

2026 Dental plan benefit table

Delta Dental PPO 2000 Direct Only Non Certified Plan	For all ages, you pay	
	In-network	Out-of-network
Calendar year costs		
Deductible per person	\$100	
Deductible per family	\$200	
Out-of-pocket maximum	N/A	
Annual maximum	\$2,000	
Class 1		
Exams and X-rays	0%	50%
Cleanings	0%	50%
Periodontal maintenance	0%	50%
Sealants	0%	50%
Topical fluoride	0%	50%
Class 2 ¹		
Space maintainers	20% after deductible	50% after deductible
Restorative fillings	20% after deductible	50% after deductible
Class 3 ²		
Oral Surgery	50% after deductible	50% after deductible
Endodontics	50% after deductible	50% after deductible
Periodontics	50% after deductible	50% after deductible
Restorative crowns	50% after deductible	50% after deductible
Bridges	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible
Anesthesia	50% after deductible	50% after deductible
Orthodontia	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	

- 6-month exclusion period 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.
- 12-month exclusion period 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.

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- 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. 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 5-year period.

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 7-year period
- Crowns and other cast restorations once in a 7-year period
- Full mouth debridement once in a 2-year period. If age 19 or over, must not have had a cleaning in the last 2 years.
- IV sedation or general anesthesia only with covered surgical procedures in a dental office and when necessary due to a concurrent medical condition.
- 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
- 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
- Space maintainers once per space, but not covered for anterior primary teeth or missing permanent teeth or for members age 19 and over

Exclusions

- Anesthetics, analgesics, nitrous oxide, hypnosis and most medications except for the Intellectual & Development Disabilities benefits.
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of x-rays or records
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except as covered under the Intellectual & Developmental Disabilities benefits.
- Orthodontia
- Over-the-counter athletic mouthguards and occlusal guards
- 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
- Temporomandibular joint syndrome (TMJ) and cone beam imaging related to TMJ
- 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

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.