

2017 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental Premier	Under age 19, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$0	
Out-of-pocket maximum per person (under age 19)	\$350 for one member; \$700 for two or more members	
Annual benefit maximum (age 19+)	\$1,000	
Class 1		
Exams and X-rays	20%	20%
Cleanings	20%	20%
Periodontal maintenance	20%	20%
Sealants	20%	20%
Topical fluoride	20%	20% ¹
Class 2		
Space maintainers	35%	Not covered
Restorative fillings ²	35%	35% ²
Class 3		
Oral surgery ³	50%	50%
Endodontics ³	50%	50%
Periodontics ³	50%	50%
Restorative crowns ³	50%	50%
Bridges ³	50%	50%
Partial and complete dentures ³	50%	50%
Anesthesia ³	50%	50%
Orthodontia ⁴	50%	Not covered
Features		
Location	All areas	
Plan enrollment options	Direct through ShopModaPlans.com or through HealthCare.gov	
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

1 Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment
 2 Six-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage
 3 12-month exclusion period applies to age 19 and over. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage
 4 Only medically necessary orthodontia is covered

Limitations

Class 1

- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Exam once in a 6-month period
- Fluoride is covered once in a 6-month period under age 19
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period under age 19 and once in a 5-year period age 19 and over

Class 2 and Class 3

- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded
- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions
- Medically necessary orthodontia covered only for dependent children under age 19
- Occlusal guard (nightguard) covered once per year between ages 13 and 19, and once every 5 years at 50%, up to a \$150 maximum, for members age 19 and over. Over-the-counter occlusal guards are excluded
- Scaling and root planing once per quadrant in a 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary for members under age 19)
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- 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 health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2017 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental PPO 1000	Under age 19		Ages 19+	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
Calendar year costs				
Deductible per person	\$0			
Out-of-pocket maximum per person (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual benefit maximum (age 19+)	\$1,000			
Class 1				
Exams and X-rays	0%	50%	0%	50%
Cleanings	0%	50%	0%	50%
Periodontal maintenance	0%	50%	0%	50%
Sealants	0%	50%	0%	50%
Topical fluoride	0%	50%	0% ¹	50% ¹
Class 2				
Space maintainers	20%	50%	Not covered	Not covered
Restorative fillings ²	20%	50%	20%	50%
Class 3				
Oral surgery ³	50%	50%	50%	50%
Endodontics ³	50%	50%	50%	50%
Periodontics ³	50%	50%	50%	50%
Restorative crowns ³	50%	50%	50%	50%
Bridges ³	50%	50%	50%	50%
Partial and complete dentures ³	50%	50%	50%	50%
Anesthesia ³	50%	50%	50%	50%
Orthodontia ⁴	50%	50%	Not covered	Not covered
Features				
Location	Anchorage and the Mat-Su Valley			
Plan enrollment options	Direct through ShopModaPlans.com or through HealthCare.gov			
Provider network	Delta Dental PPO Network			
Balance bill	Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes	

1 Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment
 2 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage
 3 12-month exclusion period applies to age 19 and over. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage
 4 Only medically necessary orthodontia is covered

Limitations

Class 1

- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Exam once in a 6-month period
- Fluoride is covered once in a 6-month period under age 19
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period under age 19 and once in a 5-year period age 19 and over

Class 2 and Class 3

- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded
- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions
- Medically necessary orthodontia covered only for dependent children under age 19
- Occlusal guard (nightguard) covered once per year between ages 13 and 19, and once every 5 years at 50%, up to a \$150 maximum, for members age 19 and over. Over-the-counter occlusal guards are excluded
- Scaling and root planing once per quadrant in a 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary for members under age 19)
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

