Concentration of contain the complete provisions of each plane. Detect 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 details in the certificate issue to put by the respective carriers. Plane of Intended the contract and membership agreements on file in the Aerospoce Employee Benefits Department. Plane Observed Intended	Active Employees *Delta Dental DPPO* *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				
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 Plan Information Deductible - Individual S25.00 S25.00 No deductible for contracted preferred dentities Obdictible - Family S75.00 S76.00 No deductible for contracted preferred dentities Obdictible - Family S75.00 S25.00 No deductible for contracted preferred dentities Obdictible - Family S75.00 S25.00 No deductible for contracted preferred dentities Obdictible - Family S75.00 S25.00 No deductible for contracted preferred dentities Obdictible - Family S75.00 S25.00 No deductible preferred dentities Obdictible preferred dentities Obdictible specific or obdicated preferred obdicated					
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Plan Information S25.00 S25.00 No deductible for contracted preferred dendests	Department.	•			
Deductible - Individual \$25.00 \$25.00 No deductible for contracted preferred dentities Coul-of-Pocket Maximums - Individual n'a	Plan Changes are in Orange	2023 In-Network	2023 Out-of-Network	Comments	
Deductible - Family ST 5.00 ST 5.00 ST 5.00 ST 5.00 No deductible for contracted preferred dentits Out-of-Pooket Maximums - Individual Na Out-of-Pooket Maximums - Individual Na Annual Maximum Benefit SE 2,000.00 SE 2,000.00 Maximum does not apply to diagnostic on preventive services Lifetime Maximum RRC Petrcentile Reimbursement is based on contracted fees. Petritate is based on contracted fees. Petritate in this is three contracted fees as payment in full so three is no member balance billing, is no member balance billing, so the fees between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is responsible for the officence between the PPO (see Alkawace and the non-network dentists.) The member is based on PPO contracted see for non-network dentists. The member is based on PPO contracted see for non-network dentists. The member between is based on PPO contracted see for non-network dentists. The member is based on PPO contracted see for non-network dentists. The member is based on PPO contracted see for non-network dentists. The member is	Plan Information				
Deductible - Family \$75.00 \$75.00 \$75.00 No deductible for contracted preferred dentities - Family Na	Deductible - Individual	\$25.00	\$25.00		
Out-of-Pecket Maximums - Family Out-of-Pecket Maximums - Individual Nanual Maximum Benefit S2,000.00 S2,000.00 Maximum does not apply to diagnostic an preventive services Reimbursement is based on contracted fees. Dentitis have agreed to accept the contracted fees. Dentitis have agreed to accept the contracted fees. Dentitis have agreed to accept the contracted fees as payment in full so there is no member belance billing. Reimbursement is based on PPO contracted fees for non-network dentilist. The member is responsible for the difference between the PPO fee Allowance and the non-network dentilist. The member is responsible for the difference between the PPO fee Allowance and the non-network dentilist. The member is responsible for the difference between the PPO fee Allowance and the non-network dentilist. Preventive Care Preventive Care No No No Preventive Care No No No Dentities and the non-network dentilist. No Dentities responsible for the difference between the PPO fee Allowance and the non-network dentilist. No Dentities responsible for the difference between the PPO fee Allowance and the non-network dentilist. No Dentities and the non-network dentilist. No Dentities responsible for the difference have and the non-network dentilist. No Dentities and the non-network dentilist. No Dentiti	Deductible - Family	\$75.00	\$75.00	No deductible for contracted preferred	
Out-of-Pocket Maximum Benefit S2,000.00 S2,000.00 Maximum does not apply to diagnostic and proventive services	Out-of-Pocket Maximums - Family	n/a	n/a		
Létiem Maximum n'a n'a n'a RRAC 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. Preventive Care Deductible applies to Preventive Care? No No Protypitaxis 100.00% 100.00% 2 per calendar year Periodonics Maintenance 100.00% 100.00% 2 per calendar year Protypitaxis 100.00% 2 per calendar year	Out-of-Pocket Maximums - Individual	n/a	n/a		
Lifetime Maximum R&C Percentile R&C	Annual Maximum Benefit	\$2,000.00	\$2,000.00	Maximum does not apply to diagnostic and preventive services	
fees, Dentist have agreed to accept the contracted fees are payment in full so there is no member balance billing. Preventive Care No	Lifetime Maximum	n/a	n/a		
