



**Posted Date:** March 8, 2024

**Solicitation No.:** RFP230620CJV

**Solicitation Name:** Employee Benefits – Group Dental Insurance Plan

**Subject:** Addendum Number 1

The following represents clarification, additions, deletions, and/or modifications to the above referenced bid. This addendum shall hereafter be regarded as part of the solicitation. Items not referenced herein remain unchanged, including the response date. Words, phrases or sentences with a strikethrough represent deletions to the original solicitation. Underlined words and bolded, phrases or sentences represent additions to the original solicitation.

**1. ATTACHMENT**

- a. LCBOCC Passive PPO Dental Benefit Summary
- b. ASO Agreement Renewal

**2. QUESTIONS/ANSWERS**

1.	How long has the group been with the current dental carrier?
<b>Answer</b>	Ten years
2.	If the 2024 renewal has been provided, please provide.
<b>Answer</b>	See attached 2024 renewal. PEPMs listed on page 5. 2025 Renewal is not provided.
3.	Please provide a 36 month funding rate history. The RFP only indicated from 1/1/2019 – 12/31/2022.
<b>Answer</b>	2023 Rates are as follows: Employee Only: \$5 Employee & Family: \$40
4.	Please provide a complete Summary Plan Description or dental certificate and how out of network is reimbursed? MAC (fee schedule) or R&C and what %?
<b>Answer</b>	See attached “LCBOCC Passive PPO Dental Benefit Summary” for complete Summary Plan Description.
5.	Please provide a copy of the ASO (Self-Insured) Agreement and all administrative and program services the current TPA provides
<b>Answer</b>	See attached renewal. Administrative and program services are listed on page 8.
6.	If there have been any dental plan changes in the past 24 months, please advise
<b>Answer</b>	There have been no dental plan changes in the past 24 months. See tab 3a – Plan Designs – of Attachment A with the solicitation documents for plan design considerations.
7.	Please provide an electronic claims file (Excel) for the past 12 months including date of service (incurred period if DOS not available), procedure code (CDT Compliant codes), provider information, provider location (TIN/SSN, address, zip), network status (par vs non-par), submitted charge, allowed charge, paid amount and denied claim amount for each individual service per claim line.

Answer	The County declines to provide the requested information. See tab 4c – Discount Analysis – of Attachment A with the solicitation documents to input details on your network discounts within Lee County’s zip codes.
8.	Can you please provide a census that includes all eligible employees. What is the actual all eligible count?
Answer	The total benefit eligible count is 4,712. See information tab of Attachment A of the solicitation documents.
9.	How out of network is reimbursed? MAC (fee schedule) or R&C and what %?
Answer	The out of network services reimburse at 90% percentile of billed charges. 90TH PERCENTILE FAIR HEALTH BILLED CHARGES HIAA FEE SCHEDULE

**BIDDER/PROPOSER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID/PROPOSAL. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER/PROPOSER BEING CONSIDERED NON-RESPONSIVE.**

**ALL OTHER TERMS AND CONDITIONS OF THE SOLICITATION DOCUMENTS ARE AND SHALL REMAIN THE SAME.**

[Christy VanAllen](#)

Christy VanAllen, Procurement Analyst  
Direct Line: 239-533-8839  
Lee County Procurement Management



An Aetna Renewal  
Presented To

**Lee County Board Of County Commissioners**

By AON Hewitt

Annual Renewal Rating: January 1, 2024 through December 31, 2024

Plan Sponsor Number: 11187771



## Lee County Board Of County Commissioners

### Aetna's Dental Value Story

Effective Date: January 1, 2024

At Aetna, we dedicate ourselves to help members reach their best health. As a trusted carrier for 9.4 million dental members, Aetna is the largest integrated carrier in the business. We're also one of the first to study the benefits of dental-medical integration, which leads to better health outcomes for our members.

