

Dental Plan Comparison

CARRIER:	LIMITED Network Plans - MUST see In-Network Providers!			Incentive Plan		
	Kaiser	Delta Dental				
Network	Kaiser Dental Plan	Exclusive PPO Plan	Premier Plan 6	Premier Plan 5	Premier Plan 1	
	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)	90%	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	90%	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.