

# 2024 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	
Deductible per family	\$0	
Out-of-pocket maximum per person (ages 0-18)	\$400 for one member/\$800 for two or more members	
Annual maximum (ages 19+)	n/a	
<b>Class 1</b>		
Exams and X-rays	15%	Not Covered
Cleanings	15%	Not Covered
Periodontal maintenance	15%	Not Covered
Sealants	15%	Not Covered
Topical fluoride	15%	Not Covered
<b>Class 2</b>		
Space maintainers	60%	Not Covered
Restorative fillings	60%	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 <sup>1</sup>	70%	Not Covered
<b>Features</b>		
Provider Network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	

<sup>1</sup> Only medically necessary orthodontia is covered.

## Limitations

### Class 1

- Bitewing X-rays once in a 6-month period
- Exam once in a 6-month period
- Fluoride is covered once in a 6-month period
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year
- 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.

### Class 2 and Class 3

- Athletic mouthguards are covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 to 18.
- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- 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
- Occlusal guard (nightguard) covered once per year at 100 percent between ages 13 and 19
- Scaling and root planing once per quadrant in a 2-year period

## Exclusions

- All services for members age 19 and over
- 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)
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (exception for interpretation of a diagnostic image by a professional not associated with the capture of the image)
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary)
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Over-the-counter athletic mouthguards 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)

These benefits and Delta Dental of AK 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. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.