

Patient Information

Status:	Active	
Name:		Member ID or SSN:
Gender:		Date of Birth:
Address:		

Coverage Details

Payer:	Aetna Dental Plans		
Group Number:		Plan Number:	0805515
		Network Type:	STANDARD DENTAL NETWORK,PPO II NETWORK,DENTAL EXTEND NETWORK
Group Name:			
Disclaimer:	Receipt of this information does not guarantee payment under state law. Aetna's co-payment/co-insurance may vary depending on patient's benefit plan. To verify that payment will be made, to inquire/determine oral surgery benefits, or if member information returned differs from Provider's patient records, please refer to the Dental Office Guide or call Aetna Customer Service.		

Benefits Search

Select one of the options below to view plan benefits, then click the **View Benefits** button. Choose **General Benefits** to view an overall explanation of the plan benefits, or select **Category** or **Procedure Code** for more specific benefits information.

☒ General Benefits
 ☐ Single Category
 ☐ Procedure Code

[View Benefits](#)

- After entering the patient information, you will be given three search options: **General Benefits**, **Single Category**, and **Procedure Search**.

General Benefits Search

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» ERA / PAYMENTS

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» PAYMENTS

» PATIENT ROSTER

» PLAN DESIGN

PAYER ENROLLMENT

» ENROLLMENT

» CREDENTIALING

SUPPORT

» CONTACT US

» PAYER LIST

» ACTIVITY SNAPSHOT

» HELP

Patient Details and Benefit Search

Patient Information

Status:	Active		
Name:		Member ID or SSN:	
Gender:		Date of Birth:	
Address:			

Coverage Details

Payer:	Aetna Dental Plans		
Group Number:		Plan Number:	58
		Network Type:	IN NETWORK COVERAGE BASED ON DMO NETWORK PROVIDER
Group Name:			
Disclaimer:	Receipt of this information does not guarantee payment under state law. Aetna's co-payment/co-insurance may vary depending on patient's benefit plan. To verify that payment will be made, to inquire/determine oral surgery benefits, or if member information returned differs from Provider's patient records, please refer to the Dental Office Guide or call Aetna Customer Service.		

Benefits Search

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➔

☒ General Benefits
 ☐ Single Category
 ☐ Procedure Code

View Benefits

Start Claim

To create a claim for this patient, click on the **Start Claim** button.

Start Claim

View Benefits will return the 55 common ADA codes listed below. Depending on the patient's plan, the information returned may also include deductible, maximums, co-insurance, co-payment, last paid date on 21 ADA preventive codes, plan limitations, primary care dentist (DMO plan), and the provider's network associated with the plan.

Below is a *sample* of the benefit information returned.

This example response shows the member's information, and in this case, Coordination of Benefits (COB) is provided.

Plan Benefits

Please review the benefits breakdown below. For any questions regarding benefits and coverage, reach out to the insurance company for further information.

Patient	Name:	
	Member ID or SSN:	
	Date of Birth:	
Payer	Name:	
	Coverage:	
	Plan Type:	
	Description:	
	Group#:	
	Group Name:	
	Plan#:	
	Plan Name:	
	Network Type:	STANDARD DENTAL NETWORK,PPO II NETWORK,DENTAL EXTEND NETWORK
Dates	Plan Begin:	01/01/2024
	Service:	07/16/2024
	Eligibility Begin:	01/01/2024

Provider Information

Information Type:	Claim Address
Related Entity:	Payer
Name:	Aetna
Address:	PO Box 14079 Lexington, KY 40512
Information Type:	Other or Additional Payor
Coordination of Benefits	04/01/2014
Related Entity:	Secondary Payer
Name:	HEALTHPLEX

The below shows the Plan Level Remarks which, in this example, indicates Missing Tooth Clause applies. If no mention of Missing Tooth Clause in this remark field, it is not applicable for the plan.

Plan Level Remarks

MISSING TOOTH CLAUSE APPLIES
COMMERCIAL,CHLD TO 26 OR 26 IF FT STUDENT

Sample continued

The maximums and deductibles display at a plan level giving the coverage amount and what is remaining with specific call outs to certain procedure types when applicable.

Maximums - In and Out of Network

Type	Coverage	Amount	Remaining	Message
DENTAL	Individual	\$2,000.00	\$1,706.03	Calendar Year
Orthodontics	Individual	\$2,500.00	\$2,500.00	Lifetime

Deductibles - In and Out of Network

Type	Coverage	Amount	Remaining	Message
Dental	Family	\$100.00	\$50.00	Calendar Year
Dental	Individual	\$50.00	\$0.00	Calendar Year

The below example shows the in-network coverage for the member's plan. Because there is no out-of-network coverage, it does not display.

Co-Insurance - In Network

Type	Percentage (Pat% / Ins%)
Basic, Preventative	0% / 100%
Major	40% / 60%
Ortho	50% / 50%

Sample continued

Sample Continued

Here, for each code, the Co-insurance and Co-payments will be displayed, along with Frequency and Limitations, and, if applicable for the plan, Shared Frequency in the Message column.

Service Level Benefits - In and Out of Network

Procedure Code	Percentage (Pat% / Ins%) and Co-Payment (\$)	Frequency & Limitations	Message
D0120	0% / 100%	Frequency: 2 Units, for 1 Calendar Year PER FULL MOUTH. History: 2 Units Remaining. Age Limitation: Maximum Age: 99	Shares frequency with D0145,D0150,D0180,DEDUCTIBLE DOES NOT APPLY
D0140	0% / 100%	Age Limitation: Maximum Age: 99	DEDUCTIBLE DOES NOT APPLY
D0150	0% / 100%	Frequency: 2 Units, for 1 Calendar Year PER FULL MOUTH. History: 2 Units Remaining. Age Limitation: Maximum Age: 99	Shares frequency with D0120,D0145,D0180,DEDUCTIBLE DOES NOT APPLY
D0210	0% / 100%	Frequency: 1 Unit, per 36 Months PER FULL MOUTH. History: 1 Unit Remaining. Age Limitation: Maximum Age: 99	Shares frequency with D0330,D0701,D0709,DEDUCTIBLE DOES NOT APPLY
D0220	0% / 100%	Age Limitation: Maximum Age: 99	DEDUCTIBLE DOES NOT APPLY

Procedure Code Search

To receive benefit information for the codes not listed under the **General Benefits**, a **Procedure Code** search for up to 55 ADA codes can be entered and returned once.