#### Improving overall health through better dental health

Dental health has a significant impact on emotional health. One's overall happiness and confidence is often impacted by the health of their teeth. Our dental program meets members where they are on their dental health journey. Aetna's member outreach and education has helped change member behaviors, allowing them to reach dental health goals.

Aetna Dental focuses on driving value through three key areas:

- **Tailored benefits**

Targeted, local networks make it easier for members to access care and keep costs low. A variety of plan options allow you to better manage cost, coverage and access.

- **Integrated care**

Our care programs use dental health and primary care information to drive improved overall health outcomes.

- **Member empowerment**

Affordable plan options provide the coverage and protection members want. Tools and information drive engagement and help members make the most of their benefits.

Large provider networks offer greater access to care:

- National Dental Preferred Provider Organization (DPPO) network currently has more than 313,000 dental providers.
- Dental Maintenance Organization (DMO) is one of the largest in the country with over 114,000 dentists.

Our dental program focuses on improving overall health outcomes. As we meet members on their journey, we'll focus on what's important—their needs and the needs of their families. We'll personalize their experience and guide them to their best dental health.

#### Awards and recognitions

As we transform the health care experience, we're honored to be recognized for our work.

[Click here to learn more about Aetna's awards and recognitions.](#)

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

The Aetna companies include:

Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Washington Inc., Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company; Aetna Life Insurance Company; Aetna Dental Inc.; and/or Aetna Dental of California Inc.; Aetna Health of Utah Inc. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some Dental Plans may not cover all dental expenses. Some dental expenses may be covered under your medical health care coverage and not your Dental Plan. Dental Plan contracts should be read carefully to determine what dental services are covered. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.





## Lee County Board Of County Commissioners

### Aetna's Dental Value Story

Effective Date: January 1, 2024

Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at:

[www.aetna.com](http://www.aetna.com)

The information contained in this proposal is confidential and should not be shared with anyone other than your broker or benefit plan consultant.



Scott Weber  
Account Director- S  
4630 Woodland Corporate Blvd  
Tampa, FL 33614  
(727) 212-1404  
WeberS@aetna.com

June 30, 2023

Lee County Board Of County Commissioners  
Lynne Peterson  
2115 2ND ST  
Fort Myers, FL 33901

Dear Lynne Peterson:

Thank you for allowing us to serve your dental insurance and benefit needs over the past year.

This package provides information to help you develop the future benefits program for Lee County Board Of County Commissioners. As we approach the anniversary of our relationship, we are pleased to present you with our renewal for the 2024 policy period.

To help you understand the full financial picture of your benefit plan, we've included important information about the cost of your current program and the value we bring to you and your company.

- **Future Program Costs**

This section illustrates the cost projections to operate your current benefit program for the period January 1, 2024 through December 31, 2024.

- **Self Insured Dental Plans**

For the period January 1, 2024 through December 31, 2024 the cost to operate your current dental plans will not change compared to the current fee.

- **Programs and Services**

This section provides a summary of programs and services included in your plan of benefits.

- **Caveats**

Our renewal offer is contingent upon the parameters outlined here. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments on our dental quotations. Please review this section thoroughly.

If there are no changes that impact the conditions of this renewal as outlined in our Caveats section, the fees will remain in effect through December 31, 2024. This renewal package is considered an amendment to your existing agreement. Continuance of your benefit plan and payment of fees constitutes an agreement to this renewal.

If you'd like to make any plan changes or if you have any questions, please contact me by Dec 1, 2023 at (727) 212-1404. It's been a pleasure working with you and I look forward to our continued relationship.

Sincerely,

Scott Weber  
Account Director- S

**Each insurer has sole financial responsibility for its own products.**

**Benefits and insurance plans contain limitations and exclusions.**

## Lee County Board Of County Commissioners

## Contact Information/Assumptions

Account Manager:	<u>Scott Weber</u>	SIC Code:	<u>9111</u>
Email:	<u>WeberS@aetna.com</u>	Mem/EE Ratio:	<u>2.14</u>
Telephone:	<u>(727) 212-1404</u>		

## Administrative Service Fees

Effective Date: January 1, 2024End Date: December 31, 2024

Your fees include a savings for Medical.

