

# Aetna Passive PPO Dental Plan

## Department of Defense Nonappropriated Fund Health Benefits Program

### Summary of Benefits effective January 1, 2024

| 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)   |
| Calendar-year benefits maximum   | \$2,500 per person   | \$2,500 per person   |
| <b>Preventive Care</b>   |  |  |
|  | <b>Plan pays</b>   | <b>Plan pays</b>   |
| Routine oral exams and cleanings – two per calendar year <sup>1</sup>  | 100%, no deductible <sup>2</sup>   | 100%, no deductible <sup>3</sup>   |
| Problem-focused exams – two per calendar year  | 100%, no deductible <sup>2</sup>   | 100%, no deductible <sup>3</sup>   |
| X-rays (frequency limits apply), fluoride (no age limit) and sealants to age 18  | 100%, no deductible <sup>2</sup>   | 100%, no deductible <sup>3</sup>   |
| <b>Basic Care</b>  |  |  |
| Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments  | 80% after deductible <sup>2</sup>  | 80% after deductible <sup>3</sup>  |
| <b>Restorative Care</b>  |  |  |
| Inlays, crowns, fixed bridgework, gold fillings (Alternative treatment rule may apply. See Summary Plan Description for details.)  | 50% after deductible <sup>2</sup>  | 50% after deductible <sup>3</sup>  |
| <b>Oral Surgery</b>  |  |  |
| Services that are dental in nature   | 100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar-year maximum <sup>2</sup> | 100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar-year maximum <sup>3</sup> |
| <b>TMJ Treatment</b>   |  |  |
| Temporomandibular joint dysfunction  | 50%, no deductible <sup>2</sup><br>\$750 lifetime maximum per person   | 50%, no deductible <sup>3</sup><br>\$750 lifetime maximum per person   |
| <b>Orthodontia for Adults and Children</b>   |  |  |
| Includes TMJ appliances  | 50%, no deductible <sup>2</sup><br>\$2,000 lifetime maximum per person   | 50%, no deductible <sup>3</sup><br>\$2,000 lifetime maximum per person   |
| <b>Network savings and convenience</b>   |  |  |
| 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 the Aetna contracted rates. A network dentist will file your claim. |  |  |
| When you use an out-of-network dentist, your coverage is subject to recognized charges. You may be responsible for filing claims when care is provided by an out-of-network dentist.   |  |  |

<sup>1</sup> A third cleaning will be covered for those who qualify due to certain medical conditions, such as pregnancy, diabetes or heart disease. Contact Aetna Member Services for details.

<sup>2</sup> Based on contracted rates.

<sup>3</sup> Subject to recognized charges.

These charts show only a general description of your benefits under the DoD NAF Health Benefits Program. If there is a conflict between the benefits shown in the charts and those in the Summary Plan Description (SPD), the terms of the SPD will be used to determine coverage and benefits.