

2021 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental Premier®	Ages 0 – 18, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$0	
Out-of-pocket maximum per person (ages 0 – 18)	\$350 for one member / \$700 for two or more members	
Annual maximum plan payment limit (ages 19+)	\$1,000	
Class 1		
Exams and X-rays	30%	20%
Cleanings	30%	20%
Periodontal maintenance	30%	20%
Sealants	30%	20%
Topical fluoride	30%	20% ¹
Class 2		
Space maintainers	70%	Not covered
Restorative fillings ²	70%	35%
Class 3		
Oral Surgery ³	70%	50%
Endodontics ³	70%	50%
Periodontics ³	70%	50%
Restorative crowns ³	70%	50%
Bridges ³	70%	50%
Partial and complete dentures ³	70%	50%
Anesthesia ³	70%	50%
Orthodontia ⁴	70%	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

¹ For ages 19 and above, covered once in a 12-month period 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 over. The exclusion period may be waived with documentation of 12 continuous months 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 2021 Delta Dental Policy.
³ 12-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months 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 2021 Delta Dental Policy.
⁴ 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 3 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 (malalignment 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 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.

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Dental plans in Alaska provided by Delta Dental of Alaska.
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