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2017 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental PPO 1500	Under age 19		Ages 19+	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
Calendar year costs				
Deductible per person	\$0			
Out-of-pocket maximum per person (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual benefit maximum (age 19+)	\$1,500			
Class 1				
Exams and X-rays	0%	50%	0%	50%
Cleanings	0%	50%	0%	50%
Periodontal maintenance	0%	50%	0%	50%
Sealants	0%	50%	0%	50%
Topical fluoride	0%	50%	0% ¹	50% ¹
Class 2				
Space maintainers	20%	50%	Not covered	Not covered
Restorative fillings ²	20%	50%	20%	50%
Class 3				
Oral surgery ³	50%	50%	50%	50%
Endodontics ³	50%	50%	50%	50%
Periodontics ³	50%	50%	50%	50%
Restorative crowns ³	50%	50%	50%	50%
Bridges ³	50%	50%	50%	50%
Partial and complete dentures ³	50%	50%	50%	50%
Anesthesia ³	50%	50%	50%	50%
Orthodontia ⁴	50%	50%	Not covered	Not covered
Features				
Location	Anchorage and the Mat-Su Valley			
Plan enrollment options	Direct through ShopModaPlans.com or through HealthCare.gov			
Provider network	Delta Dental PPO Network			
Balance bill	Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes	

¹ Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment

² 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage

³ 12-month exclusion period applies to age 19 and over. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage

⁴ Only medically necessary orthodontia is covered

Limitations

Class 1

- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Exam once in a 6-month period
- Fluoride is covered once in a 6-month period under age 19
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period under age 19 and once in a 5-year period age 19 and over

Class 2 and Class 3

- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded
- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions
- Medically necessary orthodontia covered only for dependent children under age 19
- Occlusal guard (nightguard) covered once per year between ages 13 and 19, and once every 5 years at 50%, up to a \$150 maximum, for members age 19 and over. Over-the-counter occlusal guards are excluded
- Scaling and root planing once per quadrant in a 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary for members under age 19)
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

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2017 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental Premier Preventive Alaska Mandated Plan	Under age 19, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$25 per person/ \$75 per family	
Out-of-pocket maximum per person (under age 19)	NA	
Annual benefit maximum	\$500 (applies to all ages)	
Class 1		
Exams and X-rays	0% after deductible	0% after deductible
Cleanings	0% after deductible	0% after deductible
Periodontal maintenance	0% after deductible	0% after deductible
Sealants	0% after deductible	0% after deductible
Topical fluoride	0% after deductible	0% after deductible ¹
Space maintainers	0% after deductible ²	Not covered
Class 2		
Restorative fillings ³	90% after deductible	90% after deductible
Oral surgery ³	90% after deductible	90% after deductible
Endodontics ³	90% after deductible	90% after deductible
Periodontics ³	90% after deductible	90% after deductible
Anesthesia ³	90% after deductible	90% after deductible
Class 3		
Restorative crowns ⁴	90% after deductible	90% after deductible
Bridges ⁴	90% after deductible	90% after deductible
Partial and complete dentures ⁴	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Location	All areas	
Plan enrollment options	Direct through ShopModaPlans.com only	
Provider network	Delta Dental Premier Network	
Balance bill	Delta DentalPremier Network: No Nonparticipating: Yes	

¹ Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment

² Space maintainers are only covered for under age 14

³ 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage

⁴ 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.

Limitations

- Delta Dental Premier Preventive Alaska Mandated Plan includes preventive services, as well as limited benefits for basic and major services

Class 1

- Bitewing X-rays once in a 12-month period
- Complete series x-rays or a panoramic film is covered once in any 5-year period
- Exam once in a 6-month period
- Fluoride once in a 6-month period under age 19
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. An additional cleaning benefit is available for members with diabetes, members in their third trimester of pregnancy, and members with periodontal disease under the Oral Health, Total Health program.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 5-year period

Class 2 and Class 3

- Athletic mouth guard is covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- Bridges and dentures once in a 7-year period
- Crowns and other cast restorations are covered once in a 7-year period
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Porcelain restorations are considered cosmetic dentistry if placed on upper second or third molars or or lower first, second, or third molars. Coverage limited to gold without porcelain
- Scaling and root planing once per quadrant in a 2-year period

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth. Excluded services include nightguards (occlusal guard)
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

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