



Hello.

Welcome to Delta Dental of Alaska, the place you go when you want more than a dental plan – because good health is about so much more than just the plan details.

To be your healthy best, you need quality coverage, programs, online tools and, most important, partnerships that help you along the way.

We offer all of that and more – and we're excited to help you start on a journey to be better.

For our part, we'll provide networks of dentists, caring customer service and a dedicated team here to support you. For your part, simply come ready to find healthy moments every day.

Because together, we can be more.
We can be better.



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Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental of Alaska plans, you'll have access to Delta Dental, the nation's largest dental network. Your smile will thank you, wherever you roam.

Dental benefit highlights

Our Delta Dental of Alaska plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- No waiting periods for Class 1 services
- Filed-fee savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

Plan options

We offer a variety of plans so you can find the right fit for you:

Delta Dental Premier plan

Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental PPO plans

These plans help members in Anchorage and the Mat-Su Valley save costs by connecting them with providers in the Delta Dental PPO Network. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental Premier Healthy Smiles plan

This Premier plan is available to all individual members. It allows anyone to meet federal requirements for pediatric dental coverage. Benefits only cover children under age 19. Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental Preventive Only Alaska Mandated plan

This plan connects members with the Delta Dental Premier Network. Members access coverage for preventive dental care services only. Providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental networks go where you go

Each Delta Dental of Alaska plan comes with a Delta Dental network that includes thousands of dentists across the state, and the country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance-bill – the difference between the allowed amount and the dentist's fee. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Is my dentist in the network?

To find out, visit modahealth.com and use Find Care. Choose a dental network and look for participating dentists in your area.

2016 dental networks

Delta Dental Premier Network

Wherever members go, their Delta Dental of Alaska benefits go with them. This is the largest dental network in Alaska and nationally. It includes three out of every five providers in Alaska and over 151,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia and Puerto Rico.

Delta Dental PPO Network

The preferred provider option (PPO) dental network in Anchorage and the Mat-Su Valley includes over 125 participating providers and offers access to over 99,000 Delta Dental PPO dentists nationwide.

Choose and enroll in your 2016 plan

Whatever your needs, we're confident you'll find the dental plan that fits just right.

Enroll anytime

You can enroll in our dental coverage year-round. For 2016 plans, visit choosemoda.com starting Nov. 1, 2015, to pick the dental plan you like.

To enroll through the Marketplace, HealthCare.gov, you must also enroll in a medical plan at the same time and/or qualify for federal financial assistance.

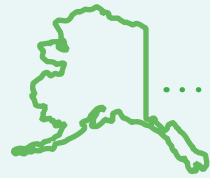
After you enroll

Once you're enrolled, you'll receive a welcome letter that confirms your plan and includes your subscriber ID number. Your ID card will arrive in a separate mailing. Use your ID number to log in to myModa at modahealth.com. Then find in-network providers, access health resources and review your Member Handbook to get familiar with your plan. When your first invoice is ready, you can also manage billing and payment options through myModa.

Questions?

Our friendly and knowledgeable team members are here to help. Call us toll-free at 855-718-1767, Monday through Friday, 6:30 a.m. to 4:30 p.m. Alaska Time. TTY users, please call 711.

Follow these simple steps to enroll



Confirm your eligibility

You must be an Alaska resident and live in Alaska at least six months out of the calendar year to be eligible to enroll.

Eligible members include you, your legal spouse or domestic partner and any children up to age 26.



Find the plan you like

Browse and compare our 2016 dental plans in this brochure or at choosemoda.com. The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look!

When deciding on a plan, be sure to pick one with the provider network you prefer.



Enroll at choosemoda.com

Starting Nov. 1, 2015, visit choosemoda.com to enroll in 2016 Delta Dental of Alaska dental plans.