If actual lines of business awarded differs from our proposed package of benefits, we reserve the right to revise our quoted fees.

	Estimated Enrollment	Current	Proposed	% Change
Guarantee Period Effective Date			1/1/2024	
Fee Basis		Mature	Mature	
Dental Fees as Billed (PEPM)	Estimated Enrollment	Current	Proposed	% Change
PPO, 4T, Pkg=A, Opt=1	4,626	\$2.12	\$2.12	0.0 %
<b>Plan Year Service Fees</b>		<b>\$117,685</b>	<b>\$117,685</b>	<b>0.0 %</b>
Service Fee Summary (Plan Year)		Current	Proposed	% Change
<b>Administrative Service Fees</b>		\$117,685	\$117,685	
<b>Total Fees (incl Discounts, Credits, Broker Comp, Other Charges)</b>		<b>\$117,685</b>	<b>\$117,685</b>	<b>0.0 %</b>
Additional Service Fee Guarantee* (Excluding Other Charges)				% Change
Additional Year fee guarantee for 2025 Mature				3.0 %

## Clarifications

- PEPM is defined as Per Employee Per Month.
- Please see Programs & Services for additional information. Some services may come at an additional cost to the fees shown above.
- Broker Compensation, if applicable, is subject to customer approval.
- Any Plan Year costs are based on the Estimated Enrollment and subject to change based on actual enrollment.
- Aetna retains 40 percent of the negotiated PPOII savings as a network access charge for this subset of the network

## \*Service Fee Guarantee

Our offer includes a service fee guarantee for the guarantee period January 1, 2024 to December 31, 2025. The guaranteed service fees excluding broker compensation are listed above. The service fee guarantee is subject to the terms and conditions as stated in the caveats and is contingent upon the customer maintaining all lines of business with Aetna.

## Lee County Board Of County Commissioners

### Experience Exhibit

Effective Date: January 1, 2024

- This exhibit displays the historical experience used in the development of the rates.
- Claims displayed are on Paid basis
- Lagged Members shown are staggered and will not match enrollment for the listed month on other reports.

#### Current Year's Experience (Excludes DMO) - PPO

Month	Subscribers	Lagged Subscribers	Members	Lagged Members	Total Dental Claims
202205	4,498	4486	9,671	9,655	\$238,847
202206	4,505	4498	9,672	9,671	\$261,634
202207	4,514	4505	9,664	9,672	\$204,590
202208	4,596	4514	9,809	9,664	\$284,257
202209	4,619	4596	9,822	9,809	\$243,247
202210	4,620	4619	9,836	9,822	\$174,490
202211	4,619	4620	9,825	9,836	\$207,671
202212	4,601	4619	9,785	9,825	\$231,127
202301	4,639	4601	9,917	9,785	\$243,801
202302	4,632	4639	9,920	9,917	\$266,559
202303	4,631	4632	9,912	9,920	\$352,811
202304	4,626	4631	9,890	9,912	\$254,977
<b>Totals</b>	<b>55,100</b>	<b>54,960</b>	<b>117,723</b>	<b>117,488</b>	<b>\$2,964,012</b>
			<b>Current Year Paid Claims PEPM</b>		<b>\$53.93</b>

# Lee County Board Of County Commissioners

## ASC Claim Development

**Effective Date: January 1, 2024**

- The components of your renewal expected claim change are detailed below.
- The current Net Adjusted Incurred Claims Per Employee Per Month (PEPM) are trended forward to the Renewal Rate Period.
- Adjusted Paid Claims PEPM are blended with Manual Claims PEPM, if applicable, to develop a blended expected claim PEPM.
- An adjustment for renewal benefit change is added if applicable.
- This exhibit excludes Dental Maintenance Organization information and may include information from other carriers.

