

Aetna Passive PPO Dental Plan

Department of Defense Nonappropriated Fund Health Benefits Program

Summary of Benefits effective January 1, 2022

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 benefits maximum	\$2,500 per person	\$2,500 per person
Preventive Care	Plan pays	Plan pays
Routine oral exams and cleanings – two per calendar-year ¹	100%, no deductible ²	100%, no deductible ³
Problem-focused exams – two per calendar-year	100%, no deductible ²	100%, no deductible ³
X-rays (frequency limits apply), fluoride (no age limit) and sealants to age 18	100%, no deductible ²	100%, no deductible ³
Basic Care		
Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments	80% after deductible ²	80% after deductible ³
Restorative Care		
Inlays, crowns, fixed bridgework, gold fillings (alternative treatment rule may apply. See Summary Plan Description for details.)	50% after deductible ²	50% after deductible ³
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 ²	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar-year maximum ³
TMJ Treatment		
Temporomandibular joint dysfunction	50%, no deductible ² \$750 lifetime maximum per person	50%, no deductible ³ \$750 lifetime maximum per person
Orthodontia for Adults and Children		
Includes TMJ appliances	50%, no deductible ² \$2,000 lifetime maximum per person	50%, no deductible ³ \$2,000 lifetime maximum per person
Network savings and convenience		
When you receive care from a dentist who participates in the Aetna® dental network, you pay less for your share of the dental expense because network dentists have agreed to accept Aetna's contracted rates. A network dentist will file your claim.		
When you use a non-participating dentist, your coverage is subject to recognized charges. You may be responsible for filing claims when care is provided by a non-participating dentist.		

¹ 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.

² Based on contracted rates.

³ 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.