

Dental Plan Comparison General County Employees	Kaiser	Delta Dental Preventive - formerly MODA/ODS	Delta Dental Incentive - formerly MODA/ODS	Delta Dental Constant - formerly MODA/ODS
Calendar year maximum benefit, per member	No maximum	\$2,000	\$2,000	\$2,000
Calendar year deductible, per member	\$0	\$50/\$100	\$0	\$0
PREVENTIVE				
Examinations/ X-Rays Prophylaxis (teeth cleaning) Fissure Sealants Fluoride Space Maintainers Night Guards	\$5 office visit copay Not covered	\$0* 50% up to \$250 maximum benefit every 5 years	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%** 50% up to \$250 maximum benefit every 5 years	50% 50% up to \$250 maximum benefit every 5 years
BASIC				
Restorative Oral Surgery Endodontics Periodontics Partial Cast Restorations	\$5 office visit copay	20%	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%**	50%
MAJOR				
Crowns Implants, Dentures, Bridgework, and Full Cast Restorations	Copay of \$45 Copay of \$95 for each partial denture, \$65 for each full denture and \$25 for each relines; implants at 50% up to \$2000 annual maximum benefit	30% 30%	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%** 50%	50% 50%
ORTHODONTIA				
Adults Children	50% up to \$2000 lifetime maximum benefit 50% up to \$2000 lifetime maximum benefit	50% up to \$3000 lifetime maximum benefit 50% up to \$3000 lifetime maximum benefit	Not covered 50% up to \$2000 lifetime maximum benefit	Not covered Not covered
<p>*Deductible waived for preventive services.</p> <p>**Requires minimum one dentist visit per year to increase and maintain coinsurance level</p> <p><i>Copays and coinsurances under Kaiser and Delta Dental are what members pay for each covered service.</i></p>				