

# 2016 Dental plan benefit table



Delta Dental of Alaska

Delta Dental PPO 1500	Under age 19		Ages 19+	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
<b>Calendar year costs</b>				
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+)	\$1,500			
<b>Class 1</b>				
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% <sup>1</sup>	50% <sup>1</sup>
<b>Class 2</b>				
Space maintainers	20%	50%	Not covered	Not covered
Restorative fillings <sup>2</sup>	20%	50%	20%	50%
<b>Class 3</b>				
Oral surgery <sup>3</sup>	50%	50%	50%	50%
Endodontics <sup>3</sup>	50%	50%	50%	50%
Periodontics <sup>3</sup>	50%	50%	50%	50%
Restorative crowns <sup>3</sup>	50%	50%	50%	50%
Bridges <sup>3</sup>	50%	50%	50%	50%
Partial and complete dentures <sup>3</sup>	50%	50%	50%	50%
Anesthesia <sup>3</sup>	50%	50%	50%	50%
Orthodontia <sup>4</sup>	50%	50%	Not covered	Not covered
<b>Features</b>				
Location	Anchorage and the Mat-Su Valley			
Plan enrollment options	Direct through choosemoda.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 Six-month exclusion period applies for ages 19 and older. Waiting 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.  
4 2-year exclusion period and only medically necessary orthodontia is covered.

## Limitations

### 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
- Flouride 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

*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.*