

Passive PPO Dental Plan

Summary of Benefits

Effective January 1, 2010

	Preferred Care Benefits (In-Network)	Non-Preferred Care Benefits (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	\$2,000 per person	\$2,000 per person
Preventive Care		
Routine oral exams and cleanings – two per calendar year*	100%, no deductible (based on contracted rates)	100%, no deductible (subject to reasonable and customary charges)
Problem-focused exams – two per calendar year	100%, no deductible (based on contracted rates)	100%, no deductible (subject to reasonable and customary charges)
X-rays (frequency limits apply), fluoride (no age limit), and sealants to age 18	100%, no deductible (based on contracted rates)	100%, no deductible (subject to reasonable and customary charges)
* 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	80% after deductible (based on contracted rates)	80% after deductible (subject to reasonable and customary charges)
Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments		
Restorative Care	50% after deductible (based on contracted rates)	50% after deductible (subject to reasonable and customary charges)
Inlays, crowns, fixed bridgework, gold fillings		
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 (based on contracted rates)	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar year maximum (subject to reasonable and customary charges)
TMJ Treatment (Temporomandibular Joint Dysfunction)	50%, no deductible (based on contracted rates) \$750 lifetime maximum per person	50%, no deductible (subject to reasonable and customary charges); \$750 lifetime maximum per person
Orthodontia for adults and children (includes TMJ appliances)	50%, no deductible (based on contracted rates) \$2,000 lifetime maximum per person*	50%, no deductible (subject to reasonable and customary charges) \$2,000 lifetime maximum per person*

* New plan provision effective January 1, 2010.

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 reasonable and customary 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.

This chart displays 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.

