

<b>Active Employees</b>	<h1 style="margin: 0;">DHMO - Anthem Dental Net - California Only *</h1>
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Disclaimer: This comparison contains the general features of the plans based on our knowledge at the time of this printing and is not intended to replace the legal documents that contain the complete provisions of each plan. Contract terms are outlined in detail in the certificates issue to you by the respective carriers. Final interpretation of any provision of the plan is governed by the master insurance contract and membership agreements on file in the Aerospace Employee Benefits Department.

	2020 In-Network	Comments
<b>Plan Information</b>		
Deductible - Individual	No deductible	
Deductible - Family	No deductible	
Out-of-Pocket Maximums - Family	N/A	
Out-of-Pocket Maximums - Individual	N/A	
Annual Maximum Benefit	N/A	
Lifetime Maximum	Lifetime Maximum. Orthodontic treatment is limited to one full case (up to 24 months of standard orthodontic care) during your lifetime.	
R&C Percentile	N/A	
<b>Preventive Care</b>		
Deductible applies to Preventive Care?	No deductible	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Prophylaxis	Covered at 100%	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Oral Exams	Covered at 100% - Oral Exams. Oral exams are limited to two per calendar year  Pediatric Annual Maximum. Pediatric dental services are limited to \$500 per calendar year for each child. Referral to a pedodontist will be considered for children to the age of 5. Charges in excess of \$500 will be your financial responsibility. *	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Flouride Application	Covered at 100%	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
X-rays	Covered at 100%	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Other Services	Covered at 100%	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.

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<b>Basic Services</b>		
Space Maintainers	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Sealants	Not covered	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Fillings	100.00%	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Periodontics	Periodontal Procedures. Periodontal scaling and root planing and/or gingival curettage are limited to one course of therapy per quadrant during any 12-month period.	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Other Services	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
<b>Major Services</b>		
Pretreatment Review	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Extractions	100.00%	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Inlays, Onlays, and Crowns	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Bridges	Not Covered	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.

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Dentures	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Dental Implants	Not covered	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Endodontics	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Oral Surgery	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
General Anesthesia	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Periodontic, Scaling and Root Planing	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
TMJ	Not covered	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Other Services	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.

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<b>Orthodontic Services</b>		
Eligibility	Children and Adults	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Deductible	N/A	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Orthodontia	Fee schedule copayments will apply	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Orthodontic Lifetime Maximum (per person)	Member has a copayment as follows: Children up through age 17: \$1450 Adults 18 and over: \$1850	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
<b>Other Plan Provisions</b>		
Emergency Dental Care	Fee schedule copayments will apply	Emergency Services: If members are temporarily MORE than 35 miles from their participating dental office and they need emergency dental care, they may obtain care from any dentist. They will have to pay for such emergency services; however, upon submission of an itemized paid receipt of the emergency services rendered, we will reimburse the member up to a maximum of \$50, less any applicable co-payments for the procedures performed. If the member presents an itemized statement from a dental office which is located within 35 miles of their participating dental office, the services will NOT be reimbursed for that expense.
Anesthesia	Local Anesthesia covered at 100%	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Cosmetic	Not covered	(assigned participating dentist, participating dental office) are responsible for obtaining authorizing from Dental Net for all the care the member receives. If care is not authorize, benefits will not be payable under this plan.
Details		