

2027 Delta Dental Benefit Summary



Delta Dental of Oregon & Alaska

AlaskaCare Retiree Standard Plan

Annual Maximum Benefits	
Annual maximum, per individual	\$3,000
Annual deductible, per individual	\$50
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	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 III	
Cast Restorations (crowns, onlays, or lab veneers)	50%
Dentures (construction, repair, and relines of partial and complete dentures)	50%
Bridges (construction, repair, and relines of fixed bridges)	50%

* Deductible waived for preventive services.

** Preventive services except for 3D imaging do not apply towards the annual maximum.

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