

# Dental Plan Comparison

		LIMITED Network Plans - MUST see In-Network Providers!			Incentive Plan			
CARRIER:		Kaiser	Delta Dental					
		Kaiser Dental Plan	Exclusive PPO Plan		Premier Plan 6		Premier Plan 5	Premier Plan 1
Network		Limited Network Plan - Kaiser Permanente Facilities	Limited network Plan - Delta Dental PPO		Delta Dental Premier		Delta Dental Premier	Delta Dental Premier
Dental Office Visit Copayment		\$20	N/A		N/A		N/A	N/A
Benefit Maximum		\$4,000	\$1,500		\$1,200		\$1,700	\$2,200
Deductible		NA	\$50		\$50		\$50	\$50
Preventive and Diagnostic Services * - Deductible Waived for Preventive & Diagnostic Services on Delta Dental Plans								
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers		100%	100%		100%		70% + 10% each Plan Year	70% + 10% each Plan Year
Restorative Services								
Routine fillings, inlays and stainless steel crowns		100%	90%		80%		70% + 10% each Plan Year	70% + 10% each Plan Year
Simple Extraction								
Simple tooth extractions		100%	90%		80%		70% + 10% each Plan Year	70% + 10% each Plan Year
Oral Surgery								
Surgical tooth extractions, including diagnosis and evaluation		\$50 Copay	90%		80%		70% + 10% each Plan Year	70% + 10% each Plan Year
Periodontics								
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing		100%	90%		80%		70% + 10% each Plan Year	70% + 10% each Plan Year
Endodontics								
Root canal and related therapy including diagnosis and evaluation		\$50 Copay	90%		80%		70% + 10% each Plan Year	70% + 10% each Plan Year
Major Restorative Services								
Gold or porcelain crowns and onlays		\$250 Copay	80%		50%		70%	70% + 10% each Plan Year
Implants		50% (limit of 4 per lifetime)	80%		50%		50%	70% + 10% each Plan Year
Other Covered Services								
Occlusal guards (night guards)		65%, once every 5 years	50%, up to \$250 maximum, once every 5 years		50%, up to \$250 maximum, once every 5 years		50%, up to \$250 maximum, once every 5 years	50%, up to \$250 maximum, once every 5 years
Athletic Mouth Guards		65%, once every 12 months	50%		50%		50%	50%
Nitrous Oxide		\$25.00 (Ages 13+)	50%		50%		50%	50%
Prosthetic Services								
Full and partial dentures, relines, rebases		\$100 Copay	80%		50%		50%	70% + 10% each Plan Year
Bridge retainers and pontics		\$250 Copay	80%		50%		50%	70% + 10% each Plan Year
Orthodontics								
Orthodontic Treatment		\$2,500 copay + \$20 per visit	80% to \$1,800 lifetime max		No ORTHO COVERAGE on this plan		80% to \$1,800 lifetime max	80% to \$1,800 lifetime max

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.