

2026 Dental plan benefit table

Delta Dental PPO 1500 Plan	Age 0-18, members pay		Age 19+, members pay	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year costs				
Deductible per person	\$50			
Deductible per family	\$150			
Out-of-pocket maximum (ages 0-18)	\$450 for one member/\$900 for two or more members (in-network only)			
Annual maximum (ages 19+)	\$1,500			
Class 1				
Exams and X-rays	0%	50%	0%	50%
Cleanings	0%	50%	0%	50%
Periodontal maintenance	0%	50%	0%	50%
Sealants	0%	50%	0%	50%
Topical fluoride	0%	50%	0%	50%
Class 2 ¹				
Space maintainers	50% after deductible	70% after deductible	Not covered	Not covered
Restorative fillings	50% after deductible	70% after deductible	20% after deductible	50% after deductible
Class 3 ²				
Oral Surgery	70% after deductible	70% after deductible	50% after deductible	50% after deductible
Endodontics	70% after deductible	70% after deductible	50% after deductible	50% after deductible
Periodontics	70% after deductible	70% after deductible	50% after deductible	50% after deductible
Restorative crowns	70% after deductible	70% after deductible	50% after deductible	50% after deductible
Bridges	70% after deductible	70% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	70% after deductible	70% after deductible	50% after deductible	50% after deductible
Implants	70% after deductible	70% after deductible	Not covered	Not covered
Anesthesia	70% after deductible	70% after deductible	50% after deductible	50% after deductible
Orthodontia ³	70% after deductible	70% after deductible	Not covered	Not covered
Features				
Provider Network	Delta Dental PPO Network In-network: Delta Dental PPO dentists Out-of-network: Delta Dental Premier dentists and Non-participating dentists			
Balance bill	Delta Dental PPO dentists: No Delta Dental Premier dentists: No Non-participating dentists: Yes			

¹ 6-month exclusion period applies except for in-network services for under age 19 or if member has 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.

² 12-month exclusion period applies except for in-network services for under age 19 or if member has 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.

³ 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 twice per calendar year
- Fluoride is covered twice per calendar year under age 19 and once every 12 months if there is 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 twice per calendar year. 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 mouthguards are covered once in any 12-month period for members age 15 and under and once in any 2-year period age 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
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions.
- Medically necessary orthodontia covered only for dependent children under age 19
- Occlusal guard (nightguard) covered once per year at 100 percent between ages 13 and 18 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
- 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)
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary for members under age 19)
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except as covered under the Intellectual & Developmental Disabilities benefits.
- Over-the-counter athletic mouthguards and 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 terminates
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ) and cone beam imaging related to TMJ

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 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. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.