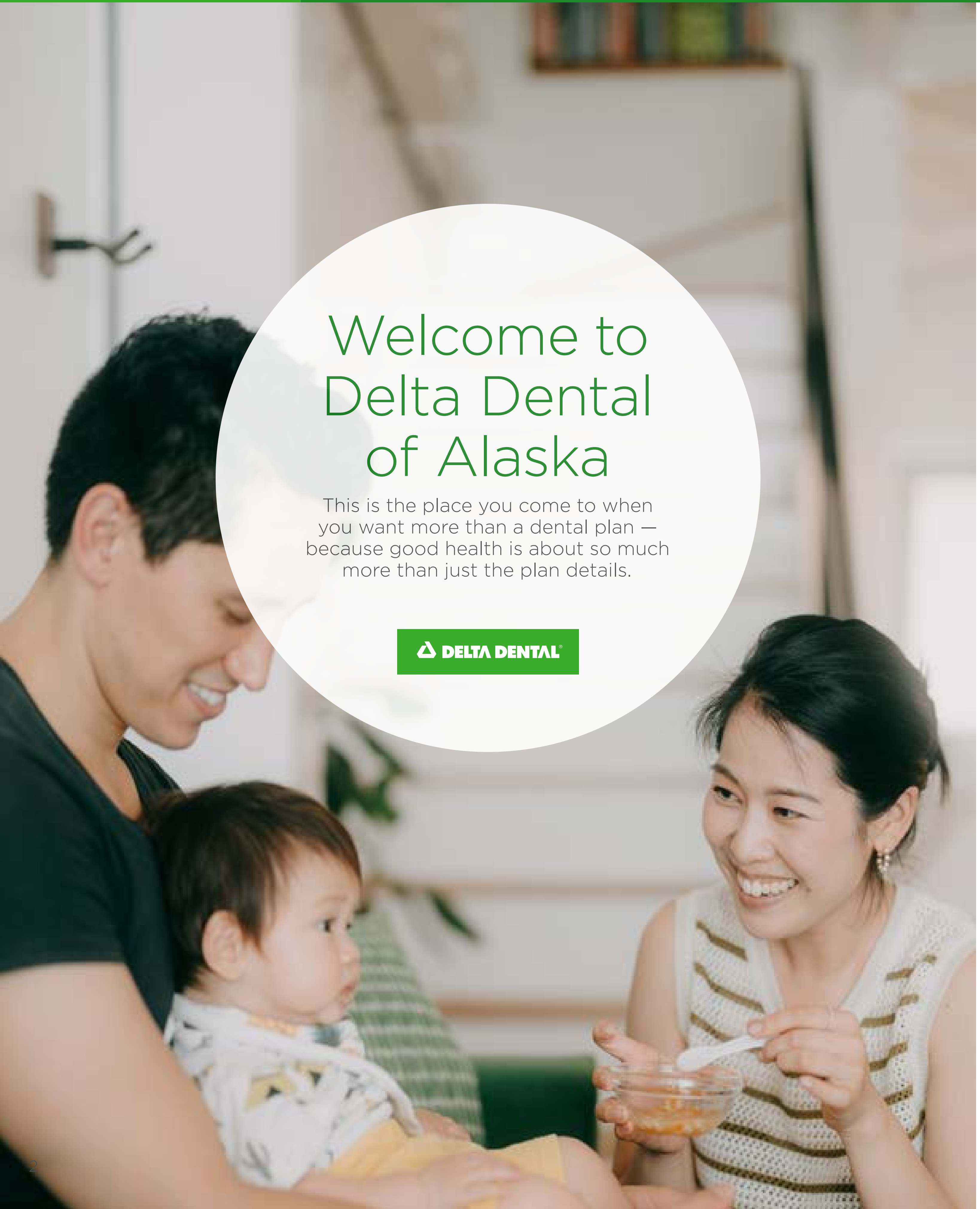
2027 | Alaska dental plans

Individual & Family

DELTA DENTAL®

Quality coverage for your smile DeltaDentalAK.com/shop



Welcome to Delta Dental of Alaska

This is the place you come to when you want more than a dental plan — because good health is about so much more than just the plan details.

