

# 2025 Delta Dental Benefit Summary



Delta Dental of Oregon & Alaska

## AlaskaCare

### Active Standard Plan

Calendar year costs	
Calendar year maximum, per member	\$1,500
Calendar year deductible, per member	\$25
Calendar year maximum deductible, per family	\$75
Class 1* (Services do not accrue toward annual maximum benefit)	
Periodic Examinations / X-rays	100%
Prophylaxis (cleanings) / Periodontal Maintenance	100%
Sealants	100%
Space Maintainers	100%
Topical Application of Fluoride	100%
Class 2	
Restorative Fillings	80%
Oral Surgery (extractions & certain minor surgical procedures)	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%
Class 3	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%
Orthodontics	
Covered for eligible employees and their covered dependents	50% coinsurance up to a \$1,000 lifetime maximum

\* Deductible waived for preventive services.

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

<http://doa.alaska.gov/drb/alaskaCare/>