Experience Grouping: PPO

	Contract Period: 1/1/2024 - 12/31/2024	<b>Current Year Experience</b>	
	Claim Basis:	Paid	
	Year Experience Period:	5/1/2022	4/30/2023
	Paid Through:	4/30/2023	
	Subscriber / Member Months:	54,960	/ 117,488
	Experience Period Average Subscribers:	4,580	
		<b>Dental PEPM</b>	
1.	Paid Claims		\$53.93
2.	Adjustment for Change in Network		0.9998
3.	Adjustment for Change in Plan		1.0000
4.	Underwriting Adjustment		1.0000
5.	Adjusted Paid Claims (1 x 2 x 3 x 4)		\$53.92
6.	Trend		
a.	Annual Trend Factor		5.80 %
b.	# of Months of Trend		20.0
c.	Projection Factor		1.0985
7.	Experience Based Projected Claims (5 x 6c)		\$59.24
8.	Experience Weighting		100.0 %
		<b>Blended Results</b>	
9.	Experience Blended Projected Claims		\$59.24
10.	Experience Credibility		100.0 %
11.	Manual (CRC) Projected Claims		\$49.81
12.	Blended Projected Claims		\$59.24



## Lee County Board Of County Commissioners

**Programs & Services - ASC**

**Effective Date: January 1, 2024**

Program Summary	PPO, 4T, Pkg=A, Opt=1
<b>General Admin</b>	
Claim Fiduciary-Option 1 - Aetna Fiduciary & External Review	Yes
Communication Materials	Yes
Customer Team Services	Yes
Designated billing, eligibility, plan set up, underwriting and drafting services	Yes
Eligibility (Standard)	Yes
Experienced Account Management Team	Yes
Review or draft plan documents	Yes
<b>Banking</b>	
Banking Method-Bank Initiated Wire	Yes
Funding Basis-Cleared	Yes
Standard Stockpiling	Yes
<b>Claim and Member Services</b>	
Aetna Voice Advantage® Level 2	Yes
Claim Administration	Yes
Dental Medical Integration (DMI)	Yes
Digital ID Cards	Yes
Member Services	Yes
Special Investigations/Zero Tolerance Fraud Unit	Yes
<b>Network Information</b>	
Network Access	Yes
Provider Relations	Yes
<b>Web Tools</b>	
Claim Research/forms/Contact us (English & Spanish Version)	Yes
Member Website and Mobile Experience	Yes
<b>Aetna Discount Program</b>	
Aetna Discount Program - at home products, fitness, hearing, LifeMart® shopping website, natural products and services, oral health care, vision, weight management	Yes
<b>Reporting</b>	
Analytic Consultation from Plan Sponsor Insights (5 hours)	Yes

# Lee County Board Of County Commissioners

## Caveats

Effective Date: January 1, 2024

For the purposes of this document, Aetna may be referred to using "we", "our" or "us" and Lee County Board Of County Commissioners may be referred to using "you" or "your".

## Underwriting Caveats

Your pricing considers all the products, programs and services you have with us and will be in effect for the full 12 months of the plan year. Pricing for some programs and services are amortized over a 12-month period. Therefore, fees will not be reduced if termination occurs prior to the end of the plan year. We require notice to properly terminate before the plan year ends in accordance with the Termination provision in your Agreement. Otherwise, you may be charged for the cost until that notice is met.

If any of the changes outlined below occur, we may adjust your Guaranteed Fees. If this happens, you'll have to pay any difference between the fees collected and the new fees calculated back to the start of the Guarantee Period. If you are not notified of the change in advance, such difference will be reconciled in the annual accounting for the Guarantee Period. If fees are adjusted, the caveats below will be based on the new assumptions.

During the Guarantee Period we may adjust your Guaranteed Fees if:

### Enrollment

There is a 15 percent change in the number of enrolled employees from our enrollment assumptions or from any subsequently reset enrollment assumptions. Our renewal assumes coverage will not be extended to additional employee groups without review of supplemental census information and other underwriting information for appropriate financial review.

