

<b>2025 Dental Plan Comparison General County Employees</b>	<b>Kaiser</b>	<b>Delta Dental Preventive - formerly MODA/ODS</b>	<b>Delta Dental Incentive - formerly MODA/ODS</b>	<b>Delta Dental Constant - formerly MODA/ODS</b>
Calendar year maximum benefit, per member	No maximum	\$2,000	\$2,000	\$2,000
Calendar year deductible, per member	\$0	\$50/\$100	\$0	\$0
<b>PREVENTIVE (Does not accrue toward calendar year maximum benefit)</b>				
Examinations/ X-Rays Prophylaxis (teeth cleaning) Fissure Sealants Fluoride Space Maintainers	\$5 office visit copay	\$0*	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%**	50%
<b>BASIC</b>				
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%
<b>MAJOR</b>				
Crowns	Copay of \$45	30%	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 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 relines; implants at 50% up to \$2000 annual maximum benefit	30%	50%	50%
<b>NIGHT GUARDS</b>				
Night Guards	10%	\$250* maximum benefit every 5 years	\$250 maximum benefit every 5 years	\$250 maximum benefit every 5 years
<b>ORTHODONTIA</b>				
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
<b>Copays and coinsurances under Kaiser and Delta Dental are what members pay for each covered service.</b>		*Deductible waived.		**Requires minimum one dentist visit per year to increase and maintain coinsurance level