2027 Delta Dental Benefit Summary

Delta Dental of Oregon & Alaska

AlaskaCare

Active Preventive / Economy Plan

Annual Maximum Benefits	
Annual maximum, per individual	$500
Annual deductible, per individual	$25
Annual deductible, per family	$75
Class I* (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 II	
Restorative Fillings	10%
Oral Surgery (extractions & certain minor surgical procedures)	10%
Endodontics (treatment of teeth with diseased or damaged nerves)	10%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	10%
Class III	
Crowns and other cast restorations	10%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	10%

* Deductible waived for preventive services.

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

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