

DoD NAF Uniform Health Plan Benefits Information

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Save Money When You Use the Aetna Dental Network

Take advantage of the cost savings by using a dentist in the Aetna network. When you voluntarily 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 negotiated contract rates. Non-participating dentists may charge you a reasonable and customary fee. When you access care through a participating dentist, the amount you pay is based on the more attractive negotiated network charge rather than the dentist's fully billed charge.

Charges by non-participating dentists do not have the advantage of being held to a negotiated charge and therefore are subject to reasonable and customary fee provisions. Charges exceeding the reasonable and customary fee are not covered by the plan. Therefore if you visit a non participating dentist and his charge exceeds the reasonable and customary fee, the excess of the fee over reasonable and customary is part of the charge **you** pay.

Additional benefits to using an in-network provider is their ability to file claims and handle predeterminations of benefits for you. You may be required to bring a claim form with you when receiving care from a non-participating dentist.

Reasonable and customary charges are paid by Aetna as follows: The reasonable charge for a dental service or supply is the lowest of: 1. The provider's usual charge for furnishing the service or supply. 2. Cost of providing the same or a similar service or supply and the manner in which charges for the service or supply

3. The charge determined to be the prevailing charge level made for that dental charge.

The NAF HBP has kept benefit levels in the network and out of the network the same to provide a choice for participants, however although the benefit levels are the same the amount you pay can be increased by any non-covered amount, such as charges that exceed reasonable and customary fees. While PPO participation is not mandatory in dental plan it is highly recommended and will provide a much more cost effective benefit for you.

Annual Validation Process

Each rolling calendar year, Aetna will use the Validation Process to verify other insurance and/or other employment. The first claim submitted to Aetna in a rolling calendar year will generate an EOB (Explanation of Benefits) form. The EOB will ask you to complete the validation form (which will be mailed to you as well). Once complete, mail the form back to Aetna. The first claim will be processed with a 30 day grace period while you are returning the Validation Form. Further claims will be pended for payment after the grace period until the form is received.

The short form asks a few questions designed to help Aetna pay your claims correctly according to the questions you complete with a yes/no and one word answers. The Annual Validation process is separate from sending Aetna validation of your dependent's full time student status which must be done annually as well.

You may also do this process on-line at the Aetna Navigator feature

at www.myaetna.com, and, if you have already registered, you can enter your User Name and Password for access. If you have not previously registered for Navigator, you can click on Register Now in the paragraph below the box and register.

Once you log into Navigator, you should look in the left hand column for the entry "Changes and Requests" and the drop down box will have an entry "Update Other Insurance Information". Click on that entry and it will take you to a page with a blue box that is labeled "Select Type of Other Coverage". Look for the category "other group insurance or employer sponsored health plan" or "Medicare". Click on the appropriate entry and hit Continue on the bottom of the page. You then need to complete the form with all the required information.

Health Benefits for Dependents age 19-25

The NAF HBP covers unmarried children under the age of 25 under the following conditions: the child is a full-time student (minimum of 12 semester hours), not working on a regular full-time basis, and depends on you for support (otherwise coverage will cease at age 19). Any child who is determined to be incapable of self-support due to a handicap is covered beyond age 25.

To validate a child's full-time student status, mail Aetna a copy of the child's registrar receipt and course schedule once a rolling calendar year (or upon Aetna's request) to avoid pended claims to the following address: Aetna U.S. Healthcare P.O. Box #14586, Lexington, KY 40512-4586