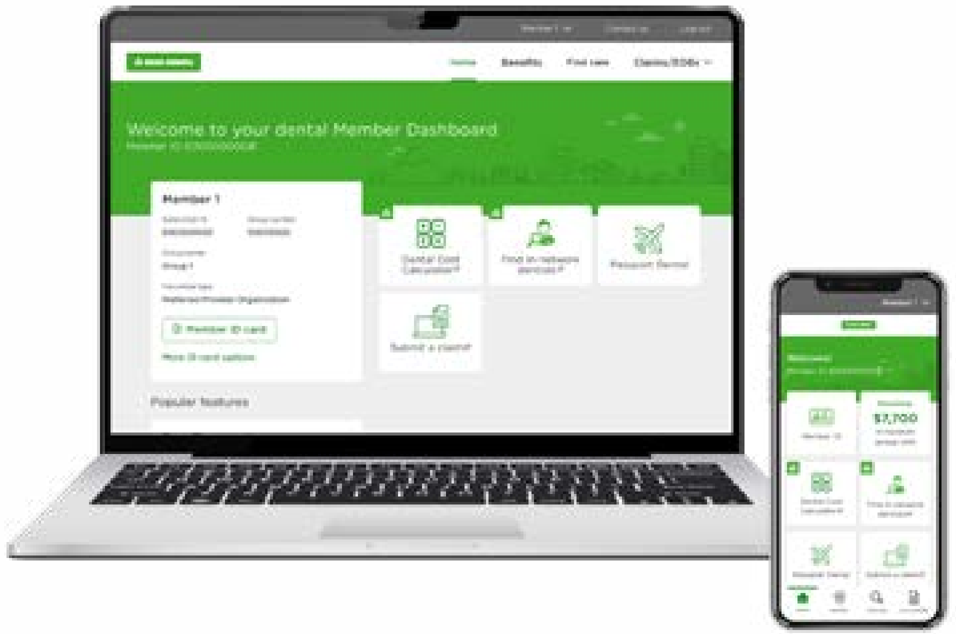
DELTA DENTAL

Quality coverage for your smile

We offer dental insurance options to help you and your family achieve better oral health. With Delta Dental of Alaska plans, you'll have access to one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.

- Savings from in-network dentists
- Annual cleanings
- Superior customer service
- Freedom to choose a dentist

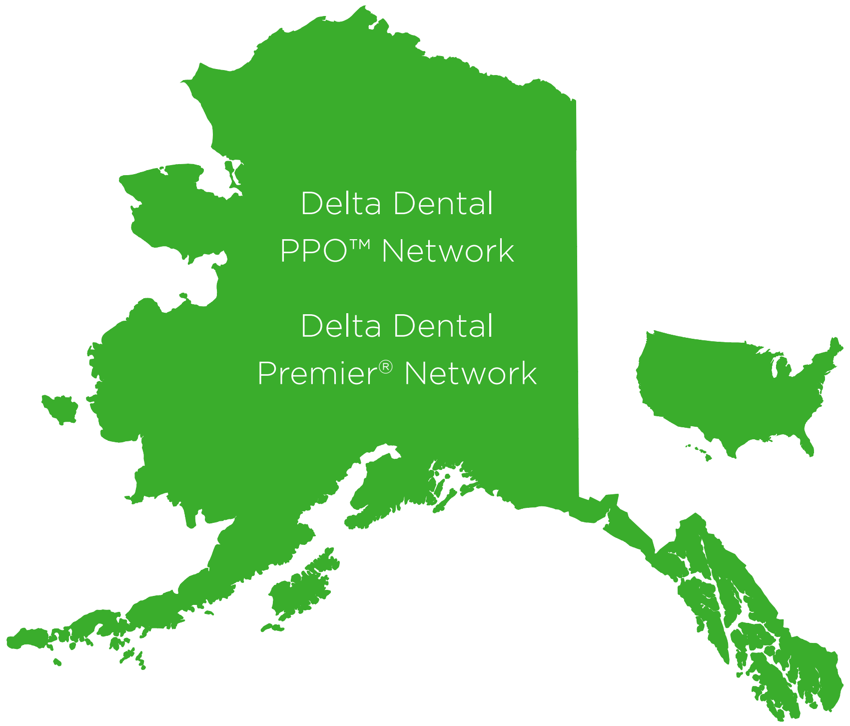
Our dental plans include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.



Ready to choose?
Make your selection at DeltaDentalAK.com/shop

Delta Dental networks that work for you

With thousands of dentists across the state and country, in-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



The Delta Dental PPO™ Network offers these dental plans:

Delta Dental PPO™ 1000 • Delta Dental PPO™ 1500 • Delta Dental PPO™ 2000 Direct

The Delta Dental Premier® Network offers these dental plans:

Delta Dental Premier® Healthy Smiles • Delta Dental Premier® Plan
Delta Dental Premier® 1000 Direct • Delta Dental Premier® Preventive Alaska Mandated Plan

The **Delta Dental PPO** and **Premier** networks help you get quality dental care at affordable rates. You can choose from a large network of participating dentists who agree to lower, contracted rates. This helps reduce out-of-pocket costs and makes dental care more affordable. When enrolled in a PPO plan, you can save the most when you visit PPO dentists. You're also protected from balance billing, which means participating dentists cannot charge you more than the agreed contracted rate for covered services.

