

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

(services that are dental in nature)

100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar year maximum

TMJ Treatment

(Temporomandibular Joint Dysfunction)

50%, no deductible
\$750 lifetime maximum per person

Orthodontia for adults and children

(includes TMJ appliances)

50%, no deductible
\$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.

