

2027 Delta Dental Plan Benefit Summary

Delta Dental PPO 2000 Direct Only Non Certified Plan	In-network, you pay	Out-of-network, you pay
	For all ages	
Calendar year costs		
Deductible per person	\$100	
Deductible per family	\$200	
Annual maximum	\$2,000	
Class 1		
Exams and X-rays	0%	50%
Cleanings	0%	50%
Periodontal maintenance	0%	50%
Sealants	0%	50%
Topical fluoride	0%	50%
Class 2 ¹		
Space maintainers	20% after deductible	50% after deductible
Restorative fillings	20% after deductible	50% after deductible
Class 3 ²		
Oral Surgery	50% after deductible	50% after deductible
Endodontics	50% after deductible	50% after deductible
Periodontics	50% after deductible	50% after deductible
Restorative crowns	50% after deductible	50% after deductible
Bridges	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible
Implants	Not covered	Not covered
Anesthesia	50% after deductible	50% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider Network	Delta Dental PPO In-network: Delta Dental PPO dentists Out-of-network: Delta Dental Premier dentists and nonparticipating dentists	
Balance bill	Delta Dental PPO and Premier Dentists: No Nonparticipating dentists: Yes	

- 1 6-month exclusion period if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy.
- 2 12-month exclusion period if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy.

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam twice per calendar year
- Fluoride twice per calendar under age 19. For age 19+ once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease, chemotherapy or similar type of treatment
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application twice per tooth per year. Many restorations are not covered within 2 months of interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance twice per calendar year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 5-year period

Class 2 and Class 3

- Athletic mouthguard once in any 12-month period age 15 and under and once in any 2-year period age 16+
- Bridges and dentures once in a 7-year period
- Crowns and other cast restorations once in a 7-year period
- IV sedation or general anesthesia only with covered surgical procedures in a dental office or when necessary due to a concurrent medical condition
- Nightguard (occlusal guard) covered at 100% once per year age 13-18, and once every 5 years to \$200 age 19+
- Scaling and root planing once per quadrant in any 2-year period
- Space maintainers once per space, but not covered for anterior primary teeth or missing permanent teeth or for age 19+

Exclusions

- Anesthetics, analgesics, nitrous oxide, hypnosis and medications, except IV sedation or general anesthesia with surgical procedures and under Intellectual & Developmental Disabilities benefits
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays or records
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except under Intellectual Developmental & Disabilities benefits
- Orthodontia
- Over the counter nightguards and athletic mouthguards
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- TMJ treatment, including cone beam imaging related to TMJ
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.