

Dental Plan Comparison POA Employees 2024	Kaiser	Delta Dental Incentive - formerly MODA/ODS
Calendar year maximum benefit, per member	No maximum	\$2,000
Calendar year deductible	\$0	\$0
<b>PREVENTIVE</b> (Does not accrue toward calendar year maximum benefit)		
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%**
<b>BASIC</b>		
Restorative Oral Surgery Endodontics Periodontics Partial Cast Restorations	\$5 office visit copay	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%**
<b>MAJOR</b>		
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%
<b>NIGHT GUARDS</b>		
Night Guards	10%	\$250* maximum benefit every 5 years
<b>ORTHODONTIA</b>		
Adults	50% up to \$2000 lifetime maximum	Not covered
Children	50% up to \$2000 lifetime maximum	50% up to \$3000 lifetime maximum
	*Deductible waived.	**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>	