

2018 Dental plan benefit summary



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	N/A	
Annual maximum groups	\$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 ²	0% after deductible	Not covered
Class 2		
Restorative fillings	90% after deductible	90% after deductible
Oral surgery	90% after deductible	90% after deductible
Endodontics	90% after deductible	90% after deductible
Periodontics	90% after deductible	90% after deductible
Class 3		
Restorative crowns	90% after deductible	90% after deductible
Partial and complete dentures	90% after deductible	90% after deductible
Implants	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier dentists: No Nonparticipating dentists: 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 not covered for members age 14 and above.

Limitations

Class 1

- Exam once in a 6-month period
- Bitewing X-rays once in a 12-month period
- 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 cleaning benefit is available for members with diabetes, members in their third trimester of pregnancy, and members with periodontal disease. To be eligible, members must be enrolled in the Oral Health, Total Health program.
- Fluoride once in a 6-month period under age 19
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in 5-year period

Class 2 and Class 3

- Bridges and dentures once in a 7-year period
- Crowns and other cast restorations once in a 7-year period
- Crown over implant once per lifetime per tooth space
- 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 on back teeth are limited to the amount for an amalgam restoration. Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Athletic mouth guard covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over.

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
- Cosmetic services
- Duplication and interpretation of X-rays
- 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
- Over-the-counter athletic mouth guards
- 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
- Treatment of any disturbance of the temporomandibular joint (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.