

# AlaskaCare Retiree DVA Plan: 2020 Dental Benefit Comparison



AlaskaCare retiree Dental-Vision-Audio (DVA) plan members have a choice between the Standard Dental Plan and the Legacy Dental Plan for the 2020 benefit year. You can choose the plan that works best for you and your family.

This comparison provides an overview of the two plans and highlights some, but not all, of the benefit provisions. For complete coverage details, please consult the plan booklets available at [www.AlaskaCare.gov](http://www.AlaskaCare.gov).

## 2020 Retiree DVA Plan Monthly Premiums

Coverage	Standard	Legacy
Retiree Only	\$66	\$73
Retiree and Spouse	\$131	\$145
Retiree and Child(ren)	\$119	\$132
Retiree and Family	\$187	\$207

## Plan Structure, Annual Deductible, Coinsurance, and Maximum Benefit

	Standard (Current)	Legacy (Prior to 2014)
<b>Covered household member options</b>	✓ Retiree only Retiree and spouse Retiree and child(ren) Retiree and family	✓ Retiree only Retiree and spouse Retiree and child(ren) Retiree and family
<b>Plan funding</b>	✓ 100% funded by member-paid premiums.	✓ 100% funded by member-paid premiums.
<b>Annual deductible</b>	✓ \$50 per individual. Applies to class II (restorative) and class III (prosthetic) services.	✓ \$50 per individual. Applies to class II (restorative) and class III (prosthetic) services.
<b>Coinsurance</b>	✓ Class I (preventive): 100% Class II (restorative): 80% Class III (prosthetic): 50%	✓ Class I (preventive): 100% Class II (restorative): 80% Class III (prosthetic): 50%
<b>Annual individual benefit maximum</b>	✓ Plan will pay up to \$2,000 for dental services each benefit year.	✓ Plan will pay up to \$2,000 for dental services each benefit year.

## Network Provisions

	Standard (Current)	Legacy (Prior to 2014)
<b>Access to a broad network of dental providers</b>	✓ Yes	✓ Yes
<b>Access to an additional exclusive network of preferred dental providers who accept reduced fees for the same services.</b>	✓ Yes	✗ No
<b>Recognized charge: In-Network</b>	✓ Lesser of 100% of negotiated fees, billed charges, or covered expense.	✓ Lesser of 100% of negotiated fees, billed charges, or covered expense.
<b>Recognized charge: Out-of-Network</b>	✓ 75% of the 80th percentile; members may be billed for additional charges.	✓ 100% of the 90th percentile; members may be billed for additional charges.

## Dental Necessity Requirement

	Standard (Current)	Legacy (Prior to 2014)
<b>To be eligible for coverage, dental services and supplies must meet these dental necessity requirements and be a covered service or supply under the plan.</b>	✓ The Retiree Standard Dental Plan covers dental services and supplies when performed by a dentist or dental care provider and when determined to be dentally necessary.	✓ The Retiree Legacy Dental Plan does not provide benefits for dental services or supplies that are not necessary for diagnosis or treatment of dental condition as determined by the claims administrator even if prescribed, recommended, or approved by a dental professional.

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## Covered Dental Services: Class I - Preventive

	Standard (Current)	Legacy (Prior to 2014)
<b>Diagnostic</b>		
Oral exam	✓ Covered 2 times per benefit year.	✓ Covered
Complete series x-rays/panoramic	✓ Covered once every five years.	✓ Covered if required for diagnosis; not more than one full mouth or series per year.
Bitewing x-rays	✓ Covered once per benefit year.	✓ Covered
Diagnostic casts & study models	⊘ Not covered	✓ Covered
<b>Preventive</b>		
Cleanings (prophylaxis)	✓ Covered 2 times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	✓ Covered
Periodontal maintenance	✓ Covered as a class I service at 100% and no deductible. 2 times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	✓ Covered as a class II service at 80% and \$50 deductible.
Topical fluoride: 18 years or younger	✓ Covered 2 times per benefit year.	✓ Covered
Topical fluoride: 19 years or older	✓ Covered 2 times per benefit year if recent periodontal surgery or high risk of decay due to chemotherapy or medical disease.	✓ Covered
Sealants: 18 years or younger	✓ Covered once every five years with tooth limitations.	✓ Covered
Sealants: 19 years or older	✓ Covered once every five years with tooth limitations.	⊘ Not Covered
Space maintainers	✓ Covered for 14 years and younger, once per tooth space with tooth limitations.	✓ Covered as a class II service at 80% and \$50 deductible.

## Covered Dental Services: Class II - Restorative

	Standard (Current)	Legacy (Prior to 2014)
<b>Restorative</b>		
Fillings	✓ Covered	✓ Covered
Inlays	✓ Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and \$50 deductible.	✓ Covered as a class III service at 50% and \$50 deductible.
Crown buildups	✓ Covered as a class II service at 80% and \$50 deductible if necessary for tooth retention.	✓ Covered as a class III service at 50% and \$50 deductible.
<b>Oral Surgery</b>		
Extractions (including surgical)	✓ Covered	✓ Covered
Alveoplasty (procedure to smoothen or re-shape jaw bone)	✓ Covered when performed as part of other covered service. Not covered as a separate charge.	✓ Covered
Brush Biopsy	✓ Covered 2 times per benefit year.	✓ Covered
<b>Endodontic</b>		
Root canal & treatment	✓ Covered; retreatment not covered for same tooth by same dentist within 24 months. Initial service should include retreatment within this timeframe if necessary.	✓ Covered
Pulpal therapy (pulp capping)	✓ Covered when pulp is exposed.	✓ Covered