### Member-to-Employee Ratio

The member-to-employee ratio changes by more than 15 percent from the 2.14 ratio assumed in this quote.

### Projected Processed Claim Transactions (PCT) Per Employee

The actual PCT ratio changes by more than 15 percent from the 3.82 ratio assumed in this quote.

### Quoted Benefits and Administration

A material change is initiated by you or by legislative or regulatory action which materially affects the cost of the plan. This includes, but is not limited to, changes impacting standard contract provisions, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

### Multi-Year Provision

You place the products, programs and services included in this multi-year fee guarantee out to bid with an effective date prior to December 31, 2025, then this guarantee is no longer valid.

### Non-Compliance Notice

In the event that any of these provisions are not met or you terminate the contract prior to the end of the Guarantee Period, you'll be required to remit the total amount of any prior reduction in fees and/or charges, except where prohibited [as allowed by legislative or regulatory action]. Such amount shall be remitted to us within 30 days of our notice regarding your non-compliance or termination, as applicable.

# Lee County Board Of County Commissioners

Caveats

Effective Date: January 1, 2024

## Assumptions

### Underwriting

#### Agreement Provisions

Our quotation assumes our standard Agreement provisions and claim settlement practices apply unless otherwise stated.

#### Aetna Medical/Dental Coverage

The proposed medical and dental fees are contingent upon you purchasing both medical and dental lines of coverage.

#### Plan Design

This renewal is based on the current benefit plan designs, plus any noted deviations.

#### Claim Fiduciary

Our renewal assumes we've been delegated claim fiduciary responsibilities. As claim fiduciary, we'll be responsible for final claim determination and the legal defense of disputed benefit payments. Our appeal administrative services are automatically included when we've been delegated claim fiduciary responsibilities.

#### Non-ERISA

For a non-ERISA plan, the risks and responsibilities are different from those under ERISA plans, since the ERISA preemption and ERISA standard of performance do not apply.

#### Waiting Period

New employees must complete the waiting period designated by their employer prior to enrolling in one of our plans. The waiting period must be consistently applied within a class of employees.

#### Additional Products and Services

Costs for special services rendered that are not included or assumed in the pricing guarantee will be billed through the claim wire, on a single claim account, when applicable, to separately identify charges. Additional charges that are not collected through the claim wire during the year will either be direct-billed or reconciled in conjunction with the year-end accounting and may result in an adjustment to the final administration charge. For example, you will be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, booklet and SPD printing, etc. The costs of these types of services will depend upon the actual services performed and will be determined at the time the service is requested.

## Billing Information

#### Advanced Notification of Fee Change

We'll notify you of any fee change at least 31 days prior to the effective date of fee change.

#### Late Payment

We'll assess a late payment charge at a 12 percent interest rate if you fail to pay plan benefit payments or administrative service fees on a timely basis as outlined in the Agreement. We'll notify you of any changes in late payment interest rates. The late payment charges described in this section are without limitation to any other rights or remedies available to us under the Agreement or at law or in equity for failure to pay.

#### Producer Compensation

The quoted fees don't include producer compensation.

# Lee County Board Of County Commissioners

## Caveats

Effective Date: January 1, 2024

### Claim and Member Services

#### Runoff Claim Processing

Your administrative service fees are mature. The expenses associated with processing runoff claims following termination are covered for one year.

#### Dental Service Center

Claim administration and member services for the quoted plans will be centrally managed. Members will be able to reach the Member Service representatives Monday through Friday, from 8 a.m. to 6 p.m., local time (based on where the member resides).

### Reporting and Data Transfer

#### Aetna Intellectual Property

Under the Agreement, you may have access to certain of Aetna's Plan Sponsor reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Agreement ("Aetna IP"). Aetna will grant you, as the Plan Sponsor, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Agreement. You agree not to modify, create derivative product from, copy, duplicate, decompile, disassemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Agreement shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent, or otherwise transfer or convey, the Aetna IP to you.

