

2017 Delta Dental Premier plan benefit summary



Delta Dental Premier Radiant Smiles plan	Under age 19, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$50 per person/\$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members	
Annual maximum	NA	
Class 1		
Exams and X-rays	0%	Not covered
Cleanings	0%	Not covered
Periodontal maintenance	0%	Not covered
Sealants	0%	Not covered
Topical fluoride	0%	Not covered
Space maintainers	0%	Not covered
Class 2		
Restorative fillings	20% after deductible	Not covered
Oral surgery	20% after deductible	Not covered
Endodontics	20% after deductible	Not covered
Periodontics	20% after deductible	Not covered
Class 3		
Restorative crowns	50% after deductible	Not covered
Partial and complete dentures	50% after deductible	Not covered
Implants	50% after deductible	Not covered
Orthodontia	50% after deductible ¹	Not covered
Features		
Location	All areas	
Plan enrollment options	Direct through modahealth.com only	
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

¹ Only medically necessary orthodontia is covered.

Limitations

- Delta Dental Premier Radiant Smiles plan benefits are only available for members under age 19

Class 1

- Exam once in a 6-month period
- Bitewing X-rays once in a 6-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 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
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period

Class 2 and Class 3

- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- Crown over implant once in a 5-year period when dentally necessary
- 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. 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)
- 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 or when orthodontia rider is included)
- 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.