

Aetna Passive PPO Dental Plan

Department of War Nonappropriated Fund (NAF) Health Benefits Program

Summary of Benefits effective January 1, 2027

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 the Aetna contracted rates. A network dentist will file your claim. You can search for Dental PPO network providers on Aetna.com .		
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.		

¹ 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.

² Based on contracted rates.

³ Subject to recognized charges.

You must be enrolled in a medical plan offered by your NAF employer to enroll in this Aetna Passive PPO Dental Plan. These charts show only a general description of your benefits under the DoW 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.

MOD DOW-1759 PPO DENTAL (9/26)

Aetna Member Services **1-800-367-6276 (TTY: 711)** [nafhealthplans.com](https://www.nafhealthplans.com)



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