## Covered Dental Services: Class II - Restorative Continued

	Standard (Current)	Legacy (Prior to 2014)
<b>Periodontic</b>		
Gum disease and supporting tissue treatment	✓ Covered	✓ Covered
Periodontal maintenance	✓ Covered as a class I service, 100% and no deductible. Two per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	✓ Covered as a class II service at 80% and \$50 deductible.
Periodontal scaling & root planing	✓ Once per quadrant in any 2 year period.	✓ Covered
Periodontal splinting	⊘ Not covered	✓ Covered
Full mouth debridement	✓ Covered once in a 3-year period if no cleaning (prophylaxis) occurred within preceding 24 months.	✓ Covered
<b>Anesthesia</b>		
Nitrous Oxide	✓ Covered	✓ Covered
General anesthesia/ IV sedation	✓ Covered for surgical procedures only or if needed due to a medical condition.	✓ Covered
<b>Other</b>		
Palliative care	✓ Covered	✓ Covered
Apicoectomy (surgical removal of root tip)	✓ Covered	✓ Covered
Denture repair	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered
Denture reline	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered
Denture adjustments	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered
Tissue conditioning	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered

## Covered Dental Services: Class III - Prosthetic

	Standard (Current)	Legacy (Prior to 2014)
<b>Restorative</b>		
Crowns (cast restoration)	✓ Covered once in 7 year period on any tooth.	✓ Covered
Onlays (cast restoration)	✓ Covered once in 7 year period on any tooth.	✓ Covered
Lab veneers (cast restoration)	✓ Covered once in 7 year period on any tooth.	✓ Covered
Inlays	✓ Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and \$50 deductible.	✓ Covered as a class III service at 50% and \$50 deductible.
Crown buildups	✓ Covered as a class II service at 80% and \$50 deductible if necessary for tooth retention.	✓ Covered as a class III service at 50% and \$50 deductible.
Porcelain restorations	✓ Covered for visible teeth. Coverage limited to cost of metallic prosthetic if placed on upper second or third molars or lower first, second, or third molars.	✓ Not covered if tooth can be restored with amalgam (metallic) filling. Coverage limited to appropriate charges for amalgam or similar material.
<b>Prosthetic</b>		
Bridges	✓ Covered once in 7 year period if tooth, tooth site, or teeth have not received a cast restoration benefit in last 7 years.	✓ Covered

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## Covered Dental Services: Class III - Prosthetic Continued

	Standard (Current)	Legacy (Prior to 2014)
<b>Prosthodontic</b>		
Dentures full & partial	✓ Covered once in 7 year period if tooth, tooth site, or teeth have not received a cast restoration benefit in last 7 years.	✓ Covered once every 5 years if previous dentures cannot be made serviceable or if previous denture was temporary and installed within previous 12 months.
Dentures temporary	✓ Partial denture covered if placed within 2 months of anterior tooth extraction. Additional limitations may apply.	✓ Covered
Denture adjustment	✓ Covered twice in 12-month period, unless received within first 6 months of initial placement (this is included in the initial placement charge).	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Denture repairs	✓ Covered unless received within first 6 months of initial placement (this is included in the initial placement charge).	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Denture reline	✓ Covered once in 12-month period, unless received within first 6 months of initial placement (this is included in the initial placement charge).	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Tissue conditioning	✓ Covered twice per denture in a 36-month period.	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Implants	✓ Covered. Limited to once per lifetime per tooth space. Some implant charges may be eligible for coverage under medical plan. Associated cast restoration over implant and other implant related procedures are covered as a Class III prosthetic service.	✗ No coverage for implants under dental plan. Some implant charges may be eligible for coverage under medical plan. Associated cast restoration over implant and other implant related procedures are covered as a Class III prosthetic service.
<b>Other</b>		
Athletic mouthguards	✓ Covered once per year if 15 or younger; covered once every 2 years if 16 or older.	✗ Not covered

## Other Services and Benefits

	Standard (Current)	Legacy (Prior to 2014)
Orthodontics	✗ Orthodontics services are not covered in the AlaskaCare Dental Plan.	✗ Orthodontics services are not covered in the AlaskaCare Dental Plan.
Vision Benefits	✓ No changes to plan benefits.	✓ No changes to plan benefits.
Audio Benefits	✓ No changes to plan benefits.	✓ No changes to plan benefits.

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### For questions about how specific services may be covered under each plan, please contact Delta Dental.

For more information about the DVA Plan, contact:

**Dental:** Moda/Delta Dental of Alaska  
Toll Free (855) 718-1768

**Vision and Audio:** Aetna Concierge  
Toll Free (855) 784-8646

[www.AlaskaCare.gov/DVA](http://www.AlaskaCare.gov/DVA)

### Contact the Member Services Contact Center:

Juneau: (907) 465-4460  
Outside Juneau: (800) 821-2251  
Email: [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)  
PO Box 110203 Juneau, AK 99811-0203

Monday - Thursday: 8:30 a.m. to 4 p.m. (Alaska Time)  
Friday: 8:30 a.m. to 3 p.m. (Alaska Time)