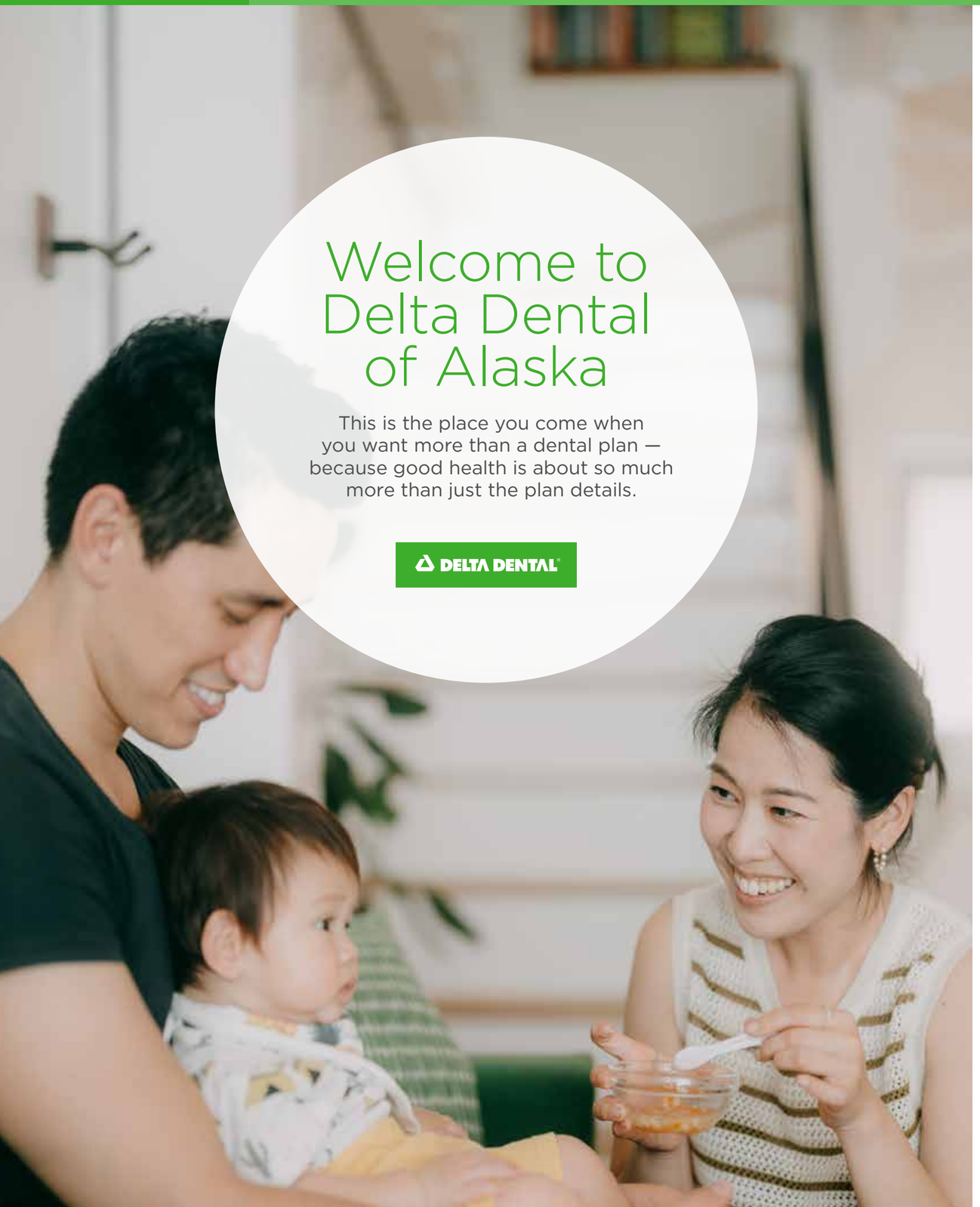
2023 | Alaska dental plans

Individual & family

DELTA DENTAL®



Welcome to Delta Dental of Alaska

This is the place you come when you want more than a dental plan — because good health is about so much more than just the plan details.

