

Dental Plan Comparison  
General County Employees

	ODS Preventive	ODS Incentive	ODS Constant	Kaiser
Calendar year maximum, per member	\$2,000	\$1,500	\$1,500	No maximum
Calendar year deductible	\$50/\$100	\$0	\$0	\$0
<b>PREVENTIVE</b>				
Examinations/ X-Rays Prophylaxis (teeth cleaning) Fissure Sealants Fluoride Space Maintainers	100%*	1st Year - 70%** 2nd Year - 80%** 3rd Year - 90%** 4th Year - 100%**	50%	\$5 office visit copay
<b>BASIC</b>				
Restorative Oral Surgery Endodontics Periodontics Partial Cast Restorations	80%	1st Year - 70%** 2nd Year - 80%** 3rd Year - 90%** 4th Year - 100%**	50%	\$5 office visit copay
<b>MAJOR</b>				
Crowns	70%	1st Year - 70%** 2nd Year - 80%** 3rd Year - 90%** 4th Year - 100%**	50%	Copay of \$45
Implants, Dentures, Bridgework, and Full Cast Restorations	70%	50%	50%	Copay of \$95 for each partial denture, \$65 for each full denture and \$25 for each relines; implants not covered.
<b>ORTHODONTIA</b>				
Adults	50% up to \$3000 lifetime maximum	Not covered	Not covered	50% up to \$2000 lifetime maximum
Children	50% up to \$3000 lifetime maximum	50% up to \$2000 lifetime maximum	Not covered	50% up to \$2000 lifetime maximum
	*Deductible waived for preventive services.	**Requires minimum one dentist visit per year to increase and maintain coinsurance level		