

2025 | Alaska dental plans

Individual & family



Required filings that relate to these 2025 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.



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 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

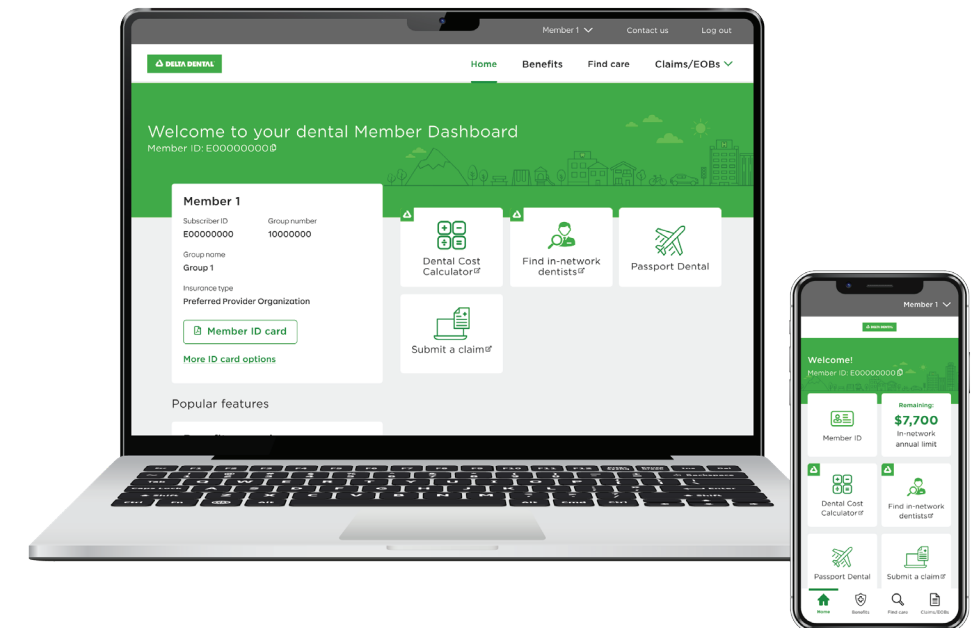


Superior customer service



Freedom to choose a dentist

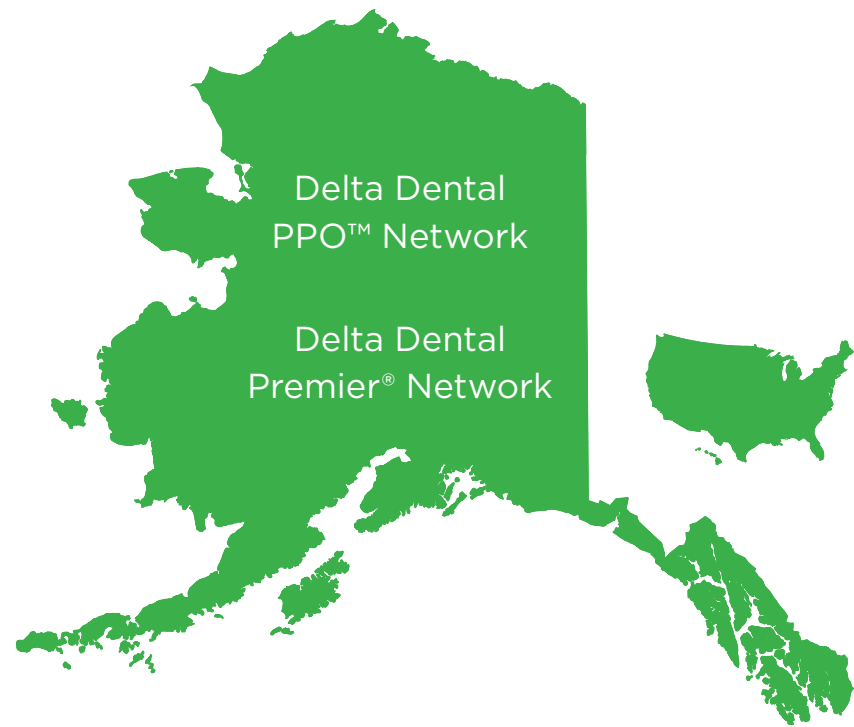
Our dental plans include useful online tools, resources and special programs for those of you who may need extra attention for your pearly whites.



Ready to choose? Make your selection at DeltaDentalAK.com/shop

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



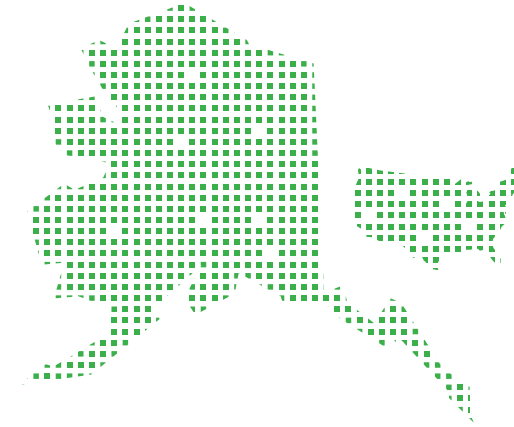
See if your dentist is in network at deltadentalAK.com
Then, choose **Find a Provider** and select your dental network.

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**





2025 Dental plan benefit table


	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)	All ages
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		N/A
Out-of-network benefits available	✔		✔		✔		✔		✔
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.

2025 Dental plan benefit table


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.

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.

Calculate what you pay each month

Our plans offer competitive premiums — the amount you pay each month for coverage. If you want great benefits and value, you're in good hands.

When selecting your dental plan, you want to know:



Who are these premiums for?
These premiums apply to members who live anywhere in Alaska.



What affects my premium?
The plan, your age and the ages of your dependents may affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 have a premium based on their actual age. Having a birthday during a plan year won't affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

2025 plan rates						
(Premiums effective Jan. 1, 2025 through Dec. 31, 2025)						
Age	Delta Dental PPO™ 1000	Delta Dental PPO™ 1500	Delta Dental Premier®	Delta Dental Premier® Healthy Smiles	Delta Dental Premier® 1000	Delta Dental Premier® Preventive Alaska Mandated Plan
0-18	Dental rates TBD					
19-24						
25-29						
30-34						
35-39						
40-44						
45-49						
50-54						
55-59						
60-63						
64+						

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, 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.

DeltaDentalAK.com | 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 (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં 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

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
855-718-1767

DeltaDentalAK.com

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