DELTA DENTAL

Quality coverage for your smile DeltaDentalAK.com

We protect more smiles

One of the largest dental networks

Experience top-of-the-linedental care from one of the largest dental networks in Alaska and across the country

Easy enrollment

Confirm your eligibility, find the plan you like, and enroll at DeltaDentalAK.com/shop

Proven

with nearly 70 years of offering insurance plans

Quality coverage for your smile DeltaDentalAK.com

Quality coverage for your smile

Our plans come with dental insurance options to help you and your family achieve better oral health. With Delta Dental of Alaska plans, you'll have access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.

- Savings from in-network dentists
- Cleanings every six months
- Superior customer service
- Freedom to choose a dentist

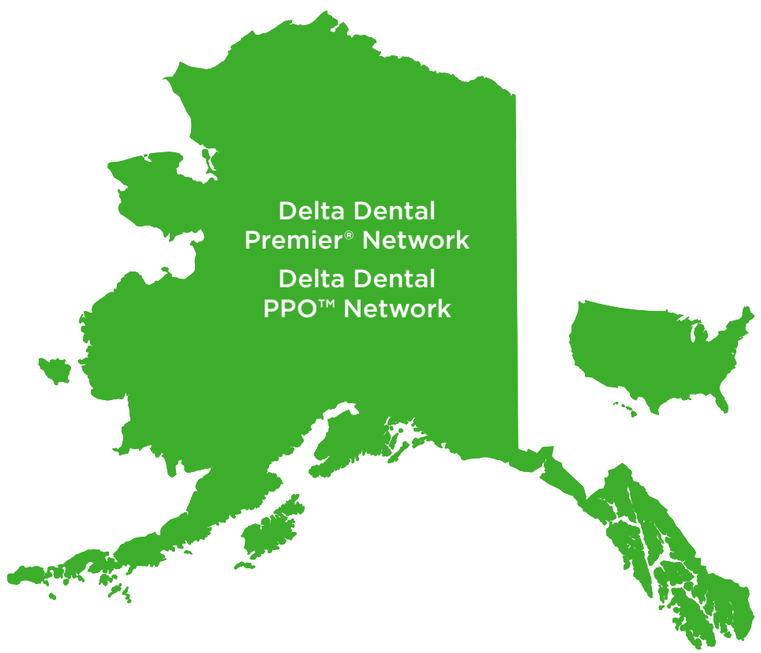
Our dental plans also include useful online tools, resources and special programs for those of you who may need extra attention for your pearly whites.

Ready to choose?
Make your selection at DeltaDentalAK.com/shop

Quality coverage for your smile DeltaDentalAK.com

Delta Dental networks go where you go

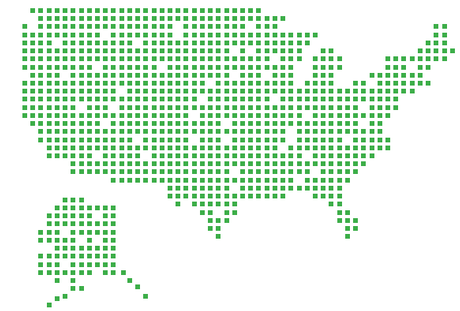
With access to thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental PPO™ Network

Choose from a large selection of dentists

Potential savings (in-network) = $$$



Delta Dental Premier® Network

Get more choice with the largest dental network in Oregon

Potential savings (in-network) = $$

With the Delta Dental PPO™ plan you receive in-network benefits when seeing a Delta Dental PPO™ Network dentist. For out-of-network benefits, 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 additional balance billing charge.

See if your dentist is in network at modahealth.com
click on Find Care > select your dental network

