

2026 Delta Dental Plan Benefit Summary

SEARHC | 10031748



Delta Dental of Alaska

SEARHC High Dental Plan with Orthodontia

	PPO provider	Premier provider	Out-of-network non-participating provider
Annual Maximum Benefit*			
Per member	\$2,500	\$2,500	\$2,500
Deductible			
Per member	\$0	\$0	\$0
Per family	\$0	\$0	\$0
Class 1 - Services DO NOT accumulate towards the Annual Maximum*			
Periodic examinations / x-rays	100%	100%	100%
Prophylaxis (cleanings) / periodontal maintenance	100%	100%	100%
Sealants	100%	100%	100%
Space maintainers	100%	100%	100%
Topical application of fluoride	100%	100%	100%
Class 2			
Restorative fillings	80%	80%	80%
Oral surgery (extractions & certain minor surgical procedures)	80%	80%	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%	80%	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%	80%	80%
Class 3			
Implants	50%	50%	50%
Crowns	50%	50%	50%
Dentures and bridges (construction of fixed bridges, partial, and complete dentures)	50%	50%	50%

*** Class 1 services do not accumulate towards the annual maximum.**

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

How to use this dental plan

For In-Network benefits, members select a Delta Dental PPO dentist from our directory which is on our website at www.DeltaDentalAK.com. Each family member may choose a different dentist. If you receive care from a dental provider not in the Delta Dental PPO Network, Out-of-Network coverage levels apply.

When the member visits:

Delta Dental PPO Dentists:

Benefits are paid at the PPO benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentist, Non PPO:

Benefits are paid at the Premier benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.



Delta Dental of Oregon & Alaska

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Alaska will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered twice per calendar year. Supplementary bitewing x-rays are covered once in a 12-month period. Complete series x-rays or a panoramic film are covered once in any 3-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered twice per calendar year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered twice per calendar year for members. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 3-year period.

Basic (Class 2 services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

Major (Class 3 services)

- **Implants and implant removal** are limited to once per lifetime per tooth space. A crown over an implant is covered once per tooth or tooth space the lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a 5-year period on any tooth. No down grades on permanent posterior teeth.
- **Prosthodontic** Dentures (full or partial) will be covered once in a 5-year period.
A bridge is covered once in a 5-year period for members over age 15 and only if the tooth, tooth site or teeth involved have not received a cast restoration benefit in the last 5 years.
- **Occlusal guard** (night guard) covered at 100% once every five years up to \$200 maximum for ages 19 and up. Covered, once per year for members age 13 through 18 (\$200 maximum does not apply). Over-the-counter nightguards are excluded. Over the counter night guards are excluded.
- **Athletic mouthguard** covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over. Over-the-counter athletic mouthguards are excluded.

Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in the dentist's office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed appointment charges.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.

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SEARHC Dental High Plan with Orthodontia	
Lifetime maximum	\$2,500
What members pay	
Adults (Members age 19+)	50%
Children (Members under age 19)	50%

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Alaska on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.

***Orthodontia is only covered with the SEARHC Dental High Plan**

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