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Delta Dental **PPO™** Network

bigger savings

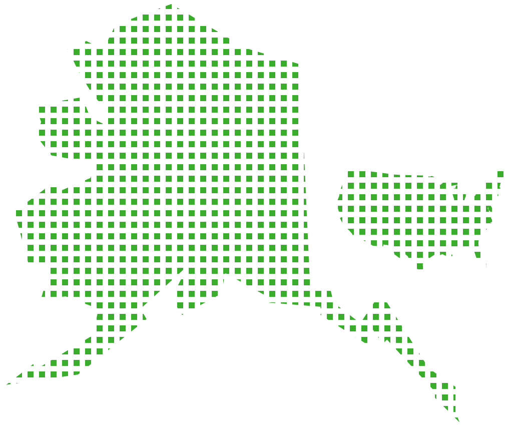
- Lowest cost!
- Large network of dentists

OR

Delta Dental **Premier®** Network

more choice

- Slightly higher cost
- Choose Premier network dentists



See if your dentist is in-network at
DeltaDentalAK.com/DentistSearch
Select your dental network

Quality coverage for your smile DeltaDentalAK.com/shop

2027 Dental plan benefit table

	Delta Dental PPO™ 1000 Plan[1,2,3,5]		Delta Dental PPO™ 1500 Plan[1,2,3,5]		Delta Dental Premier® Plan[1,2,3,5]		Special Youth-Only Plan: Delta Dental Premier® Healthy Smiles[3,5]		Direct Only Non-Certified Plans: Delta Dental Premier® 1000 Direct Only Non Certified Plan[1,2,4]	Direct Only Non-Certified Plans: Delta Dental PPO™ 2000 Direct Only Non Certified Plan[1,2,4]
	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	All ages	All ages
What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate										
Deductible (per person/family)	$50 / $150		$50 / $150		$0		$0	Not covered	$50 / $150 for all ages	$100 / $200 for all ages
Annual maximum (ages 19+)	$1,000		$1,500		$1,100		N/A	Not covered	$1,000 for all ages	$2,000 for all ages
Out-of-pocket maximum per person (ages 0-18)	$450 for 1 member / $900 for 2+ members (in-network only)		$450 for 1 member / $900 for 2+ members (in-network only)		$450 for 1 member / $900 for 2+ members		$450 for 1 member / $900 for 2+ members	Not covered	N/A	N/A
Out-of-network benefits available	✓		✓		✓		✓	Not covered	✓	✓
Class 1										
Exams and X-rays	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Cleanings	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Periodontal maintenance	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Sealants	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Topical fluoride	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Class 2										
Space maintainers	50% after deductible	Not covered	50% after deductible	Not covered	60%	Not covered	60%	Not covered	20% after deductible	20% after deductible
Restorative fillings	50% after deductible	20% after deductible	50% after deductible	20% after deductible	60%	35%	60%	Not covered	20% after deductible	20% after deductible
Class 3										
Oral surgery	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Endodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Periodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Restorative crowns	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Bridges	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Partial and complete dentures	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Anesthesia	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Implants	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered	Not covered
Orthodontia	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered	Not covered
Features										
Provider network (in-network)	Delta Dental PPO™ Network		Delta Dental PPO™ Network		Delta Dental Premier® Network		Delta Dental Premier® Network		Delta Dental Premier® Network	Delta Dental PPO™ Network
Service area	Anchorage, Mat-su Valley, Fairbanks North Star Borough		Anchorage, Mat-su Valley, Fairbanks North Star Borough		Statewide		Statewide		Statewide	Anchorage, Mat-su Valley, Fairbanks North Star Borough

Plan highlights

Non-Certified Plans

Delta Dental Premier® 1000 Direct, Delta Dental PPO™ 2000 Direct and Delta Dental Premier Preventive Alaska Mandated Plan are non-certified dental plans that do not include the ACA Pediatric benefits. Members of any age can enroll in these plans.Only available directly at DeltaDentalAK.com/shop.

Healthy Smiles

Healthy Smiles is a special youth-only Delta Dental Premier® plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.

