

AlaskaCare Retiree Health Plan

2023 Dental Benefit Out of Network Cost Comparison



Why should I consider visiting a network dentist?

Visiting a dental provider who participates in Delta Dental's network is one of the best ways to get the most value out of your dental coverage. Network dentists have agreed to provide you services at a discounted rate and will file all claim forms for you. If you use a premier or PPO network dentist, you will not be billed for any amount between what the dentist bills, and how much the plan will cover (balance billing).

AlaskaCare Dental-Vision-Audio (DVA) plan participants who have elected the **standard** dental plan have access to two dental networks:

1. Premier Network: a broader network that offers discounted rates.
2. PPO Network: a narrower network that offers deeper discounted rates and savings.

AlaskaCare Dental-Vision-Audio (DVA) plan participants who have elected the **legacy** dental plan have access to one dental network:

1. Premier Network: a broader network that offers discounted rates.

My preferred dentist is not in Delta Dental's network – what should I know?

Whether you are enrolled in the AlaskaCare DVA legacy dental plan or standard dental plan, you are free to visit any dental provider you prefer, even if they are not in network. Your AlaskaCare DVA plan will still pay its share of your dental costs, but a non-network provider may choose to bill you directly for any amount between what they charged and what the plan allows. This is called balance billing.

The legacy dental plan and the standard dental plan reimburse out-of-network providers differently.

The **legacy** dental plan pays out-of-network providers more. This means your initial out-of-pocket costs will likely be less, but you may receive coverage for fewer services before you reach your annual benefit maximum.

The **standard** dental plan pays out-of-network providers less. This means your initial out-of-pocket cost will likely be more, but you may receive coverage for more services before you reach your annual benefit maximum.

How does using a PPO, Premier or non-network dentist impact my out-of-pocket costs?

The tables below provide examples of how using different types of providers may impact your out-of-pocket costs.

Please note that while these tables were developed using 2022 AlaskaCare Retiree DVA plan cost data, your actual costs will vary depending on how many DVA coverages you have, what specific services you receive, what your provider bills, and what other services you may have already received in a given benefit year.

You can contact Delta Dental customer service at 855-718-1768 or customersupportAK@DeltaDentalAK.com

Class I Services						Example Service: Cleaning (D1110)		
Network	Dental Plan	Provider Billed	Plan Allowed	Deductible	Coinsurance	Plan Paid	Member May Owe	Remaining Annual Benefit
PPO Network	Standard	\$175.00	\$120.00	\$0.00	100%	\$120.00	\$0.00	\$1,880.00
	Legacy	-	-	-	-	-	-	-
Premier Network	Standard	\$175.00	\$150.00	\$0.00	100%	\$150.00	\$0.00	\$1,850.00
	Legacy	\$175.00	\$150.00	\$0.00	100%	\$150.00	\$0.00	\$1,850.00
Out of Network	Standard	\$175.00	\$156.29	\$0.00	100%	\$159.29	\$18.71*	\$1,843.71
	Legacy	\$175.00	\$161.44	\$0.00	100%	\$161.44	\$13.56*	\$1,836.56

*The amount a member may owe at non-network providers includes balance billing for the amount between what the provider bills and what the Plan allows.

Class II Services						Example Service: Filling (D2392)		
Network	Dental Plan	Provider Billed	Plan Allowed	Deductible	Coinsurance	Plan Paid	Member May Owe	Remaining Annual Benefit
PPO Network	Standard	\$400.00	\$292.00	\$50.00	80%	\$193.60	\$98.40	\$1,806.40
	Legacy	-	-	-	-	-	-	-
Premier Network	Standard	\$400.00	\$365.00	\$50.00	80%	\$252.00	\$113.00	\$1,748.00
	Legacy	\$400.00	\$365.00	\$50.00	80%	\$252.00	\$113.00	\$1,748.00
Out of Network	Standard	\$400.00	\$383.74	\$50.00	80%	\$266.99	\$133.01*	\$1,733.01
	Legacy	\$400.00	\$398.44	\$50.00	80%	\$278.75	\$121.25*	\$1,721.25

*The amount a member may owe at non-network providers includes balance billing for the amount between what the provider bills and what the Plan allows.

Class III Services						Example Service: Crown (D2750)		
Network	Dental Plan	Provider Billed	Plan Allowed	Deductible	Coinsurance	Plan Paid	Member May Owe	Remaining Annual Benefit
PPO Network	Standard	\$1,900.00	\$1,230.00	\$50.00	50%	\$590.00	\$640.00	\$1,410.00
	Legacy	-	-	-	-	-	-	-
Premier Network	Standard	\$1,900.00	\$1,537.00	\$50.00	50%	\$743.50	\$793.50	\$1,256.50
	Legacy	\$1,900.00	\$1,537.00	\$50.00	50%	\$743.50	\$793.50	\$1,256.50
Out of Network	Standard	\$1,900.00	\$1,761.07	\$50.00	50%	\$855.54	\$1044.46*	\$1,144.46
	Legacy	\$1,900.00	\$1,858.63	\$50.00	50%	\$907.32	\$995.68*	\$1,095.68

*The amount a member may owe at non-network providers includes balance billing for the amount between what the provider bills and what the Plan allows.