

Event Name: The Aerospace Corporation 2020 Renewal - Delta Dental
 Report Aspect: 3 Delta Dental
 Report Option: 3.1 Plan Design: Delta Dental Actives

Report Generation Date:

Active Employees	DPPO - Delta Dental - Nationwide			
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 Delta Dental PPO	2020 Delta Dental Premier	2020 Non-Delta Dental	Comments
Plan Information				
Deductible - Individual	\$0.00	\$25.00	\$25.00	
Deductible - Family	\$0.00	\$75.00	\$75.00	
Out-of-Pocket Maximums - Family	n/a	n/a	n/a	
Out-of-Pocket Maximums - Individual	n/a	n/a	n/a	
Annual Maximum Benefit	\$2,000.00	\$2,000.00	\$2,000.00	
Lifetime Maximum	n/a	n/a	n/a	
R&C Percentile	Reimbursement is based on PPO contracted fee. No Balance Billing.	Reimbursement is based on Premier contracted fees for Premier dentist. Premier dentist have agreed to accept the contracted fees as payment in full so there is no member balance billing.	Reimbursement is based on PPO contracted fee for non-Delta Dental dentists. The member is responsible for the difference between the PPO fee Allowance and the non-Delta dentist.	
Preventive Care				
Deductible applies to Preventive Care?	No	No	No	
Prophylaxis	70.00%	70.00%	70.00%	2 per calendar year
Oral Exams	70.00%	70.00%	70.00%	2 per calendar year
Fluoride Application	70.00%	70.00%	70.00%	
X-rays	70.00%	70.00%	70.00%	
Other Services	70.00%	70.00%	70.00%	
Basic Services				
Space Maintainers	70.00%	70.00%	70.00%	
Sealants	70.00%	70.00%	70.00%	Benefit limitation is once per tooth every 3 years ages 9-14 on permanent molars without caries
Fillings	70.00%	70.00%	70.00%	
Periodontics	70.00%	70.00%	70.00%	
Other Services	70.00%	70.00%	70.00%	
Major Services				
Pretreatment Review	70.00%	70.00%	70.00%	
Extractions	70.00%	70.00%	70.00%	covered under basic service
Inlays, Onlays, and Crowns	70.00%	70.00%	70.00%	
Bridges	70.00%	70.00%	70.00%	
Dentures	70.00%	70.00%	70.00%	
Dental Implants	70.00%	70.00%	70.00%	
Endodontics	70.00%	70.00%	70.00%	Covered under Basic service
Oral Surgery	70.00%	70.00%	70.00%	Covered under Basic services
General Anesthesia	70.00%	70.00%	70.00%	In conjunction with certain oral surgery procedures
Periodontic, Scaling and Root Planing	70.00%	70.00%	70.00%	Covered under Basic services
TMJ	70.00%	70.00%	70.00%	Included in annual maximum
Other Services	70.00%	70.00%	70.00%	
Orthodontic Services				
Eligibility	Dependent Children Only	Dependent Children Only	Dependent Children Only	
Deductible	n/a	n/a	n/a	
Orthodontia	50.00%	50.00%	50.00%	
Orthodontic Lifetime Maximum (per person)	\$2,000.00	\$2,000.00	\$2,000.00	
Other Plan Provisions				
Emergency Dental Care	70.00%	70.00%	70.00%	
Anesthesia	n/a	n/a	n/a	
Cosmetic	Not Covered	Not Covered	Not Covered	
Details				