#### Data Transfer at Termination

Upon contract termination, we agree to cooperate with succeeding administrators in producing and transferring required claim and enrollment data. Data will be transferred within 30 days after determination of specific format and content requirements, subject to a charge that is based on direct labor cost and data processing time.

### Banking

We've assumed that you provide funds through a bank initiated Fedwire wire transfer for drafts clearing the bank under the self-funded arrangement assumed in this renewal.

When claims have accumulated to more than \$20,000, a request will be sent to you and/or your bank requesting funds for the total claims from the previous day(s). In addition, there will be a month end close out request on the first banking day of each subsequent month.

The proposed banking arrangement is subject to change based on results of a credit risk evaluation. We will complete an evaluation upon notification of sale.

We've assumed you'll use no more than three primary banking lines which are shared across all self-funded products, excluding Flexible Spending Account (FSAs). Additional wire lines and customized banking arrangements will result in an adjustment to the proposed pricing.

### Additional

Additional details for the following topics can be found in our UW Disclosure document located at the following URL: <https://www.aetna.com/document-library/dental-underwriting-self-insured-disclosures-11172021.pdf>

- Billing of Fees
- Eligibility
- Network Services
- Claims and Member Services
- State Mandates

# Lee County Board Of County Commissioners

## Caveats

Effective Date: January 1, 2024

In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriter Disclosure document, the information in your Package shall prevail.

## Legislative and Regulatory Requirements

### Fees and Assessments

This proposal is intended to be compliant with health care reform. Aetna reserves the right to modify its products, services, rates, and fees, in response to legislation, regulation or requests of government authorities resulting in changes to plan benefits and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.

### Recovery of Overpayments

Our process of recovering overpayments attempts to recoup money in the most accurate, effective, and cost-efficient manner. We have provided more detail below on how we recover overpayments.

When seeking recovery of overpayments from a provider, we have established the following process: If unable to recover the overpayment through other means, we may offset one or more future payments to that provider for services rendered to Plan Participants by an amount equal to the prior overpayment. We may reduce future payments to the provider (including payments made to that provider involving your or other health and welfare plans that are administered by us) by the amount of the overpayment, and we will credit the recovered amount to the plan that overpaid the provider. By entering into an agreement with us, you are agreeing that your right to recover overpayments shall be governed by this process and that you have no right to recover any specific overpayment unless otherwise provided for in the Agreement.



# Lee County Board Of County Commissioners

## Aetna's Dental/Medical Integration<sup>SM</sup> Program

Effective Date: January 1, 2024

### Put the bite on medical costs with an integrated dental/medical program.

Help reduce the risks of heart disease, diabetes and the complications of pregnancy. Better dental care can mean healthier employees.

#### Early dental care may help lower risk for certain illnesses<sup>1</sup>

Recent medical studies suggest a connection between periodontal disease and complications of cardiovascular disease. Also, periodontal disease may increase the likelihood for expectant mothers to deliver their babies early. And it may even make it more difficult for diabetics to control their blood sugar levels. But that's not all: Periodontal disease has been linked to respiratory infections in people with lung problems.

#### Visit the Dentist Regularly<sup>2</sup>

Regular checkups, cleanings, and maintenance are important, certainly. But a study from Aetna and Columbia University College of Dental Medicine indicates that proactive periodontal care appears to have a positive effect on the cost of medical care, with earlier treatment resulting in lower medical expenses for members with diabetes, coronary artery disease and stroke.

### Smart Aetna programs bring together dental and medical care

Educate at-risk members who may not be aware of how oral health can affect their specific medical conditions. Members of dental and medical insurance plans from Aetna may get these added benefits, when you select the DMI program.

