DEPARTMENT OF DEFENSE
NONAPPROPRIATED FUND HEALTH BENEFITS PROGRAM

Summary of Benefits

Passive PPO Dental Plan

Effective 1 January 2004

	Preferred Care Benefits* (In-Network)	**Non-Preferred Care Benefits*** (Out-of-Network/Overseas)
Calendar Year Deductible		
★ Individual	$100	$100
★ Family	$300	$300
Calendar Year Benefit Maximum	$2,000 per person	$2,000 per person
Preventive Care Two visits per calendar year. Oral exams, cleanings, X-rays, fluoride treatments to age 15, and sealants to age 18	100%, no deductible (based on contracted rates)	100%, no deductible (subject to reasonable and customary charges)
Basic Care Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments	80% after deductible (based on contracted rates)	80% after deductible (subject to reasonable and customary charges)
Restorative Care Inlays, crowns, fixed bridgework, gold fillings	50% after deductible (based on contracted rates)	50% after deductible (subject to reasonable and customary charges)
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) $1,500 lifetime maximum per person	50%, no deductible (subject to reasonable and customary charges) $1,500 lifetime maximum per person

*** 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 the reasonable and customary charge.

*** Claim Filing**

When you receive care from a dentist who participates in Aetna's dental network, the dentist will file your claim. You are 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.

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