







## DENTAL - PLAN COMPARISON (PPA)

Plan Design	2024-25	2024-25	2024-25
	Delta Dental Basic You Pay	Delta Dental Buy-Up You Pay	Kaiser Dental You Pay
Network	Provider Network: Delta Dental PPO <a href="http://www.modahealth.com">www.modahealth.com</a>	Provider Network: Delta Dental PPO <a href="http://www.modahealth.com">www.modahealth.com</a>	Kaiser Dental NW <a href="http://kaiserpermanentedentalnw.org/">http://kaiserpermanentedentalnw.org/</a>
Plan Year Deductible	\$25 per person \$75 per family	\$25 per person \$75 per family	\$0 – No Deductible
Plan Year Maximum Benefit	\$2,000 per person age 19 and older No maximum for children under age 19	<b>\$2,500</b> per person age 19 and older No maximum for children under age 19	No maximum
Diagnostics and Preventive Care	\$0 (Plan pays 100%, no deductible for eligible services) Cleanings covered once every 6 months. <b>Class I:</b> Oral exams, X-rays, fluoride for children under age 18, sealants, space maintainers	*\$0 (Plan pays 100%, no deductible for eligible services) Cleanings covered once every <b>4</b> months. (covered services are same as Delta dental basic plan) <i>Preventive care services are not counted towards the annual benefit allowance, giving you the opportunity to utilize your dental benefit allowance for other non-preventive dental services.</i>	\$10 copay office visit, then plan pays 100%. Exams, X-rays, cleanings, fluoride treatments, space maintainers.
Routine Services	20% after you meet deductible <b>Class II:</b> Routine Fillings, Minor Oral Surgery, Endodontic and Periodontics procedures.	20% after you meet deductible (covered services are same as Delta dental basic plan)	\$10 copay per visit, then plan pays 100%. Routine fillings, plastic and stainless-steel crowns, and simple tooth extractions. Anything considered non-routine is the patients responsibility
Major Services	50% after you meet deductible <b>Class III:</b> Major restorative services such as crowns, onlays or veneers, bridges, implants, dentures.	<b>20%</b> after you meet deductible (covered services are same as Delta dental basic plan)	\$10 copay per visit, plus 20% of applicable charges. Full and partial dentures, relines and rebases, noble metal gold crowns and porcelain crowns, inlays and band bridge pontics, periodontics, endodontics, oral surgery.
Orthodontics (Children and Adults)	50%, plan pays up to \$3,000 lifetime maximum	50%, plan pays up to \$3,000 lifetime maximum	50%, plan pays up to \$5,000 lifetime maximum
Occlusal Guard (Nightguard)	Covered once every 2 years at 100%, no deductible up to a \$150 maximum. Over the counter nightguards are excluded.	Covered once every 2 years at 100%, no deductible up to a \$150 maximum. Over the counter nightguards are excluded.	\$10 copay office visit, then you pay 10% for night guards.

**Note: See summary plan description for full details regarding covered services**

**Need help making your plan selection?  
See chart below for things to consider**

**If you want to...**

	Delta Dental Basic	Delta Dental Buy-Up	Kaiser Permanente NW Dental Plan
Self-select providers or specialists for your dental care			
Pay an exact copay (just a specific dollar amount) for most services			
Limit your cost for major dental services			
Obtain dental services from dentists who are not in the network			

Also, consider:

- How many people in your family will take advantage of dental benefits?
- Do you expect to have major dental work done this plan year, that may exceed the maximum amount the Delta Core or Buy-up Dental Plans will cover?
- Remember that you can use money you contribute to the Healthcare Flexible Spending Account to pay for eligible out-of-pocket dental expenses you incur.
- Anything considered non-routine within Kaiser is the patients responsibility and can increase your costs.