

Active Employees	Delta Dental DPPO Basic*		
*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.			
Plan Changes are in Orange	2022 In-Network	2022 Out-of-Network	2022 Comments
Plan Information			
Deductible - Individual	\$25.00	\$25.00	No deductible for contracted preferred dentists
Deductible - Family	\$75.00	\$75.00	No deductible for contracted preferred dentists
Out-of-Pocket Maximums - Family	n/a	n/a	
Out-of-Pocket Maximums - Individual	n/a	n/a	
Annual Maximum Benefit	\$1,000.00	\$1,000.00	Maximum does not apply to diagnostic and preventive services
Lifetime Maximum	n/a	n/a	
R&C Percentile	Reimbursement is based on contracted fees. 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-network dentists. The member is responsible for the difference between the PPO fee Allowance and the non-network dentist.	
Preventive Care			
Deductible applies to Preventive Care?	No	No	
Prophylaxis	100.00%	100.00%	2 per calendar year
Periodontics Maintenance	100.00%	100.00%	
Oral Exams	100.00%	100.00%	2 per calendar year
Flouride Application	100.00%	100.00%	
Sealants	100.00%	100.00%	1 per tooth every 3 contract years up to age 19 for permanent unrestored bicuspid and molars, excluding wisdom teeth
X-rays	100.00%	100.00%	Periapical X-Rays: 4 films per contract year; Intraoral Occlusal X-Rays: 2 per contract year
Basic Services			
Space Maintainers	80.00%	80.00%	
Fillings	80.00%	80.00%	
Extractions	80.00%	80.00%	
Endodontics	80.00%	80.00%	
Periodontic, Scaling and Root Planing	80.00%	80.00%	
Major Services			
Pretreatment Review	40.00%	40.00%	
Inlays, Onlays, and Crowns	40.00%	40.00%	
Bridges	40.00%	40.00%	
Dentures	40.00%	40.00%	
Dental Implants	40.00%	40.00%	
Oral Surgery	40.00%	40.00%	
General Anesthesia	40.00%	40.00%	Allowable for mentally and physically disadvantaged (documentation); child patients under age 7; extractions (6 or more during same visit); 1 hour maximum; not covered for perio surgery
TMJ	Not Covered	Not Covered	
Other Plan Provisions			
Emergency Dental Care	Depends on service type	Depends on service type	
Cosmetic	Not Covered	Not Covered	

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Plan Changes are in Orange	2022 In-Network	2022 Out-of-Network	Comments
Plan Information			
Deductible - Individual	\$25.00	\$25.00	No deductible for contracted preferred dentists
Deductible - Family	\$75.00	\$75.00	No deductible for contracted preferred dentists
Out-of-Pocket Maximums - Family	n/a	n/a	
Out-of-Pocket Maximums - Individual	n/a	n/a	
Annual Maximum Benefit	\$2,000.00	\$2,000.00	Maximum does not apply to diagnostic and preventive services
Lifetime Maximum	n/a	n/a	
R&C Percentile	Reimbursement is based on contracted fees. 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-network dentists. The member is responsible for the difference between the PPO fee Allowance and the non-network dentist.	
Preventive Care			
Deductible applies to Preventive Care?	No	No	
Prophylaxis	100.00%	100.00%	2 per calendar year
Periodontics Maintenance	100.00%	100.00%	
Oral Exams	100.00%	100.00%	2 per calendar year
Flouride Application	100.00%	100.00%	
Sealants	100.00%	100.00%	1 per tooth every 3 contract years up to age 19 for permanent unrestored bicuspid and molars, excluding wisdom teeth
X-rays	100.00%	100.00%	Periapical X-Rays: 4 films per contract year; Intraoral Occlusal X-Rays: 2 per contract year
Basic Services			
Space Maintainers	80.00%	80.00%	
Fillings	80.00%	80.00%	
Extractions	80.00%	80.00%	
Endodontics	80.00%	80.00%	
Periodontic, Scaling and Root Planing	80.00%	80.00%	
Major Services			
Pretreatment Review	50.00%	50.00%	
Inlays, Onlays, and Crowns	50.00%	50.00%	
Bridges	50.00%	50.00%	
Dentures	50.00%	50.00%	
Dental Implants	50.00%	50.00%	
Oral Surgery	50.00%	50.00%	
General Anesthesia	50.00%	50.00%	Allowable for mentally and physically disadvantaged (documentation); child patients under age 7; extractions (6 or more during same visit); 1 hour maximum; not covered for perio surgery
TMJ	Not Covered	Not Covered	
Orthodontic Services			
Eligibility	Dependent Children Only	Dependent Children Only	age 26 to end of birth month
Deductible	n/a	n/a	
Orthodontia	50.00%	50.00%	
Orthodontic Lifetime Maximum (per person)	\$2,000.00	\$2,000.00	
Other Plan Provisions			
Emergency Dental Care	Depends on service type	Depends on service type	
Cosmetic	Not Covered	Not Covered	

Active Employees	Delta Dental DHMO*
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Plan Changes are in Orange	2022 Delta Dental HMO
Plan Information	
Deductible - Individual	NA
Deductible - Family	NA
Out-of-Pocket Maximums - Family	NA
Out-of-Pocket Maximums - Individual	NA
Annual Maximum Benefit	NA
Lifetime Maximum	NA
R&C Percentile	NA
Preventive Care	
Deductible applies to Preventive Care?	NA
Prophylaxis	\$0 Copay
Oral Exams	\$0 Copay
Flouride Application	\$0 Copay
X-rays	\$0 Copay
Other Services	Various Copays
Basic Services	
Space Maintainers	\$40 or \$50 Copay
Sealants	\$10 Copay
Fillings	Copays range from \$0 to \$75
Periodontics	Copays range from \$0 to \$300
Other Services	Various copays
Major Services	
Pretreatment Review	Various copays
Extractions	Copays range from \$0 to \$115
Inlays, Onlays, and Crowns	Copays range up to \$355
Bridges	Copays range from \$155 to \$355
Dentures	Copays range from \$155 to \$365
Dental Implants	Not Covered
Endodontics	Copays range from \$0 to \$365
Oral Surgery	Copays range from \$0 to \$115
General Anesthesia	Copays range from \$0 to \$80
Periodontic, Scaling and Root Planing	Copays range from \$0 to \$215
TMJ	Not Covered
Other Services	Various copays
Orthodontic Services	
Eligibility	Adult and Child
Deductible	\$0
Orthodontia	Copays range from \$0 to \$2100
Orthodontic Lifetime Maximum (per person)	24 months of treatment
Other Plan Provisions	
Emergency Dental Care	Various Copays
Anesthesia	Copays range from \$0 to \$80
Cosmetic	\$125 for External bleaching for home application; per arch