Out-of-network benefits available

For out-of-network benefits, scan the QR code, then click on Alaska to view Summaries of Benefits (SOBs) with detailed information on each plan.

1. For Class 2 services, 6-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and 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. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. For Non Certified plans, the exclusion period applies to all ages.
2. For Class 3 services, 12-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and 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. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. For Non Certified plans, the exclusion period applies to all ages.
3. Only medically necessary orthodontia is covered.
4. Pediatric limitations do not apply. Follow Delta Dental standard limitations.
5. Implant is covered when dentally necessary.

These benefits and Delta Dental Plan 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.

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2027 Dental plan benefit table

	Direct Only Non-Certified Plans
	Delta Dental Premier® Preventive Alaska Mandated Plan[1,2]
	All ages
What you pay for the in-network care you receive each year	
Deductible (per person/family)	$25 / $75 for all ages
Annual maximum (ages 19+)	$500 for all ages
Out-of-pocket maximum per person (ages 0-18)	N/A
Out-of-network benefits available	✓
Class 1	
Exams and X-rays	0%
Cleanings	0%
Periodontal maintenance	0%
Sealants	0%
Topical fluoride	0%
Space maintainers	0%
Class 2	
Restorative fillings	90% after deductible
Oral surgery	90% after deductible
Endodontics	90% after deductible
Periodontics	90% after deductible
Anesthesia, including nitrous oxide	90% after deductible
Class 3	
Restorative crowns	90% after deductible
Bridges	90% after deductible
Partial and complete dentures	90% after deductible
Implants	90% after deductible
Orthodontia	Not covered
Features	
Provider network (in-network)	Delta Dental Premier® Network
Service area	Statewide

Plan highlights

Non-Certified Plans

Delta Dental Premier® Preventive Mandated Plan plan does not include the ACA Pediatric benefits. Members of any age can enroll in these plans. Only available directly at DeltaDentalAK.com/shop.

Out-of-network benefits available

For out-of-network benefits, scan the QR code, then click on Alaska to view Summaries of Benefits (SOBs) with detailed information on each plan.

1. For Class 2 services, 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and 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. For Class 3 services, 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and 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.

These benefits and Delta Dental Plan 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.

Calculate what you pay each month

Our plans offer competitive premiums, the amount you pay each month for coverage. If you want great benefits and value, you're in good hands.

When selecting your dental plan, you want to know:

Who are these premiums for?

These premiums apply to members who live anywhere in Alaska.

What affects my premium?

The plan, your age and the ages of your dependents may affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 have a premium based on their actual age. Having a birthday during a plan year won't affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

2027 plan rates
(Premiums effective Jan. 1, 2027 through Dec. 31, 2027)

Age	Delta Dental PPO™ 1000	Delta Dental PPO™ 1500	Delta Dental Premier®	Delta Dental Premier® Healthy Smiles	Delta Dental Premier® 1000 Direct	Delta Dental PPO™ 2000 Direct	Delta Dental Premier® Preventive Alaska Mandated Plan
0-18	$63.00	$63.00	$69.00	$69.00	$43.00	$63.00	$34.00
19-24	$37.00	$43.00	$36.00	N/A	$38.00	$55.00	$34.00
25-29	$37.00	$43.00	$36.00	N/A	$38.00	$55.00	$34.00
30-34	$39.00	$45.00	$38.00	N/A	$40.00	$57.00	$34.00
35-39	$42.00	$49.00	$42.00	N/A	$44.00	$63.00	$34.00
40-44	$43.00	$50.00	$43.00	N/A	$45.00	$64.00	$34.00
45-49	$45.00	$52.00	$44.00	N/A	$46.00	$66.00	$34.00
50-54	$48.00	$55.00	$47.00	N/A	$50.00	$70.00	$34.00
55-59	$52.00	$61.00	$52.00	N/A	$55.00	$78.00	$34.00
60-63	$56.00	$66.00	$56.00	N/A	$59.00	$85.00	$34.00
64+	$59.00	$69.00	$59.00	N/A	$62.00	$88.00	$34.00

Quality coverage for your smile DeltaDentalAK.com/shop

Ready to choose better dental health?

