

2027 Delta Dental Plan Benefit Summary

Delta Dental Premier Healthy Smiles	Age 0-18, you pay	Age 19+, you pay
	In-network and out-of-network	
Calendar year costs		
Deductible per person	\$0	
Deductible per family	\$0	
Out-of-pocket maximum (ages 0-18)	\$450 for one member / \$900 for two or more members	
Annual maximum (ages 19+)	NA	
Class 1		
Exams and X-rays	15%	Not covered
Cleanings	15%	Not covered
Periodontal maintenance	15%	Not covered
Sealants	15%	Not covered
Topical fluoride	15%	Not covered
Class 2		
Space maintainers	60%	Not covered
Restorative fillings	60%	Not covered
Class 3		
Oral Surgery	70%	Not covered
Endodontics	70%	Not covered
Periodontics	70%	Not covered
Restorative crowns	70%	Not covered
Bridges	70%	Not covered
Partial and complete dentures	70%	Not covered
Implants	70%	Not covered
Anesthesia	70%	Not covered
Orthodontia	70%	Not covered
Features		
Provider Network	Delta Dental Premier In-network: Delta Dental Premier dentists Out-of-network: Nonparticipating dentists	
Balance bill	Delta Dental Premier dentists: No for under age 19 Nonparticipating dentists: Yes	

Limitations

Class 1

- Bitewing X-rays once in a 6-month period
- Exam twice per calendar year
- Fluoride twice per calendar year
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application twice per tooth per year
- 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 3-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 to 18
- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- IV sedation or general anesthesia only with covered surgical procedure in a dental office or when necessary due to concurrent medical condition.
- Nightguard (occlusal guard) covered at 100% once per year age 13-18
- Scaling and root planing once per quadrant in any 2-year period
- Space maintainers once per space, but not for primary anterior teeth or missing permanent teeth

Exclusions

- All services for members age 19 or over
- 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)
- Cosmetic services
- Duplication and interpretation of X-rays or records except the interpretation of a diagnostic image by a different dentist than the one who took the image
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants, unless dentally necessary
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except under Intellectual Developmental & Disabilities benefits
- Orthodontia (except for medically necessary 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.