2016 Dental plan benefit table

	Delta Dental Premier		Delta Dental PPO 1000				Delta Dental PPO 1500				Delta Dental Premier Healthy Smiles		Delta Dental Premier Preventive Only Mandated Plan	
	Under age 19	Ages 19+	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19	Ages 19+	Under age 19	Ages 19+
			In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay				
Calendar year costs														
Deductible per person	\$0		\$0				\$0				\$0		\$25 per person/ \$75 per family	
Out-of-pocket maximum per person (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members		N/A	
Annual benefit maximum (age 19+)	\$1,000		\$1,000				\$1,500				N/A		\$500 (applies to all ages)	
Class 1														
Exams & X-rays	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered	0% after deductible	0% after deductible
Cleanings	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered	0% after deductible	0% after deductible
Periodontal maintenance	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered	Not covered	Not covered
Sealants	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered	0% after deductible	Not covered
Topical fluoride	20%	20% ¹	0%	50%	0% ¹	50% ¹	0%	50%	0% ¹	50% ¹	20%	Not covered	0% after deductible	0% ¹ after deductible
Class 2														
Space maintainers	30%	Not covered	20%	50%	Not covered	Not covered	20%	50%	Not covered	Not covered	30%	Not covered	Not covered	Not covered
Restorative fillings ²	30%	30%	20%	50%	20%	50%	20%	50%	20%	50%	30%	Not covered	Not covered	Not covered
Class 3														
Oral surgery ³	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Endodontics ³	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Periodontics ³	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Restorative crowns ³	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Bridges ³	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Partial & complete dentures ³	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Anesthesia ³	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Orthodontia ⁴	50%	Not covered	50%	50%	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered
Features														
Location	All areas		Anchorage and the Mat-Su Valley				Anchorage and the Mat-Su Valley				All areas		All areas	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov				Direct through choosemoda.com or through HealthCare.gov				Direct through choosemoda.com only		Direct through choosemoda.com only	
Provider network	Delta Dental Premier Network		Delta Dental PPO Network				Delta Dental PPO Network				Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		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 period 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.
⁴ 2-year exclusion period and only medically necessary orthodontia is covered.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure 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.

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.

What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. Just follow the steps on the worksheet to the right to calculate it.

How your premium could change

2016 premiums are effective Jan. 1, 2016, through Dec. 31, 2016. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member.

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.

Yearly premium updates

We adjust premiums for individual and family plans each year. You'll receive a renewal notice prior to the new plan effective date explaining any updates.

Dental plan premiums

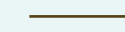
Age	Under age 19	Ages 19+
Delta Dental Premier	\$43	\$38
Delta Dental PPO 1000	\$38	\$35
Delta Dental PPO 1500	\$38	\$41
Delta Dental Premier Healthy Smiles	\$43	\$0
Delta Dental Premier Preventive Only Mandated Plan	\$29	\$29

How to add up your total monthly premium

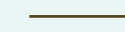
- 1 Pick a dental plan

- 2 Locate your dental plan premium in the table on page 10

- 3 Jot down the premiums for each person age 21+



- 4 Jot down the premiums for each person (up to three) under age 21*



+

- 5 Add all amounts together to get your family's total monthly premium

If you qualify for federal financial assistance, it may cover some of your premium. To find out what you'd pay with this assistance, visit the Marketplace at HealthCare.gov.

*All children under age 21 have the same premium based on the plan. However, no more than three children under age 21 need to be calculated in your total premium. This helps keep your healthcare affordable. Child dependents ages 21 through 25 have a premium based on their actual age.

Answers to your questions

What payment methods do you accept?

We accept checks, cash, money orders and electronic funds transfer (EFT) from a savings or checking account. Just select the billing and payment option that is best for you:

- **eBill, our electronic billing service.** Beginning with your plan effective date, you can review your premium invoice and make payments online through myModa, your personalized member website. Your premium invoices will be paperless, and you can set up recurring payments or initiate payment each month. Visit modahealth.com and follow the instructions to create a myModa account.
- **Electronic funds transfer (EFT).** To use EFT, contact us and complete an EFT authorization. Your first payment may initiate on the 25th of the month prior to your initial effective date of coverage. After that, EFT initiates around the fifth of the month. It typically takes one or two days to post to your account. Your premium invoice will be paperless and located in the eBill section of myModa.
- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or initiate payment through eBill after logging in to your myModa account.