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Patient Details and Benefit Search

Patient Information

Status:	Active		
Name:		Member ID or SSN:	
Gender:		Date of Birth:	
Address:			

Coverage Details

Payer:	Aetna Dental Plans		
Group Number:		Plan Number:	L
		Network Type:	IN NETWORK COVERAGE BASED ON DMO NETWORK PROVIDER
Group Name:			
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☐ General Benefits
☐ Single Category
☒ Procedure Code

Maximize your return by including up to 55 codes.

Enter procedure code(s) separated by a comma. Ex: D0120, D0140.

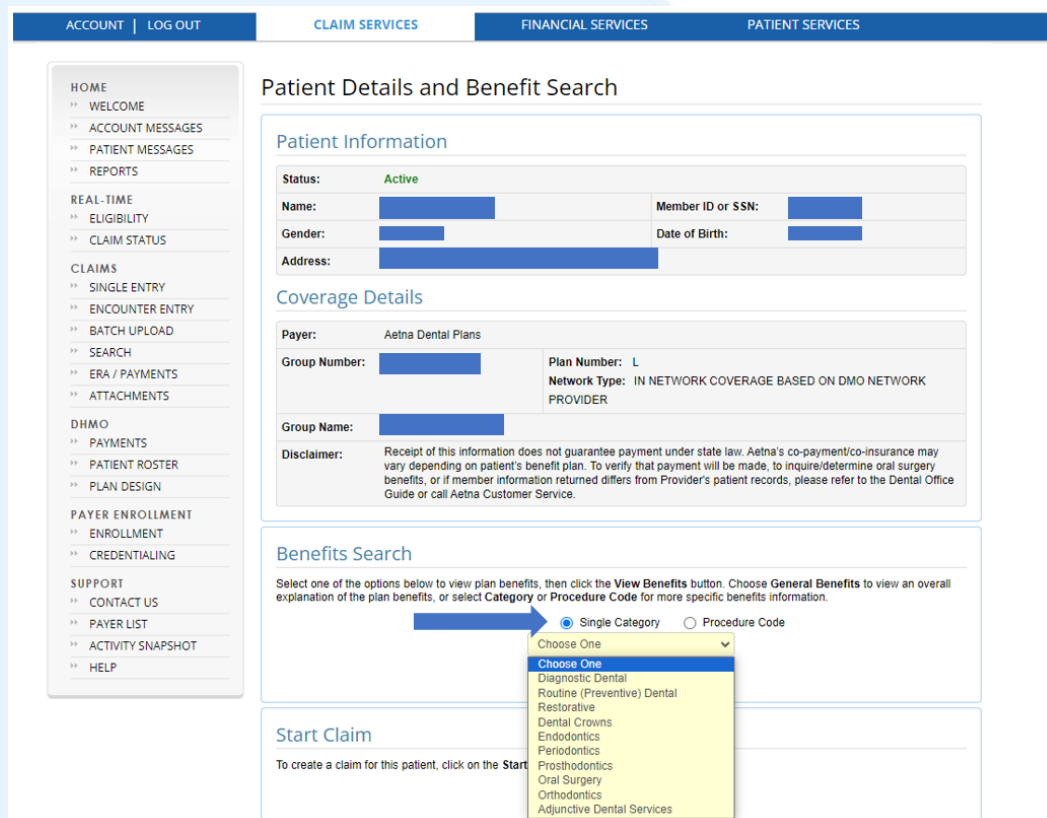
OR

Type Procedure Code

View Benefits

Single Category Search

A **Single Category** search may also be done and will return the most common ADA codes under each category.



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Patient Details and Benefit Search

Patient Information

Status: **Active**

Name: [Redacted] Member ID or SSN: [Redacted]

Gender: [Redacted] Date of Birth: [Redacted]

Address: [Redacted]

Coverage Details

Payer: Aetna Dental Plans

Group Number: [Redacted] Plan Number: L
 Network Type: IN NETWORK COVERAGE BASED ON DMO NETWORK PROVIDER

Group Name: [Redacted]

Disclaimer: Receipt of this information does not guarantee payment under state law. Aetna's co-payment/co-insurance may vary depending on patient's benefit plan. To verify that payment will be made, to inquire/determine oral surgery benefits, or if member information returned differs from Provider's patient records, please refer to the Dental Office Guide or call Aetna Customer Service.

Benefits Search

Select one of the options below to view plan benefits, then click the **View Benefits** button. Choose **General Benefits** to view an overall explanation of the plan benefits, or select **Category** or **Procedure Code** for more specific benefits information.

☒ Single Category ☐ Procedure Code

Choose One

- Choose One
- Diagnostic Dental
- Routine (Preventive) Dental
- Restorative
- Dental Crowns
- Endodontics
- Periodontics
- Prosthodontics
- Oral Surgery
- Orthodontics
- Adjunctive Dental Services

Start Claim

To create a claim for this patient, click on the **Start** button.

For additional detailed instructions, please see the link below

<https://help.dentalxchange.com/DentalXChangeHelp/RealTime.htm?Highlight=eligibility>