




	Delta Dental PPO 1000 Plan ^{1, 2, 3, 4}		Delta Dental PPO 1500 Plan ^{1, 2, 3, 4}		Delta Dental Premier [®] Plan ^{1, 2, 3, 4}		Special youth-only plan ⁵		Direct Only Non-Certified plan ⁶	
	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	Ages 0-18	Ages 19+
What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate										
Deductible per person	\$50		\$50		\$0		\$0	Not covered	\$50 (for all ages)	
Deductible per family	\$150		\$150		\$0		\$0	Not covered	\$150 (for all ages)	
Annual maximum (age 19+)	\$1,000		\$1,500		\$1,100		N/A	Not covered	\$1,000 (for all ages)	
Out-of-pocket maximum (ages 0-18)	\$400 for 1 member \$800 for 2+ members (in-network only)		\$400 for 1 member \$800 for 2+ members (in-network only)		\$400 for 1 member \$800 for 2+ members		\$400 for 1 member \$800 for 2+ members	Not covered	N/A	
Out-of-network benefits available	✔		✔		✔		✔	Not covered	✔	
Class 1										
Exams & X-rays	0%		0%		15%	20%	15%	Not covered	0%	
Cleanings	0%		0%		15%	20%	15%	Not covered	0%	
Periodontal maintenance	0%		0%		15%	20%	15%	Not covered	0%	
Sealants	0%		0%		15%	20%	15%	Not covered	0%	
Topical fluoride	0%		0%		15%	20%	15%	Not covered	0%	
Class 2										
Space maintainers	50% after deductible	Not covered	50% after deductible	Not covered	60%	Not covered	60%	Not covered	20% after deductible	
Restorative fillings	50% after deductible	20% after deductible	50% after deductible	20% after deductible	60%	35%	60%	Not covered	20% after deductible	
Class 3										
Oral surgery	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	
Endodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	
Periodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	
Restorative crowns	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	
Bridges	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	
Partial and complete dentures	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	
Anesthesia	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	
Orthodontia	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered	
Features										
Provider network	PPO		PPO		Premier		Premier		Premier	

Plan highlights

- Healthy Smiles**
 Healthy Smiles is a special youth-only Delta Dental Premier[®] plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.
- Premier 1000 Plan**
 Delta Dental Premier 1000 is a non-certified dental plan that does not include the ACA Pediatric benefits, members of any age can enroll in this plan. Only available direct at DeltaDentalAK.com/shop.
- Out-of-network available**
 For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.
 

1 Topical fluoride limited to once in a 6-month period for ages under 19 and 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 2024 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 2024 Delta Dental policy. 4 Only medically necessary orthodontia is covered. 5 Pediatric limitations do not apply. Follow Delta Dental standard limitations. 6 For Class 2 services, 6-month exclusion period for all ages if the member does not have one year 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 2024 Delta Dental policy. 7 For Class 3 services, 12-month exclusion period for all ages if the member does not have one year 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 2024 Delta Dental policy. 8 Space maintainers not covered for age 19 and over.

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.





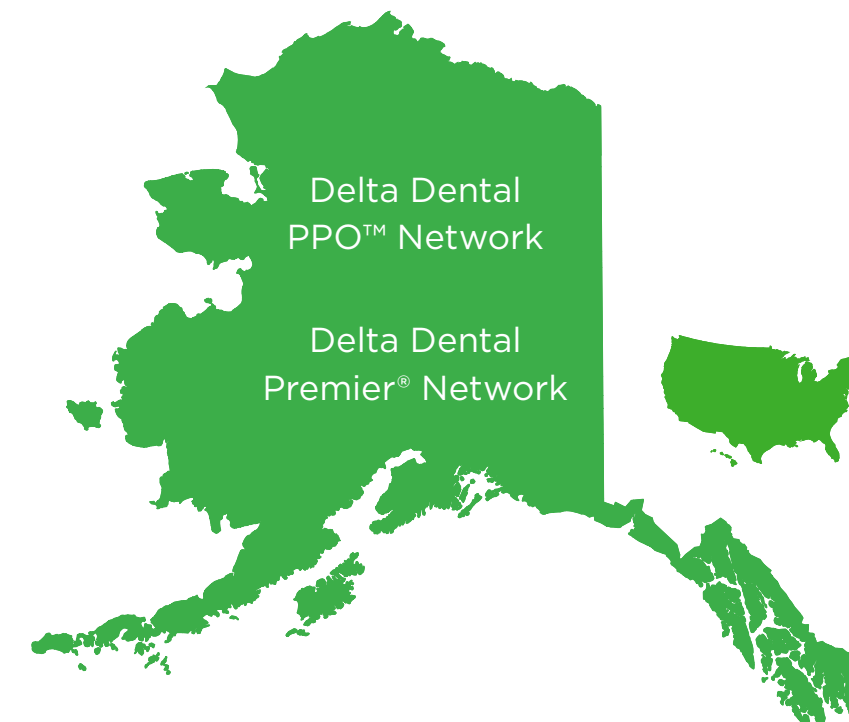
	Delta Dental Premier Preventive Alaska Mandated Plan ^{1, 2, 3}	
	Ages 0-18	Ages 19+
What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate		
Deductible per person	\$25 (for all ages)	
Deductible per family	\$75 (for all ages)	
Annual maximum	\$500 (for all ages)	
Out-of-pocket maximum	N/A	
Out-of-network benefits available	✔	
Class 1		
Exams & 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
Space maintainers	0% after deductible	Not covered
Class 2		
Restorative fillings	90% after deductible	90% after deductible
Oral surgery	90% after deductible	90% after deductible
Endodontics	90% after deductible	90% after deductible
Periodontics	90% after deductible	90% after deductible
Anesthesia	90% after deductible	90% after deductible
Class 3		
Restorative crowns	90% after deductible	90% after deductible
Bridges	90% after deductible	90% after deductible
Partial and complete dentures	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider network	Premier	

Plan highlights

✔ **Out-of-network available**
For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.

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.



The **Delta Dental PPO™** Network offers these dental plans:

Delta Dental PPO 1000 ● Delta Dental PPO 1500

The **Delta Dental Premier®** Network offers these dental plans:

Delta Dental Premier Healthy Smiles ● Delta Dental Premier Plan
Delta Dental Premier 1000 ● Delta Dental Premier Preventive Alaska Mandated Plan

1 Topical fluoride limited to once in a 6-month period for ages under 19 and 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 For Class 2 services, 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 2024 Delta Dental policy. 3 For Class 3 services, 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 2024 Delta Dental policy.

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