

| Dental Plan Comparison POA Employees 2019 | Kaiser | Delta Dental Incentive - formerly MODA/ODS |
|---|---|--|
| Calendar year maximum benefit, per member | No maximum | \$1,500 |
| Calendar year deductible | \$0 | \$0 |
| PREVENTIVE | | |
| Examinations/ X-Rays Prophylaxis (teeth cleaning) Fissure Sealants Fluoride Space Maintainers | \$5 office visit copay | 1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%** |
| BASIC | | |
| Restorative Oral Surgery Endodontics Periodontics Partial Cast Restorations | \$5 office visit copay | 1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%** |
| MAJOR | | |
| Crowns | Copay of \$45 | 1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%** |
| 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 a \$2000 annual maximum benefit | 50% |
| ORTHODONTIA | | |
| Adults | 50% up to \$2000 lifetime maximum | Not covered |
| Children | 50% up to \$2000 lifetime maximum | 50% up to \$3000 lifetime maximum |
| | | **Requires minimum one dentist visit per year to increase and maintain coinsurance level |
| <i>Copays and coinsurances under Kaiser and Delta Dental are what members pay for each covered service.</i> | | |