

Aetna Passive PPO Dental Plan

Department of Defense Nonappropriated Fund Health Benefits Program

Summary of Benefits effective January 1, 2017

Plan Provisions	Preferred (In-Network)	Non-Preferred (Out-of-Network)
Calendar Year Deductible		
★ Individual	\$100	\$100
★ Family of 2	\$200 (2 times individual)	\$200 (2 times individual)
★ Family of 3 or more	\$300 (3 times individual)	\$300 (3 times individual)
Calendar Year Benefit Maximum		
	\$2,500 per person	\$2,500 per person
Preventive Care		
Routine oral exams and cleanings – two per calendar year†	100%, no deductible*	100%, no deductible**
Problem-focused exams – two per calendar year	100%, no deductible*	100%, no deductible**
X-rays (frequency limits apply), fluoride (no age limit) and sealants to age 18	100%, no deductible*	100%, no deductible**
†A third cleaning will be covered for those who qualify due to certain medical conditions such as pregnancy, diabetes or heart disease. Contact Member Services for details.		
Basic Care		
Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments	80% after deductible*	80% after deductible**
Restorative Care		
Inlays, crowns, fixed bridgework, gold fillings	50% after deductible*	50% after deductible**
Oral Surgery		
Services that are dental in nature	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar year maximum*	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar year maximum**
TMJ Treatment		
Temporomandibular Joint Dysfunction	50%, no deductible* \$750 lifetime maximum per person	50%, no deductible** \$750 lifetime maximum per person
Orthodontia for adults and children		
includes TMJ appliances	50%, no deductible* \$2,000 lifetime maximum per person	50%, no deductible** \$2,000 lifetime maximum per person
Benefit Payments		
When you use a dentist who participates in the dental PPO network, you pay less for your share of the dental expense because network dentists have agreed to accept Aetna's contracted rates. When you use a non-participating dentist, your coverage is subject to recognized charges.		
Claim Filing		
When you receive care from a dentist who participates in Aetna's dental network, the dentist will file your claim. You may be responsible for filing claims when care is provided by a non-participating dentist.		

*Based on contracted rates.

**Subject to recognized charges.

These charts display only a general description of your benefits under the DoD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the Summary Plan Description (SPD), the terms of the SPD will be used to determine coverages and benefits.

