

2024 | Alaska dental plans

# Individual & family



# Welcome to Delta Dental of Alaska

This is the place you come when you want more than a dental plan — because good health is about so much more than just the plan details.



# Quality coverage for your smile

We also offer dental insurance options to help you and your family achieve better oral health. With Delta Dental of Alaska plans, you'll have access to one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.



Savings from in-network dentists



Cleanings every six months

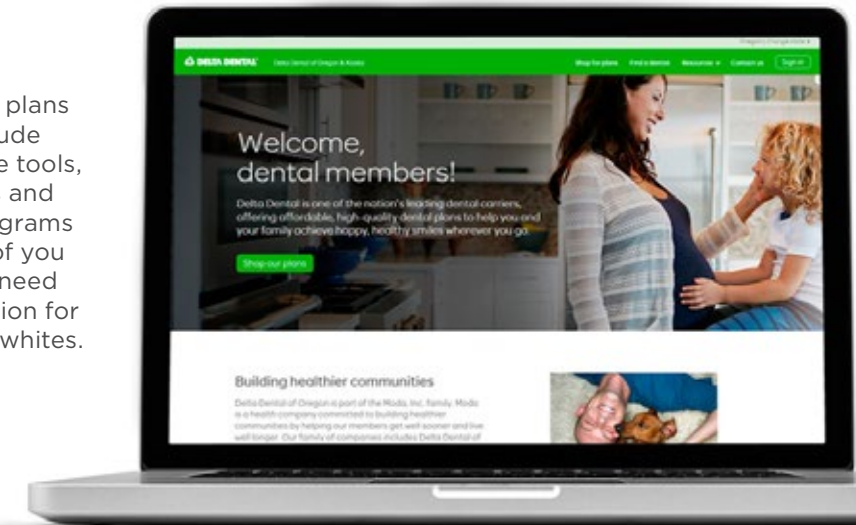


Superior customer service



Freedom to choose a dentist

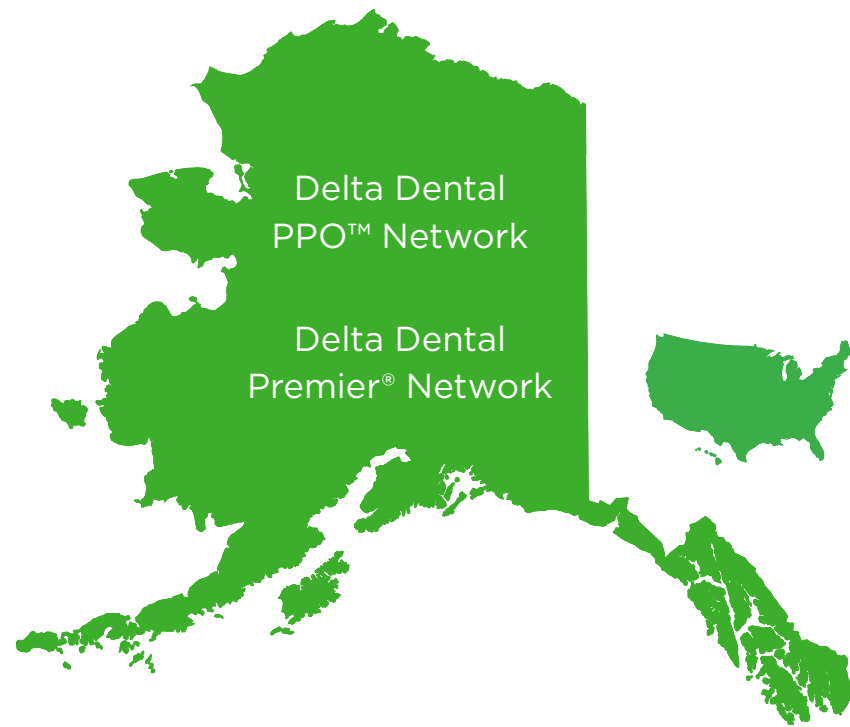
Our dental plans also include useful online tools, resources and special programs for those of you who may need extra attention for your pearly whites.



Ready to choose? Make your selection at [DeltaDentalAK.com/shop](https://DeltaDentalAK.com/shop)

# 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



See if your dentist is in network at [deltadentalAK.com](http://deltadentalAK.com). Then, choose **Find a Provider** and select your dental network.

## Delta Dental **PPO™** Network

bigger savings

- Lowest cost!**
- Large network of dentists**



OR



## Delta Dental **Premier®** Network

more choice


- Slightly higher cost**
- Choose Premier network dentists**




# 2024 Dental plan benefit tables

	Delta Dental PPO 1000 Plan <sup>1, 2, 3, 4</sup>		Delta Dental PPO 1500 Plan <sup>1, 2, 3, 4</sup>		Delta Dental Premier <sup>®</sup> Plan <sup>1, 2, 3, 4</sup>		Special youth-only plan 		Direct Only Non-Certified plan 	
	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Delta Dental Premier <sup>®</sup> Healthy Smiles <sup>4</sup>		Delta Dental Premier <sup>®</sup> 1000 Plan <sup>1, 5, 6, 7, 8</sup>	
							Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	Ages 0-18	Ages 19+
<b>What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate</b>										
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		N/A	
Out-of-network benefits available	✔		✔		✔		✔		✔	
<b>Class 1</b>										
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%	
<b>Class 2</b>										
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	
<b>Class 3</b>										
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	
<b>Features</b>										
Provider network	PPO		PPO		Premier		Premier		Premier	


### Plan highlights




**Healthy Smiles**  
Healthy Smiles is a special youth-only Delta Dental Premier<sup>®</sup> 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](https://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 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. 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 ages 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 brochure 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.


## 2024 Dental plan benefit tables

	Delta Dental Premier Preventive Alaska Mandated Plan <sup>1, 2, 3</sup>	
	Ages 0-18	Ages 19+
<b>What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate</b>		
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	✔	
<b>Class 1</b>		
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
<b>Class 2</b>		
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
<b>Class 3</b>		
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
<b>Features</b>		
Provider network	Premier	

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure 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.

### 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.
 



# Easy enrollment

[DeltaDentalAK.com/shop](https://DeltaDentalAK.com/shop)

Confirm your eligibility, find the plan you like, and enroll!

<sup>1</sup> 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. <sup>2</sup> 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. <sup>3</sup> 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.



# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

## If you need any of the above, call:

888-217-2365 (TDD/TTY 711)

## If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Delta Dental of Oregon and Alaska  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

## Scott White coordinates our nondiscrimination work:

Scott White,  
Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
compliance@modahealth.com

## If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

[DeltaDentalAK.com](http://DeltaDentalAK.com) | [DeltaDentalOR.com](http://DeltaDentalOR.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

અગત્યનું: જો તમે (બાષાંતર કરેલ બાષા અહીં દર્શાવેલ) બોલો છો તો તે બાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

ໄປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'UTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le togotia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)



Individual & family

Small group

Large group

## Questions? *We're here to help.*

Call one of our offices listed below.  
TTY users, please call 711.

### **Anchorage office**

510 L Street, Suite 270  
Anchorage, AK 99501  
855-718-1767  
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

### **Portland office (corporate headquarters)**

601 SW Second Ave.  
Portland, OR 97204-3156  
855-718-1767  
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

**DeltaDentalAK.com**

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