

2017 Delta Dental Voluntary PPO plan benefit summary



Delta Dental PPO Properous Voluntary plan 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	\$50 per person/\$150 family		\$50 per person/\$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member/ \$700 for two or more members (in-network only)		NA	
Annual maximum (age 19+)	NA		\$1000	
Class 1				
Exams and X-rays	0%	20%	0%	10%
Cleanings	0%	20%	0%	10%
Periodontal maintenance	0%	20%	0%	10%
Sealants	0%	20%	0%	10%
Topical fluoride	0%	20%	0% ¹	10% ¹
Space maintainers	0%	20%	Not covered	Not covered
Class 2				
Restorative fillings	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Oral surgery	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Endodontics	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Periodontics	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ²	50% after deductible ²	Not covered	Not covered
Features				
Location	Anchorage and the Mat-Su Valley			
Plan enrollment options	Direct through modahealth.com only			
Provider network	Delta Dental PPO Network			
Balance bill	Delta Dental PPO and Premier Networks: 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 Only medically necessary orthodontia is covered.

Limitations

Class 1

- Exam once in a 6-month period
- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis (cleaning) 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
- Fluoride once in a 6-month period under age 19
- 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

- 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
- Crown over implant once in a 5-year period when dentally necessary under age 19 and once per lifetime per tooth space age 19 and over
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Scaling and root planing once in a 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration except for Delta Dental Premier Pinnacle Plan
- Night guard (occlusal guard) covered once per year between ages 13 and 19 and once every 5 years at 50%, up to a \$150 maximum, for ages 19 and over. Over-the-counter night guard's are excluded
- Athletic mouth guard 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

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures (nitrous is covered in Delta Dental Premier Pinnacle Plan)
- 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 (exception for under age 19, only the interpretation of a diagnostic image by professional not associated with capture of the image is covered).
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for medically necessary treatment under age 19 or when an orthodontia rider is included)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (malalignment 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.