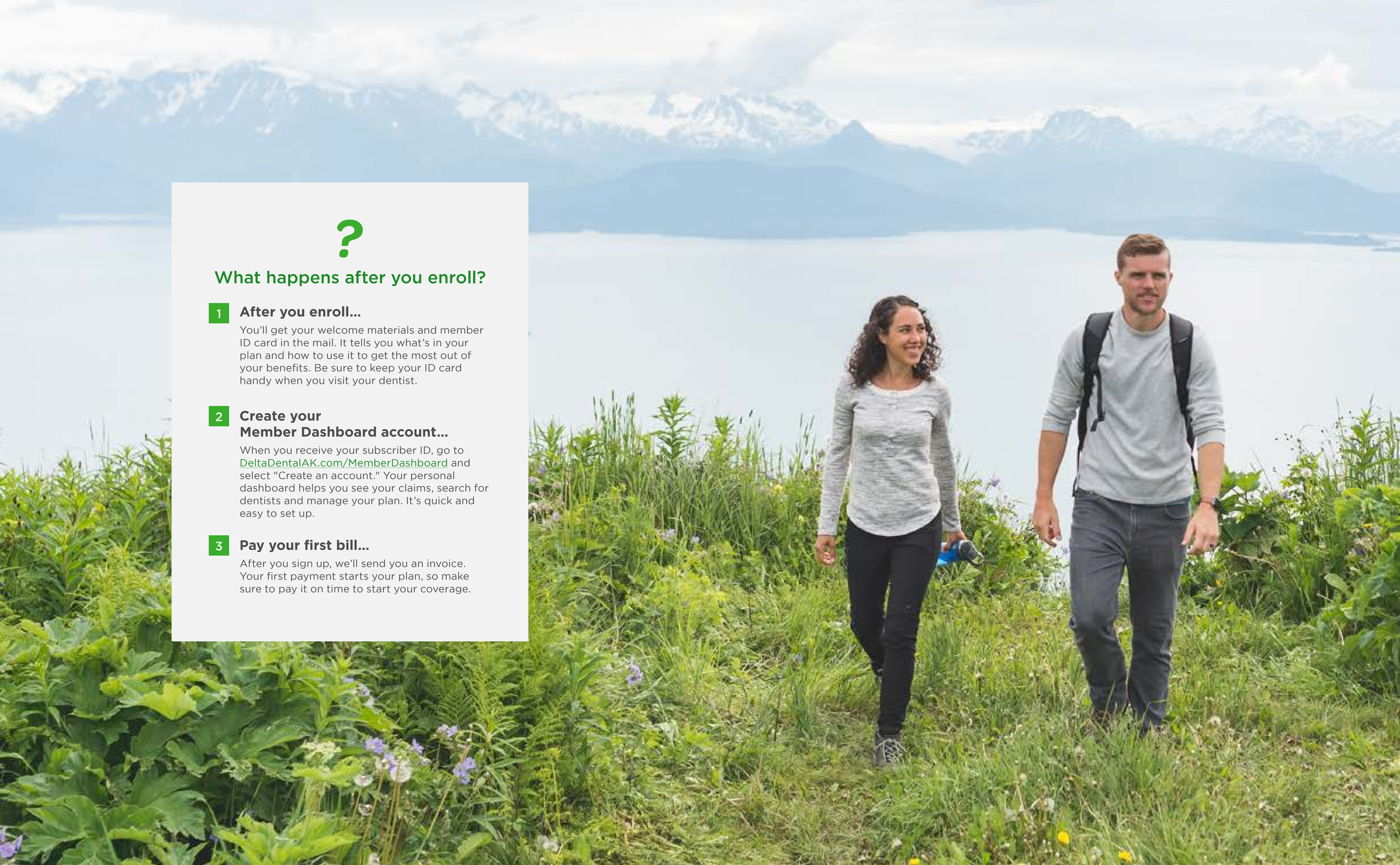
1. Select a dental plan
2. Enroll
3. Get started...

Shop our plans at DeltaDentalAK.com/shop

Call us at 855-718-1767 or your agent to enroll

Enroll online at DeltaDentalAK.com/shop

Quality coverage for your smile DeltaDentalAK.com/shop



What happens after you enroll?

1 After you enroll...

You'll get your welcome materials and member ID card in the mail. It tells you what's in your plan and how to use it to get the most out of your benefits. Be sure to keep your ID card handy when you visit your dentist.

2 Create your Member Dashboard account...

When you receive your subscriber ID, go to DeltaDentalAK.com/MemberDashboard and select "Create an account." Your personal dashboard helps you see your claims, search for dentists and manage your plan. It's quick and easy to set up.

3 Pay your first bill...

After you sign up, we'll send you an invoice. Your first payment starts your plan, so make sure to pay it on time to start your coverage.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - (1-877-605-3229 (TTY: 711 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔"

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

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AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn iṣẹ lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.

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