

2025 Orange County Government Dental Plan Comparison Chart

Benefits	Low Plan	Middle Plan	High Plan
Annual Maximum paid by insurance	\$1,000 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year
Progressive Maximum	\$250 per year up to \$1,750	\$250 per year up to \$1,750	\$250 per year up to \$2,250
Calendar Year Deductible	\$50 per individual \$150 per family	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Preventive Services Oral exams, cleanings, routine x-rays, fluoride	100% - no deductible	100% - no deductible	100% - no deductible
Basic Services Sealants; fillings; oral surgery; root canals; repairs to dentures, bridges, and crowns High Plan only (inlay and onlays)	Employee pays 40%, after deductible has been met	Employee pays 30%, after deductible has been met	Employee pays 20%, after deductible has been met
Major Services Periodontics, dentures, bridges, crowns, inlays, onlays	Employee pays 70%, after deductible has been met	Employee pays 60%, after deductible has been met	Employee pay 50%, after deductible has been met
Orthodontia	Not covered Select network orthodontists provide a 15% discount for adults. Contact your provider for more details.	Employee pays 60%, no deductible Lifetime limit of \$1,000 Select network orthodontists provide a 15% discount for adults. Contact your provider for more details.	Employee pays 50%, no deductible. Lifetime limit of \$1,000 Select network orthodontists provide a 15% discount for adults. Contact your provider for more details. Coverage for eligible Adults and children