Aetna Global Benefits
Dental Plan
Summary of Benefits
Effective January 1, 2010

Dental Plan Benefits

Calendar Year Deductible
★ Individual $100
★ Family of 2 $200 (2 times individual)
★ Family of 3 or more $300 (3 times individual)

Calendar Year Benefit Maximum $2,000 per person

Preventive Care

Routine oral exams and cleanings – two per calendar year*   100%, no deductible

Problem-focused exams – two per calendar year   100%, no deductible

X-rays (frequency limits apply), fluoride (no age limit), and sealants to age 18   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   80% after deductible
Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments

Restorative Care   50% after deductible
Inlays, crowns, fixed bridgework, gold fillings

Oral Surgery   100% of first $1,000; then 80% thereafter, not subject to
(services that are dental in nature)   the deductible and calendar year maximum

TMJ Treatment   50%, no deductible
(Temporomandibular Joint Dysfunction) $750 lifetime maximum per person

Orthodontia for adults and children   50%, no deductible
(includes TMJ appliances) $2,000 lifetime maximum per person*
* New plan provision effective January 1, 2010.

Claim Filing
You are responsible for filing claims when you receive dental care overseas. When you receive care in the United States 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.