

# 2021 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier® Preventive Alaska Mandated Plan		
Calendar year costs		
Deductible per person/family	\$25 per person/ \$75 per family	
Annual maximum plan payment limit	\$500 (applies to all ages)	
Out-of-pocket maximum	N/A	
Class 1	What employees pay	
	Under age 19	Ages 19+
Exams and 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 <sup>1</sup>
Space maintainers (Not covered for members age 14 and over)	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
Class 3		
Restorative crowns	90% after deductible	90% after deductible
Partial and complete dentures	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Implants	90% after deductible	90% after deductible
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

<sup>1</sup> For ages 19 and over, covered once in a 6-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.

## Limitations

### Class 1

- Bitewing X-rays once in a 12-month period
- Complete series x-rays or a panoramic film is covered once in a 5-year period
- Delta Dental Premier Preventive Alaska Mandated Plan includes preventive services, as well as limited benefits for basic and major services
- Exam once in a 6-month period
- Fluoride once in a 6-month period under age 19
- Interim caries arresting medicament application is covered twice per tooth per year.
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. Additional cleaning benefit is available for members with diabetes, members in their third trimester of pregnancy, and members with periodontal disease. To be eligible, members must be enrolled in the Oral Health, Total Health program.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in 5-year period

### Class 2 and Class 3

- Bridges and dentures once in a 7-year period
- Crowns and other cast restorations once in a 7-year period
- Crown over implant once per lifetime per tooth space
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Scaling and root planing once in a 2-year period
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Athletic mouth guard covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over

## 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
- Cosmetic services
- Duplication and interpretation of diagnostic images or records
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia
- Over-the-counter athletic mouth guards
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth. Excluded services include nightguards (occlusal guard).
- 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 of any disturbance of the temporomandibular joint (TMJ)
- Treatment before coverage begins or after coverage terminates
- Treatment not dentally necessary

*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 health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.*