

# 2025 Dental plan benefit table

Delta Dental PPO Plus 1600	Age 0-18, employees pay		Age 19+, employees pay	
	In-network	Out-of-network	In-network	Out-of-network
<b>Calendar year costs</b>				
Deductible per person	\$25	\$50	\$25	\$50
Deductible per family	\$75	\$150	\$75	\$150
Out-of-pocket maximum	\$425 for one member \$850 for two or more members		N/A	N/A
Annual maximum plan payment limit	N/A	N/A	\$1,600	\$1,500
<b>Class 1</b>				
Exams and X-rays	0%	0%	0%	0%
Cleanings	0%	0%	0%	0%
Periodontal maintenance	0%	0%	0%	0%
Sealants	0%	0%	0%	0%
Topical fluoride	0%	0%	0%	0%
Space maintainers	0%	0%	Not Covered	Not Covered
<b>Class 2</b>				
Restorative fillings	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Oral Surgery	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Endodontics	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Periodontics	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Class 3</b>				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Bridges	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia <sup>1</sup>	50% after deductible	50% after deductible	Not Covered	Not Covered
<b>Features</b>				
Provider Network	Delta Dental PPO Network			
Balance bill	Participating Delta Dental PPO and Premier dentists: No Nonparticipating dentists: Yes			

<sup>1</sup> 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 once in a 6-month period under age 19 and once every 12 months if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19 and over
- 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 2 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 mouthguard covered once in any 12-month period for members age 15 and under, and once in any 2-year period for ages 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
- Crown over implant once in a 5-year period when dentally necessary under age 19 and once per lifetime per tooth space age 19 and over
- Implants when dentally necessary and at least 5 years after the last cast restoration
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Occlusal guard (nightguard) covered once per year between ages 13 and 18 at 100 percent and once every 5 years at 100 percent, up to a \$200 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.
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing once per quadrant in a 2-year period

## Exclusions

- Anesthetics, analgesics, nitrous oxide, hypnosis and medications, except for IV sedation or general anesthesia with surgical procedures and Intellectual Developmental & Disabilities benefits
- 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 treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except for Intellectual Developmental & Disabilities benefits
- Orthodontia (exception for medically necessary treatment under age 19 or when an orthodontia rider is included)
- Over-the-counter athletic mouthguards and over-the-counter nightguards (occlusal guards)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment 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 ends
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)

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