

Family dental plan

FOR INDIVIDUALS AND FAMILIES

Dental coverage to keep you and your family smiling.

The Premera Blue Cross Blue Shield of Alaska Family dental plan is for residents in 20 boroughs across Alaska: Anchorage, Bethel, Chugach, Denali, Dillingham, Fairbanks North Star, Haines, Juneau, Kenai Peninsula, Ketchikan Gateway, Kodiak Island, Kusilvak, Matanuska-Susitna, Northwest Arctic, Petersburg, Prince of Wales-Hyder, Sitka, Skagway, Wrangell, and Yakutat.

Open enrollment runs from November 1 through January 15.



Explore the benefits

Our dental plans include access to a broad network of dentists who work with Premera to help manage costs, quality, and service. Use the Find a Doctor tool to locate a dentist near you at premera.com/visitor/find-a-doctor.

You have coverage for the most common dental needs, including oral exams, cleanings, x-rays, and fillings.

There is no waiting period for any service. You can start using your plan benefits right away.

Having both Premera medical and dental plans ensures a streamlined experience when managing all your healthcare needs.



Know what you'll pay for care

Family dental plans are charged separately from medical plans.

You will pay a **\$40.00 monthly rate per child** for the first three children covered. If you have more than three children covered under the plan, you won't pay a monthly rate for any of the additional children.

For adults 19 and older, you will pay a **\$36.00 monthly rate**.

After the annual deductible is met, you will be responsible for paying a part of the cost of services included in the plan until you reach the out-of-pocket maximum—this is called coinsurance. You will have a separate deductible to meet for each child covered under the plan before coinsurance begins. There is no deductible for adults on this plan.

Once you reach the out-of-pocket maximum, the plan will pay for 100% of covered services for the rest of the year.

You'll pay less when you visit a provider within the Premera Dental Select network. If you receive care from an out-of-network provider, there is no limit to your out-of-pocket costs.

The following costs are for January 1 through December 31, 2026:

Annual deductible (the amount you pay before the plan starts to pay)	\$65 per calendar year, per child
Out-of-pocket maximum for in-network coverage (the most you will pay for covered services if you use a contracted provider); aged 18 or younger	\$450 per calendar year, per child \$900 per calendar year, per family



Understand the covered services

Premera dental plans split coverage into three tiers: diagnostic and preventive; basic; and major.

Need help understanding health plan terms? Visit premera.com/visitor/how-health-plans-work to understand your healthcare better.

The following list are some of the covered services that are covered under this policy. Please refer to the benefit booklet for a full list of covered services.

Pediatric benefits (birth to 18 years)

PCY = per calendar year

Covered services	Coinsurance	
	In network	Out of network*
DIAGNOSTIC/PREVENTIVE		
Routine oral exams, unlimited	Covered in full	30%
Cleanings, once every 6 months		
Fluoride treatments, twice every 12 months		
Oral hygiene instruction, unlimited		
Routine x-rays		
Sealants, permanent bicuspid and molars only		
Fixed space maintainers, designed to preserve space for permanent teeth, unlimited		
BASIC		
Emergency palliative treatment	20%	40%
Periodic, comprehensive, and problem-focused oral evaluation, once every 6 months		
Fillings, once every 24 months		
Re-cement or re-bond permanent crowns, limited to ages 12 to 19		
Full-mouth debridement, limited to once every 3 years		
Periodontal maintenance, 4 PCY		
Simple extractions		
MAJOR		
Endodontic (root canal) treatment, for permanent teeth only	50%	50%
Periodontal services		
Oral surgery, including surgical extractions		
General anesthesia or intravenous (conscious) sedation, covered when necessary due to age, condition, or degree of difficulty		
Indirect crowns on permanent anterior teeth, once every 5 years for children ages 12 to 19		
Resin-base partial denture, once every 3 years		
Complete dentures, once per lifetime		
Occlusal guard, covered for bruxism		
Orthodontics** for medically necessary conditions such as cleft lip and palate and craniofacial anomalies		

*If you visit an out-of-network provider, you'll pay the out-of-network coinsurance. You'll also be responsible for paying amounts charged above the allowable charge.

**You must get approval from your health plan before your child receives orthodontic care.

Adult benefits (age 19+)

\$1,100 annual benefit maximum PCY (for adults only)

PCY = per calendar year

Covered services	Coinsurance	
	In network	Out of network*
DIAGNOSTIC/PREVENTIVE		
Routine oral exams, 2 PCY		
Limited oral exams, problem-focused (emergency)		
Cleanings, 2 PCY		
Periodontal maintenance, 4 visits PCY	20%	40%
Fluoride treatments, once PCY		
Complete series or panoramic x-ray, once every 5 calendar years		
Sealants, once every 2 calendar years		
BASIC		
Emergency palliative treatment		
Fillings, limited to once every 2 calendar years	40%	60%
Periodontal scaling and root planing, once per quadrant every 3 calendar years		
MAJOR	Not covered	

*If you visit an out-of-network provider, you'll pay the out-of-network coinsurance. You'll also be responsible for paying amounts charged above the allowable charge.



Get started now at premera.com

Call Premera at **844-961-9847**.

Premiera producers, also known as licensed agents or brokers, can help you select a health plan. The Premiera Blue Cross Blue Shield of Alaska family dental plan is available through healthcare.gov.

This is only an overview of the major benefits provided by our plans. Visit premera.com/visitor/summary-benefits-coverage for a Summary of Benefits and a medical glossary.

Find out about our privacy policies at premera.com/visitor/privacy-practices or your member rights at premera.com/visitor/quick-help/policies-practices.

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