

2020 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental Premier® Preventive Alaska Mandated Plan	Ages 0 – 18, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person		\$25
Deductible per family		\$75
Out-of-pocket maximum per person		N/A
Annual maximum plan payment limit		\$500
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 (Not covered for members age 14 and over)	0% after deductible	Not covered
Class 2		
Oral surgery ²	90% after deductible	90% after deductible
Endodontics ²	90% after deductible	90% after deductible
Periodontics ²	90% after deductible	90% after deductible
Anesthesia ²	90% after deductible	90% after deductible
Restorative fillings ²	90% after deductible	90% after deductible
Class 3		
Restorative crowns ³	90% after deductible	90% after deductible
Bridges ³	90% after deductible	90% after deductible
Partial and complete dentures ³	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

¹ For ages 19 and over, covered once in a 6-month period if there is a 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 over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental Policy.

³ 12-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental Policy.

Limitations

- Delta Dental Premier Preventive Alaska Mandated Plan includes preventive services, as well as limited benefits for basic and major services

Class 1

- Bitewing X-rays once in a 12-month period
- Complete series x-rays or a panoramic film is covered once in any 5-year period
- Exam once in a 6-month period
- Fluoride once in a 6-month period under age 19
- Interim caries arresting medicament application is covered twice per tooth per year
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. An additional cleaning benefit is available for members with diabetes, members in their third trimester of pregnancy, and members with periodontal disease under the Oral Health, Total Health program.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 5-year period

Class 2 and Class 3

- Athletic mouth guard is covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over
- Bridges and dentures once in a 7-year period
- Crowns and other cast restorations are covered once in a 7-year period
- Implants limited to once per lifetime per tooth space
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Porcelain restorations are considered cosmetic dentistry if placed on upper second or third molars or lower first, second, or third molars. Coverage limited to gold without porcelain
- Scaling and root planing once per quadrant in a 2-year period

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 diagnostic images or records
- Experimental or investigational procedures
- 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. Excluded services include nightguards (occlusal guard)
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as a separate benefit
- Treatment before coverage begins or after coverage terminates
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)

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 dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.