How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium.

If you enrolled through the Marketplace, HealthCare.gov, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to myModa to manage your payment method and set up recurring payments with AutoPay.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

Can my employer sponsor my individual coverage?

Individual plans cannot be employer-sponsored plans. In general, you will be responsible for paying your monthly premium directly to Moda Health except when allowed by Alaska requirements.

Does it matter which dentist I see?

Yes. You'll save money by seeing an in-network provider for your plan:

- **Delta Dental Premier plan or Delta Dental Healthy Smiles plan** – You can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.
- **Delta Dental PPO plans** – Visit providers in the Delta Dental PPO Network in Anchorage and Mat-Su Valley for the best benefit. These are the in-network providers for this plan. If you go out-of-network, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.
- **Delta Dental Preventive only Alaska Mandated Plan** – Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

Can I switch to a different plan at any time?

No. You will only be able to change plans during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

Which dental plans can I purchase through the federal Marketplace?

You can enroll in some Delta Dental of Alaska plans directly through us or the Marketplace, HealthCare.gov. To enroll through HealthCare.gov, you must enroll in a medical plan at the same time and/or qualify for federal financial assistance.

Check the plan benefit tables in this brochure for the "plan enrollment options."

Healthcare lingo explained

We realize that health plans can be confusing, so we've made you a cheat sheet of sorts.

To find even more definitions, visit the Learning Center at choosemoda.com.

Balance billing

Charges for out-of-network care beyond what the dental plan allows. Out-of-network dentists may bill members the difference between the maximum plan allowance and their billed charges. In-network dentists generally don't do this.

Coinsurance

The percentage members pay for a covered dental service after they meet their deductible. For example, they may pay 20 percent of an allowed \$200 charge, or \$40.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the dental plan starts paying. Disallowed charges do not apply toward the deductible.

Dental annual maximum

The maximum dollar amount a dental plan will pay toward the cost of dental care for members ages 19 and over within a calendar year.

Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Alaska residents use the federal Marketplace, HealthCare.gov.

Out-of-pocket costs

What members pay in a calendar year for care after their dental plan pays its portion. These expenses may include deductibles and coinsurance for covered services.

Out-of-pocket maximum (dental)

In dental plans, the most members pay in a calendar year for covered pediatric dental care services before benefits are paid in full up to the allowable amount or up to any visit limit. Once members meet the out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductible and coinsurance. It does not include disallowed charges or balance billing from out-of-network dentists.

PPO dentist

A dentist contracted in the PPO network. By choosing a PPO dentist, members' out-of-pocket expenses will be less than if they choose a dentist outside of the PPO network.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2016 Delta Dental of Alaska individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries please call us at 855-718-1767.

Limitations

- Delta Dental Premier Healthy Smiles with benefits for age under 19
- Delta Dental Premier Preventive Only Mandated Plan with preventive services only. Sealants are covered under age 19. Periodontal maintenance is not covered.

Class 1

- Exam once in a six-month period
- Bitewing X-rays once in a six-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 five-year period
- Cleaning (prophylaxis or periodontal maintenance) once in a six-month period and up to four cleanings every year for members who have been diagnosed with periodontal disease
- Fluoride covered once in six-month period under age 19 and once in a 12-month period age 19 and over if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a three-year period under age 19 and once in a five-year period age 19 and over

Class 2 and Class 3

- Bridges and dentures once in a five-year period under age 19 and once in a seven-year period age 19 and over
- Crowns and other cast restorations once in a five-year period under age 19 and once in a seven-year period age 19 and over
- IV sedation or general anesthesia only with surgical procedures surgical procedures or when necessary due to concurrent medical conditions

- Scaling and root planing once per quadrant in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration
- Occlusal guard (nightguard) covered at 50%, once in a 12-month period between ages 13 and 19 and once in a five-year period up to \$150 maximum for age 19 and over
- Orthodontia covered only for dependent children under age 19
- Athletic mouth guards covered at 50%, once in a 12-month period for age 15 and under and once in a 24-month period for 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 for age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants
- 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

