| 2026<br>Dental Plan Comparison<br>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 (Does not accrue toward calendar year maximum benefit)** | | | | |
| Examinations/ X-Rays<br>Prophylaxis (teeth cleaning)<br>Fissure Sealants<br>Fluoride<br>Space Maintainers | $5 office visit copay | $0* | 1st Year - 30%**<br>2nd Year - 20%**<br>3rd Year - 10%**<br>4th Year - 0%** | 50% |
| **BASIC** | | | | |
| Restorative<br>Oral Surgery<br>Endodontics<br>Periodontics<br>Partial Cast Restorations | $5 office visit copay | 20% | 1st Year - 30%**<br>2nd Year - 20%**<br>3rd Year - 10%**<br>4th Year - 0%** | 50% |
| **MAJOR** | | | | |
| Crowns | Copay of $45 | 30% | 1st Year - 30%**<br>2nd Year - 20%**<br>3rd Year - 10%**<br>4th Year - 0%** | 50% |
| Implants, Dentures, Bridgework, and Full Cast Restorations | Copay of $95 for each partial denture, $65 for each full denture and $25 for each reline; implants at 50% up to $2000 annual maximum benefit | 30% | 50% | 50% |
| **NIGHT GUARDS** | | | | |
| Night Guards | 10% | $250* maximum benefit every 5 years | $250 maximum benefit every 5 years | $250 maximum benefit every 5 years |
| **ORTHODONTIA** | | | | |
| Adults | 50% up to $2000 lifetime maximum benefit | 50% up to $3000 lifetime maximum benefit | Not covered | Not covered |
| Children | 50% up to $2000 lifetime maximum benefit | 50% up to $3000 lifetime maximum benefit | 50% up to $2000 lifetime maximum benefit | Not covered |
| **Copays and coinsurances under Kaiser and Delta Dental are what members pay for each covered service.** | | *Deductible waived. | **Requires minimum one dentist visit per year to increase and maintain coinsurance level | |