

Dental Plan Comparison  
POA Employees

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