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<div><div><div></div></div><div>Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.</div></div>							<div><div><div></div></div><div>Special Youth-Only Plan</div></div>		<div><div><div></div></div><div>Direct Only Non-Certified Plan</div></div>	
	Delta Dental PPO™ 1000 Plan ^{1,2,3}		Delta Dental PPO™ 1500 Plan ^{1,2,3}		Delta Dental Premier® Plan ^{1,2,3}		Delta Dental Premier Healthy Smiles ³		Delta Dental Premier® 1000 Direct Only Non Certified Plan ^{4,5,6}	Delta Dental PPO™ 2000 Direct Only Non Certified Plan ^{4,5,6}
	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)	All ages	All ages
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/family)	\$50 / \$150		\$50 / \$150		\$0		\$0	Not covered	\$50 / \$150 for all ages	\$100 / \$200 for all ages
Annual maximum (ages 19+)	\$1,000		\$1,500		\$1,100		N/A	Not covered	\$1,000 for all ages	\$2,000 for all ages
Out-of-pocket maximum per person (ages 0-18)	\$450 for 1 member/ \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members (in-network only)	Not covered	N/A	N/A
Out-of-network benefits available	✔		✔		✔		✔	Not covered	✔	✔
Class 1										
Exams and X-rays	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Cleanings	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Periodontal maintenance	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Sealants	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Topical fluoride	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Class 2										
Space maintainers	50% after deductible	Not covered	50% after deductible	Not covered	60%	Not covered	60%	Not covered	20% after deductible	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	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	50% after deductible
Endodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Periodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	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	50% after deductible
Bridges	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	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	50% after deductible
Anesthesia	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Implants	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered	Not covered
Orthodontia	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered	Not covered
Features										
Provider network (in-network)	Delta Dental PPO™ Network		Delta Dental PPO™ Network		Delta Dental Premier® Network		Delta Dental Premier® Network		Delta Dental Premier® Network	Delta Dental PPO™ Network
Service area	Anchorage, Mat-su Valley, Fairbanks North Star Borough		Anchorage, Mat-su Valley, Fairbanks North Star Borough		Statewide		Statewide		Statewide	Anchorage, Mat-su Valley, Fairbanks North Star Borough

Plan highlights



Non-Certified Plans
 Delta Dental Premier® 1000 Direct and Delta Dental PPO™ 2000 Direct are non-certified dental plans that do not include the ACA Pediatric benefits. Members of any age can enroll in these plans. Only available directly at DeltaDentalAK.com/shop.



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.




Out-of-network available
 For out-of-network benefits, scan the QR code, then click on Alaska to view Summaries of Benefits (SOBs) with detailed information on each plan.




1 For Class 2 services, 6-month exclusion period applies for ages 19 and over. 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 new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19.
 2 For Class 3 services, 12-month exclusion period applies for ages 19 and over. 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 new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19.
 3 Only medically necessary orthodontia to treat cleft palate is covered.
 4 For Class 2 services, 6-month exclusion period applies 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 new Delta Dental policy.
 5 For Class 3 services, 12-month exclusion period applies 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 new Delta Dental policy.
 6 Pediatric limitations do not apply. Follow Delta Dental standard limitations.

These benefits and Delta Dental Plan 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.



 Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.

Delta Dental Premier Preventive Alaska Mandated Plan ^{1,2}	
All ages	
What you pay for the in-network care you receive each year	
Deductible (per person/family)	\$25 / \$75 for all ages
Annual maximum (ages 19+)	\$500 for all ages
Out-of-pocket maximum per person (ages 0-18)	N/A
Out-of-network benefits available	
Class 1	
Exams and X-rays	0% after deductible
Cleanings	0% after deductible
Periodontal maintenance	0% after deductible
Sealants	0% after deductible
Topical fluoride	0% after deductible
Space maintainers	0% after deductible
Class 2	
Restorative fillings	90% after deductible
Oral surgery	90% after deductible
Endodontics	90% after deductible
Periodontics	90% after deductible
Anesthesia	90% after deductible
Class 3	
Restorative crowns	90% after deductible
Bridges	90% after deductible
Partial and complete dentures	90% after deductible
Implants	90% after deductible
Orthodontia	Not covered
Features	
Provider network (in-network)	Delta Dental Premier® Network
Service area	Statewide

Plan highlights



Out-of-network available

For out-of-network benefits, scan the QR code, then click on Alaska to view Summaries of Benefits (SOBs) with detailed information on each plan.



1 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 new Delta Dental policy.

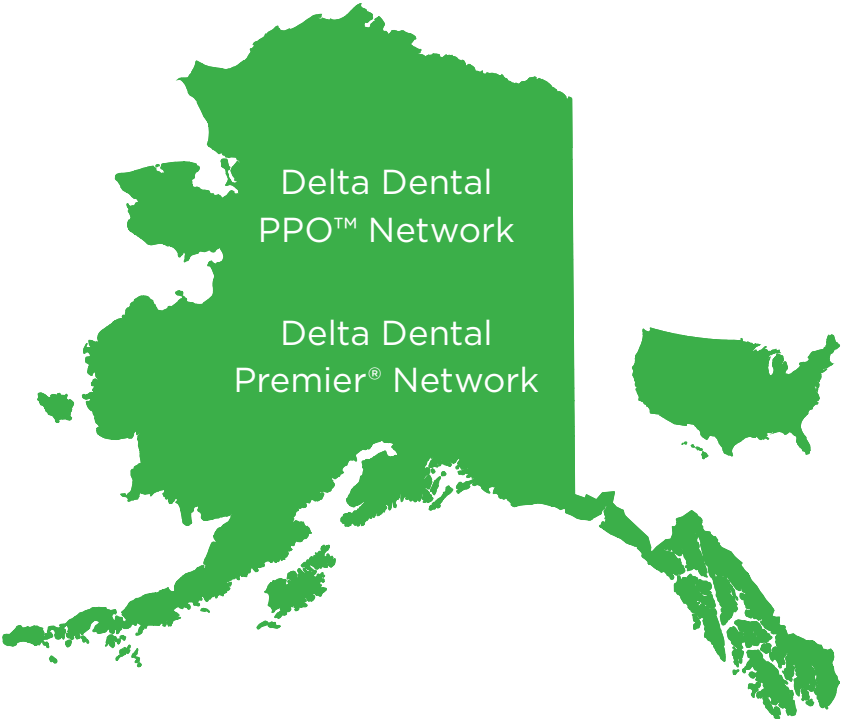
2 For Class 3 services, 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy.

These benefits and Delta Dental Plan 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 networks

that work for you

With 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 ● Delta Dental PPO™ 2000 Direct

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

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