### Aetna's Outreach Program

Our Dental/Medical Integration competitive advantage lies in successfully affecting member behavior. Since we have medical and dental claims data, we can put our knowledge to work for your members because we have a complete picture of their claims history. We differentiate ourselves from the market because of how we identify those members who should be concerned with their dental health and its impact to their overall medical condition. At this time, Aetna defines at-risk members as those who are pregnant or have cardiovascular disease or diabetes.

- Focusing on members who have not had a recent dental visit, the DMI member outreach program uses multiple outreach methods proven to be successful in motivating at-risk members to seek care.
- Claim data is monitored to determine if the member sought care after initial contact. Follow-up outreach is provided if the member does not seek care.

### Enhanced Benefit\* Programs Fully Cover Additional Services with NO deductible

#### For pregnant women, members with diabetes and coronary artery disease/cerebrovascular disease

- One additional prophylaxis (cleaning visit)
- Scaling and root planning
- Full mouth debridement to enable comprehensive evaluations and diagnosis
- Periodontal maintenance

### Members will receive educational material and will be encouraged to call our Dental Service Center to:

- Enroll in the enhanced benefit
- Select a dentist
- Get help with making a dentist appointment

\*Exclusions and limitations may apply. Refer to your plan documents, available after enrollment, for details.

<sup>1</sup>Periodontal Disease and Systemic Health <https://www.perio.org/consumer/other-diseases>. Accessed October 2018

<sup>2</sup>"An examination of periodontal treatment and per member per month (PMPM) medical costs in an insured population" BMC Health Services Research 2006:103



Dental Benefits Summary

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

<b>Partial List of Services</b>	<b>Passive PPO With PPOII Networks</b>
<b>Preventive</b>	
Oral examinations - 2 per year	100%
Cleanings - Adult/Child - 2 per year	100%
Fluoride - 1 per year, children under 16	100%
Sealants (permanent molars only) - 1 per tooth every 3 years,	100%
Bitewing Images - 1 set per year	100%
Full mouth series Images - 1 set every 3 years	100%
Space Maintainers	100%
<b>Basic</b>	
Root canal therapy, molar teeth	80%
Root canal therapy	
Anterior teeth / Bicuspid teeth	80%
Scaling and root planing - 4 separate quads every 2 years	80%
Gingivectomy *- 1 per quad/tooth every 3 years	80%
Amalgam (silver) fillings	80%
Composite fillings (anterior teeth only)	80%
Stainless steel crowns	80%
Incision and drainage of abscess*	80%
Uncomplicated extractions	80%
Surgical removal of erupted tooth*	80%
Surgical removal of impacted tooth (soft tissue)*	80%
<b>Major</b>	
Implants - 1 every 8 years per tooth	50%
Inlays - 1 every 8 years per tooth	50%
Onlays - 1 every 8 years per tooth	50%
Crowns - 1 every 8 years per tooth	50%
Crown lengthening	50%
Full & partial dentures - 1 every 8 years	50%
Pontics - 1 every 8 years per tooth	50%
Osseous surgery * - 1 per quad every 3 years	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%
General anesthesia/intravenous sedation*	50%
Denture repairs	50%
Crown Build-Ups	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.	
<i>Frequency and/or age limitations may apply to other services. Limits are described in the booklet/certificate.</i>	

**Dental Benefits Summary**

***Non-surgical TMJ services are covered as major services subject to the annual maximum.***

**Other Important Information**

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service a PPO participating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates.

**Emergency Dental Care**

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

**Partial List of Exclusions and Limitations\* - Coverage is not provided for the following:**

1. Services or supplies that are covered in whole or in part:
  - (a) under any other part of this Dental Care Plan; or
  - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
  - (a) a non-occupational disease; or
  - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Those for any of the following services:
  - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
  - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
  - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:  
(Does not apply to Maine contract state and Maine residents)
  - (a) during the first 31 days the person is eligible for this coverage, or
  - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
    - (i) after the end of the 12-month period starting on the date the person became a covered person; or
    - (ii) as a result of accidental injuries sustained while the person was a covered person; or
    - (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.

