

# 2023 Dental plan benefit table

Delta Dental Premier Healthy Smiles	Age 0-18, members pay	Age 19+, members pay
Calendar year costs		
Deductible per person	\$0	
Out-of-pocket maximum (ages 0-18)	\$375 for one member / \$750 for two or more members	
Annual maximum (ages 19+)	N/A	
<b>Class 1</b>		
Exams and X-rays	30%	Not covered
Cleanings	30%	Not covered
Periodontal maintenance	30%	Not covered
Sealants	30%	Not covered
Topical fluoride	30%	Not covered
<b>Class 2</b>		
Space maintainers	70%	Not covered
Restorative fillings	70%	Not covered
<b>Class 3</b>		
Oral Surgery	70%	Not covered
Endodontics	70%	Not covered
Periodontics	70%	Not covered
Restorative crowns	70%	Not covered
Bridges	70%	Not covered
Partial and complete dentures	70%	Not covered
Anesthesia	70%	Not covered
Orthodontia	70% <sup>5</sup>	Not covered
<b>Features</b>		
Provider Network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

<sup>5</sup> 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
- Interim caries arresting medicament application is covered twice per tooth per year. For ages 19 and over, many restorations are not covered within 2 months of an interim caries arresting medicament application.
- 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 2-year period age 16 and over.
- 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 at 100 percent between ages 13 and 19 and once every 5 years at 100 percent, up to a \$150 maximum, for members age 19 and over.
- Periodontal surgical procedures by the same dentist to the same site are covered once in a 3-year period age 19 and over
- 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 for age 19 and over
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (exception for under age 19, only the interpretation of a diagnostic image by a professional not associated with the capture of the image is covered)
- 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)
- Over-the-counter athletic mouth guards and occlusal guards
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- 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)

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