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 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.

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Space Maintainers 80.00% 80.00%	
Filings 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% S0.00% Allowable for mentall	and physically
disadvantaged (docur	nentation); child
patients under age 7; ext	ractions (6 or more
during same visit); 1 ho	
covered for per	ur maximum; not
TMJ Not Covered Not Covered	
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