

Eligibility and Benefit Search for Aetna® Dental Members on DentalXChange

1. Visit AetnaDental.com
2. Log in.
3. Select 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 [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.
- 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 \(dentalxchange.com\)](https://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.

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

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

General Benefits Search

HOME
 » WELCOME
 » ACCOUNT MESSAGES
 » PATIENT MESSAGES
 » REPORTS

REAL-TIME
 » ELIGIBILITY
 » CLAIM STATUS

CLAIMS
 » SINGLE ENTRY
 » ENCOUNTER ENTRY
 » BATCH UPLOAD
 » SEARCH
 » ERA / PAYMENTS
 » ATTACHMENTS

DHMO
 » PAYMENTS
 » PATIENT ROSTER
 » PLAN DESIGN

PAYER ENROLLMENT
 » ENROLLMENT
 » CREDENTIALING

SUPPORT
 » CONTACT US
 » PAYER LIST
 » HELP

Patient Details and Benefit Search

Patient Information

Status:	Active
Name:	██████████
Gender:	████
Address:	██████████

Provider Details

Provider Name:	██████████
NPI:	██████████
Tax ID:	██████████
Address:	██████████

Coverage Details

Payer:	Aetna Dental Plans
Group Number:	██████████
Plan Number:	██████████
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

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.

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3

Below is an example 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:	
Dates	Plan Begin: Service: Eligibility Begin:	01/01/2024 07/16/2024 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

Example continued

The below shows the Plan Level Remarks which, in this example, indicates Missing Tooth Clause applies.

If there is no mention of Missing Tooth Clause in this Remark field, it is not applicable for the plan.

If "Commercial" is listed in the Plan Level Remarks, then the plan is state regulated.

If the Plan Level Remarks field shows "Self-Funded," then the plan is not state regulated.

If alternate benefits apply to Medicare plans, it will be displayed here.

Plan Level Remarks

MISSING TOOTH CLAUSE APPLIES

COMMERCIAL,CHLD TO 26 OR 26 IF FT STUDENT

The maximums and deductibles display at a plan level giving the coverage amount and what remains 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 example below 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%

Example 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.

Patient Details and Benefit Search

Patient Information

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

Provider Details

Provider Name:	[REDACTED]
NPI:	[REDACTED]
Tax ID:	[REDACTED]
Address: [REDACTED]	

Coverage Details

Payer:	Aetna Dental Plans
Group Number:	[REDACTED]
Plan Number:	[REDACTED]
Network Type: STANDARD DENTAL NETWORK, PPO II NETWORK, DENTAL EXTEND NETWORK	
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.

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.

HOME
» WELCOME
» ACCOUNT MESSAGES
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REAL-TIME
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» SINGLE ENTRY
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» PATIENT ROSTER
» PLAN DESIGN

PAYER ENROLLMENT
» ENROLLMENT
» CREDENTIALING

SUPPORT
» CONTACT US
» PAYER LIST
» HELP

Patient Details and Benefit Search

Patient Information

Status:	Active
Name:	<input style="width: 100%;" type="text"/>
Gender:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>

Provider Details

Provider Name:	<input style="width: 100%;" type="text"/>
NPI:	<input style="width: 100%;" type="text"/>
Tax ID:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>

Coverage Details

Payer:	Aetna Dental Plans
Group Number:	<input style="width: 100%;" type="text"/>
Group Name:	<input style="width: 100%;" type="text"/>
Disclaimer:	Receipt of this information may vary depending on patient's benefits, or if member information is not available, please refer to the Aetna Customer Guide or call Aetna Customer Service at 1-800-233-2331. Aetna's co-payment/co-insurance may be made, to inquire/determine oral surgery benefits information. For Aetna's co-payment/co-insurance information, please refer to the Dental Office records, please refer to the Dental Office

Benefits Search

Select one of the options below to view plan benefit explanation of the plan benefits, or select Category to view general benefits.

General Benefits

Choose One

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

Choose General Benefits to view an overall benefits information.

Choose One

[View Benefits](#)

For additional detailed instructions, please see the link below

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