Deductible applies to Preventive Care? No No Prophylaxis 100.00% 100.00% 2 per calendar year Periodontics Maintenance 100.00% 100.00% 100.00% 2 per calendar year 100.00% 100.00% 100.00% 2 per calendar year 100.00% 100.00% 100.00% 1 per tooth every 3 contract years up to age 19 for permanent unrestored bicuspid and molars, excluding wisdom teeth 100.00% 1 per tooth every 3 contract years up to age 19 for permanent unrestored bicuspid and molars, excluding wisdom teeth 100.00% Periapical X-Rays: 4 films per contract year; Intraoral Octusal X-Rays: 2 per contract year intraoral Octusal X-Rays: 3 per contract year intraoral Octusal X-Rays: 4 films per contract year intraoral Octusal X-Rays: 2 per contract year intraoral Octusal X-Rays: 2 per contract year intraoral Octusal X-Rays: 3 per contract year intraoral Octusal X-Rays: 4 films per contract year intraoral Octusal X-Rays: 2 per contract year intraoral year intraoral Octusal X-Rays: 2 per contract year intraoral	R&C Percentile	fees. Dentist have agreed to accept the contracted fees as payment in full so there	contracted fee for non-network dentists. The member is responsible for the difference between the PPO fee Allowance		
Prophylaxis	Preventive Care				
Prophylaxis		No	No		
Oral Exams 100.00% 100.00% 2 per calendar year		100.00%	100.00%	2 per calendar year	
Oral Exams 100.00% 100.00% 2 per calendar year		100.00%	100.00%		
Flouride Application		100.00%	100.00%	2 per calendar year	
Allowable for mentally and physically and molars, excluding wisdom teeth	Flouride Application	100.00%	100.00%		
Space Maintainers 80.00% 80.00%	Sealants	100.00%	100.00%	age 19 for permanent unrestored bicuspids	
Space Maintainers	X-rays	100.00%	100.00%	year; Intraoral Occlusal X-Rays: 2 per	
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% 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% TMJ Not Covered Not Covered TMJ Not Covered Not Covered TMJ Not Covered Dependent Children Only age 26 to end of birth month Dedutible n/a n/a n/a Orthodontic Lifetime Maximum (per person) \$2,000.00 \$2,000.00	Basic Services				
Extractions	Space Maintainers	80.00%	80.00%		
Endodontics 80.00% 80.0	Fillings	80.00%	80.00%		
Periodontic, Scaling and Root Planing 80.00% 80.00% Major Services	Extractions	80.00%	80.00%		
Major Services Pretreatment Review 50.00% 50.00%	Endodontics	80.00%	80.00%		
Pretreatment Review	Periodontic, Scaling and Root Planing	80.00%	80.00%		
Inlays, Onlays, and Crowns 50.00% 50.00%	Major Services				
Bridges 50.00% 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% TIMJ Not Covered Not Covered Not Covered Fligibility Dependent Children Only n/a n/a 10.00% Dependent Children Only 50.00% 50.00% Orthodontic Services 50.00% 50.00% Eligibility Dependent Children Only n/a n/a 10.00% 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	Pretreatment Review	50.00%	50.00%		
Dentures 50.00% 50.00% 50.00%	Inlays, Onlays, and Crowns	50.00%	50.00%		
Dental Implants 50.00% 50.00% Gral Surgery 50.00% 50.00% General Anesthesia 50.00% 50.00% General Anesthesia 50.00% 50.00% TMJ Not Covered Not Covered Not Covered Fligibility Dependent Children Only Dependent Children	Bridges	50.00%	50.00%		
Cral Surgery S0.00% S0.00% S0.00% 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	Dentures	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 Orthodontic Services Eligibility Dependent Children Only Dependent Children Only Dependent Children Only Dependent Children Only Age 26 to end of birth month n/a Orthodontia 50.00% 50.00% Orthodontic Lifetime Maximum (per person) \$2,000.00 Other Plan Provisions Emergency Dental Care Depends on service type Depends on service type	Dental Implants	50.00%	50.00%		
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 Other Plan Provisions Emergency Dental Care Depends on service type disadvantaged (documentation); child patients only after a coverage 7; extractions (6 or more during same visit); 1 hour maximum not covered for perio surgery Not Covered Not Covered Dependent Children Only age 26 to end of birth month 1 age 26 to end of birth month 2 because the patients age 2	Oral Surgery	50.00%	50.00%		
Orthodontic Services Dependent Children Only Dependent Children Only age 26 to end of birth month Deductible n/a 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				disadvantaged (documentation); child patients under age 7; extractions (6 or more during same visit); 1 hour maximum;	
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 Other Plan Provisions Emergency Dental Care Depends on service type Depends on service type		Not Covered	Not Covered		
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					
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	Eligibility			age 26 to end of birth month	
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					
Emergency Dental Care Depends on service type Depends on service type					
Emergency Dental Care Depends on service type Depends on service type	Other Plan Provisions				
		Depends on service type	Depends on service type		
	Cosmetic	Not Covered	Not Covered		