

DENTAL - PLAN COMPARISON







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 www.modahealth.com	Provider Network: Delta Dental PPO www.modahealth.com	Kaiser Dental NW http://kaiserpermanentedentalnw.org/
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	\$2,500 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. Class I: 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 4 months. (covered services are same as Delta dental basic plan)	\$10 copay office visit, then plan pays 100%. Exams, X-rays, cleanings, fluoride treatments, space maintainers.
Routine Services	20% after you meet deductible Class II: 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 Class III: Major restorative services such as crowns, onlays or veneers, bridges, implants, dentures.	20% 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.

***Delta Dental Basic and Buy-Up: 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.**

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.