Dental Plan Comparison POA Employees 2026	Kaiser	Delta Dental Incentive - formerly MODA/ODS
Calendar year maximum benefit, per member	No maximum	$2,000
Calendar year deductible	$0	$0
PREVENTIVE		**(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%**
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 reline; implants at 50% up to a $2000 annual maximum benefit	50%
NIGHT GUARDS		
Night Guards	10%	$250* maximum benefit every 5 years
ORTHODONTIA		
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
	Copays and coinsurances under Kaiser and Delta Dental are what members pay for each covered service.	