Quality coverage for your smile DeltaDentalAK.com

2023 Dental plan benefit tables

	Delta Dental Premier® Plan		Delta Dental Premier® Healthy Smiles		Delta Dental PPO™ 1000 Plan		Delta Dental PPO™ 1500 Plan	
	In-network, you pay							
	Under age 19	*Ages 19+*	*Under age 19*	*Ages 19+*	*Under age 19*	*Ages 19+*	*Under age 19*	*Ages 19+*
Calendar year costs								
Deductible per person	$0		$0		$50 (applies to all ages)			
Deductible per family	NA		NA		$150 (applies to all ages)			
Annual maximum (age 19+)	$1,100		NA		$1,000		$1,500	
Out-of-pocket maximum (under 19)	$375 for one member / $750 for two or more members				$375 for one member / $750 for two or more members			
Class 1								
Exams & X-rays	30%	20%	30%	Not covered	0%		0%	
Cleanings	30%	20%	30%	Not covered	0%		0%	
Periodontal maintenance	30%	20%	30%	Not covered	0%		0%	
Sealants	30%	20%	30%	Not covered	0%		0%	
Topical fluoride[1]	30%	20%[1]	30%	Not covered	0%	0%[1]	0%	0%[1]
Class 2								
Space maintainers	70%	Not covered	70%	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Restorative fillings[2]	70%	35%[2]	70%	Not covered	50% after deductible	20% after deductible[2]	50% after deductible	20% after deductible[2]
Class 3								
Oral Surgery[3]	70%	50%[3]	70%	Not covered	70% after deductible	50% after deductible[3]	70% after deductible	50% after deductible[3]
Endodontics[3]	70%	50%[3]	70%	Not covered	70% after deductible	50% after deductible[3]	70% after deductible	50% after deductible[3]
Periodontics[3]	70%	50%[3]	70%	Not covered	70% after deductible	50% after deductible[3]	70% after deductible	50% after deductible[3]
Restorative crowns[3]	70%	50%[3]	70%	Not covered	70% after deductible	50% after deductible[3]	70% after deductible	50% after deductible[3]
Bridges[3]	70%	50%[3]	70%	Not covered	70% after deductible	50% after deductible[3]	70% after deductible	50% after deductible[3]
Partial and complete dentures[3]	70%	50%[3]	70%	Not covered	70% after deductible	50% after deductible[3]	70% after deductible	50% after deductible[3]
Anesthesia[3]	70%	50%[3]	70%	Not covered	70% after deductible	50% after deductible[3]	70% after deductible	50% after deductible[3]
Orthodontia[5]	70%[5]	Not covered	70%[5]	Not covered	70% after deductible[5]	Not covered	70% after deductible[5]	Not covered
Features								
Provider network	Delta Dental Premier Network				Delta Dental PPO Network			

	Delta Dental Premier® Preventive Alaska Mandated Plan	
	In-network, you pay	
	Under age 19	*Ages 19+*
Calendar year costs		
Deductible per person	$25 (applies to all ages)	
Deductible per family	$75 (applies to all ages)	
Annual maximum (age 19+)	$500 (applies to all ages)	
Out-of-pocket maximum (under 19)	NA	
Class 1		
Exams & X-rays	0% after deductible	
Cleanings	0% after deductible	
Periodontal maintenance	0% after deductible	
Sealants	0% after deductible	
Topical fluoride[1]	0% after deductible	0% after deductible[6]
Space maintainers (not covered for members age 14 and over)	0% after deductible[4]	Not covered
Class 2		
Oral Surgery[2]	90% after deductible[2]	
Endodontics[2]	90% after deductible[2]	
Periodontics[2]	90% after deductible[2]	
Restorative fillings[2]	90% after deductible[2]	
Class 3		
Restorative crowns[3]	90% after deductible[3]	
Bridges[3]	90% after deductible[3]	
Partial and complete dentures[3]	90% after deductible[3]	
Anesthesia[3]	90% after deductible[2]	
Orthodontia	Not covered	
Features		
Provider network	Delta Dental Premier Network	

Use the **QR code** to view detailed summaries of these plans.

1 *Limited to once in a 12-month period for ages 19 and older only 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 prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2023 Delta Dental policy.*
3 *12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2023 Delta Dental policy.*
4 *Not covered for ages 14 and over.*
5 *Only medically necessary orthodontia is covered.*
6 *Covered once in a 6-month period for ages 19 and older only if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.*

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2365 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Delta Dental of Oregon and Alaska
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. 0569 (8/20)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 1-877-605-3229 (الهاتف النصي: 711)

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TYY、テレタイプライターをご利用の方は711）までお電話ください。

DeltaDentalAK.com | DeltaDentalOR.com

0569 (8/20)

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

Questions? *We're here to help.*

Call one of our offices listed below.
TTY users, please call 711.

Anchorage office

510 L Street, Suite 270
Anchorage, AK 99501
855-718-1767
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
855-718-1767
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

DeltaDentalAK.com

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