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	**2027 In-Network**	**2027 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	$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 bicuspids 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	