Active Employees	Delta Dental DHMO*
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 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