## 2025 Delta Dental Benefit Summary

Delta Dental of Oregon & Alaska

## AlaskaCare

**Retiree Standard Plan** 

Calendar year costs	
Calendar year maximum, per member	\$3,000
Calendar year deductible, per member	\$50
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	
Cast Restorations (crowns, onlays, or lab veneers)	50%
Dentures (construction, repair, and reline of partial and complete dentures)	50%
Bridges (construction, repair, and reline of fixed bridges)	50%

\* 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/