

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

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.