Now accepting Medicare Advantage PPO plans

Medicare Advantage PPO plans we accept	Aetna Advantage PPO, Cigna Advantage PPO, Humana Advantage PPO, United Healthcare Advantage PPO.
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No network requirements: Patient does not have to be seen by a in network provider. Providers can charge their standard fees.

Preventative services: Oral exams, x-rays, cleanings

Annual Allowance: Your maximum amount per year that insurance will cover up to. (allowance varies by each dental plan)

Frequency limitations: Insurance will cover visit up to a certain limit (ex. Cleanings 2 x per calendar year). No frequency limits, you can go as many times with no frequency. Insurance will cover only to the allowance.

Insurance Company	Description	Covered services	Payment
Aetna Medicare Advantage PPO	PPO, No network requirements.	Preventative services are covered at 100%. Fillings, root canals, tooth extractions, crowns, bridges, implants, and dentures. There are frequency limitations. Varies by plan.	Patient to pay at time of visit and submit receipts for reimbursement. Aetna to give patient an annual allowance on dental care.
Cigna Medicare Advantage PPO	PPO, No network requirements.	No Frequency Limits, no cosmetic services covered.	Patient to pay at time of visit and submit receipts and reimbursement forms to Cigna for reimbursement. Or patient can pay at time of visit. Dental office can submit claim form and get paid directly from Cigna and dental office refund patient once payment is received. Visits covered at 100% up to max allowance.
Humana Medicare Advantage PPO	PPO, No network requirements.	Basic coverage.	Humana provides patient with annual max allowance. Patient to pay at time of visit. Patient must submit receipts and reimbursement form to get reimbursed from Humana. Humana to pay a portion of visit.
United Healthcare Medicare Advantage PPO	PPO, No network requirements.	Exams, x-rays, cleanings, tooth extractions, oral surgery, fillings, crowns and dentures are covered.	United Healthcare provides patient with annual allowance. Patient to pay at time of visit. Patient to submit receipt and form to insurance for reimbursement.