

# Aetna Passive PPO Dental Plan

## Department of Defense Nonappropriated Fund Health Benefits Program

### Summary of Benefits effective January 1, 2016

| Plan Provisions  | Preferred (In-Network)  | Non-Preferred (Out-of-Network)  |
|--|---|---|
| <b>Calendar Year Deductible</b>  |   |   |
| ★ 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)  |
| <b>Calendar Year Benefit Maximum</b>   | \$2,500 per person  | \$2,500 per person  |
| <b>Preventive Care</b>   |   |   |
| Routine oral exams and cleanings – two per calendar year <sup>^</sup>  | 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**   |
| <sup>^</sup> 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. |   |   |
| <b>Basic Care</b>  | 80% after deductible*   | 80% after deductible**  |
| Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments  |   |   |
| <b>Restorative Care</b>  | 50% after deductible*   | 50% after deductible**  |
| Inlays, crowns, fixed bridgework, gold fillings  |   |   |
| <b>Oral Surgery</b>  | 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** |
| Services that are dental in nature   |   |   |
| <b>TMJ Treatment</b>   | 50%, no deductible*<br>\$750 lifetime maximum per person  | 50%, no deductible**<br>\$2,000 lifetime maximum per person   |
| Temporomandibular Joint Dysfunction  |   |   |
| <b>Orthodontia for adults and children</b>   | 50%, no deductible*<br>\$2,000 lifetime maximum per person  | 50%, no deductible**<br>\$2,000 lifetime maximum per person   |
| includes TMJ appliances  |   |   |
| <b>Benefit Payments</b>  | 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. |   |
| <b>Claim Filing</b>  | 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.