**Dental Benefits Summary**

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16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
16. Those for a crown, cast or processed restoration unless:
- (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
  - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
17. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
18. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
19. Services needed solely in connection with non-covered services.
20. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

\*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

**Your Dental Care Plan Coverage Is Subject to the Following Rules:**Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 8 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 8 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO®, Advantage Dental, Basic Dental and Family Preventive Dental Plans are provided or administered by Aetna Health Inc. In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and Indemnity Dental plans are provided or administered by Aetna Life Insurance Company.



### Dental Benefits Summary

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավիճար խոսքի դասընթացը ստանալու համար զանգահարեք ձեր բժշկական ստանդարտները բարձր վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনকে বিনমূল্যে ভাষা পরিষেবা পাবে। হলে, আপনার পরিচয়পত্রটি দেখে যা নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခမဲ့ဖြင့် မပေးရဘဲ ဘာသာစကားပြန်ဆောင်ရွက်ပေး ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguahi ni dibatde para hagu, agang i numiru gi iyo-mu kard aidentifikasion.





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Cherokee	ငျပေမီ ဖေဟ်မေမီ တဝဲဇလၢ်ဂၢ် ငါအ်မီၤ ဂၤတၢ်အၤဂၤၤ န့ၤ, ဝဲၤအဲၤဝဲၤဝဲၤ ဝဲၤဝဲၤ ဂၤတၢ်အၤဂၤၤ ဟံၤအၤဝဲၤ ဝဲၤဝဲၤ ID ဣၤအဲၤဝဲၤ ငံၤဝဲၤဝဲၤ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમે રૂ થ ષ પણ જ તને ખરચને ભ ષ સેવ ઓ મેળવવા મટે, તમ ર આઇડી કાર્ડ પર રહેલ નંબર પર રૂ લ કરવે .
Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughị ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	vXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtd.'D;tyShRvXeub.[h.tDRt*D><ud;b.vDwJpdeD.*H>vXttD.vXecd.*DR A (ID) tvdRM.wuh>I
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیراگەیشی بە خزمەتگوزاری زمان بەی تیچوون بۆ تۆ، پەیوهندی بکه بە ژمارهی سه‌ر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipān kōn kajin ilo an ejjeļok wōṇean nan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.



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Mon-Khmer, Cambodian	វិធីសាស្ត្រទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo bǫ́áh ílinígóó naaltsoos bee atah níłjigo nanitiniígíí bee néé'ho'dółzinígíí béésh bee hane'i biká'ígíí áajj'í hółne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Tè kɔɔr yin ran de wëer de thokic ke cïn wëu kɔr keek tənɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔn de tïit de nyin de panakim kɔu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤਰਤ ਲਈ ਬੰਨ ਕਮਿ ਕੇ ਮਤ ਵ ਲੇ ਆ ਪੰਜ ਬੇ ਸੇਵ ਵੰ ਚੇ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਚੀਤ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'au'au'au tau gagana e aunoa ma se tologi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܘܡܐ ܙܐ ܠܘܒܗܐ ܒܝܠܐ ܡܠܝܦܐ ܟܘܟܘܟܐ, ܦܝܓܐ ܢܘܡܒܪܐܝ ܝܠܝܘ ܟܘܢܝܢܐ ܟܘܕܝ ܝܘܟܘ ܝܘ ܟܝܬܘܡܒܘܠܝܫܘ.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను ముకు ఖర్చు లకుండు అదుకునందుకు, ము ఐడి కార్డుపై ఉన్న నంబరుకు కలె చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لساڀي خدمات تک مفت رساڀي کے لیے، اڀي بيمه کے ڈرڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.



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Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ èdè fún ọ l'ọfẹẹ, pe n'ombà tó wà l'órí kààdì ìdánimọ rẹ.