



	Delta Dental PPO™ 1000 Plan ^{1,2,3}		Delta Dental PPO™ 1500 Plan ^{1,2,3}		Delta Dental Premier® Plan ^{1,2,3}		Special Youth-Only Plan		Direct Only Non-Certified Plan
	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)	Delta Dental Premier® 1000 Plan ^{4, 5, 6}
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	\$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)	\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members		\$425 for 1 member \$850 for 2+ members	Not covered	N/A
Out-of-network benefits available	✔		✔		✔		✔	Not covered	✔
Class 1									
Exams & X-rays	0%	0%	0%	0%	15%	20%	15%	Not covered	0%
Cleanings	0%	0%	0%	0%	15%	20%	15%	Not covered	0%
Periodontal maintenance	0%	0%	0%	0%	15%	20%	15%	Not covered	0%
Sealants	0%	0%	0%	0%	15%	20%	15%	Not covered	0%
Topical fluoride	0%	0%	0%	0%	15%	20%	15%	Not covered	0%
Class 2									
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
Class 3									
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
Implants	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered
Orthodontia	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered
Features									
Provider network	Delta Dental PPO™ Network		Delta Dental PPO™ Network		Delta Dental Premier® Network		Delta Dental Premier® Network		Delta Dental Premier® Network
Service area	Anchorage, Mat-Su Valley, Fairbanks North Star Borough		Anchorage, Mat-Su Valley, Fairbanks North Star Borough		Statewide		Statewide		Statewide

Plan highlights

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.

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.

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 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 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.






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	\$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	✔
Class 1	
Exams & 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	Delta Dental Premier® Network
Service area	Statewide

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.

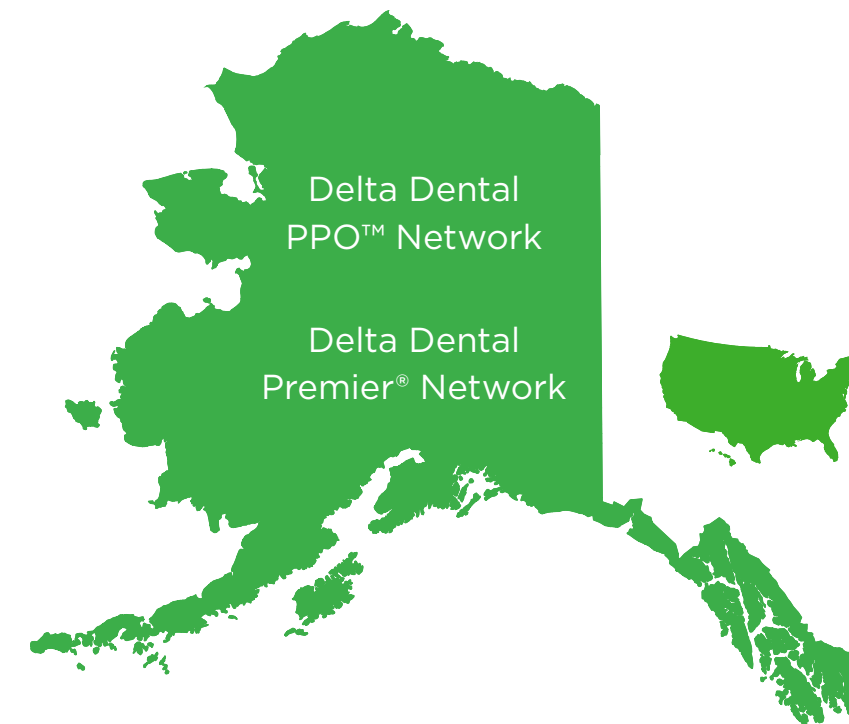


1 For Class 2 services, 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. 2 For Class 3 services, 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.

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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

