Dental Insurance Shop

Dental Insurance Quotes

Apply Online or Call (855) 871-2242

	Delta For Everyone Gold Plan (PPO)		
	DELTA DENTAL		
Individual:	**$32.83**/mo		
Individual +1:	$59.26/mo		
Family:	$85.71/mo		
	ENROLL NOW		
Deductible:	$50 Annual		
Max. Annual Benefit:	$1,000.00		
Cleaning:	**Plan Pays** **Year 1** **Year 2** **Year 3** 60% 80% 100% **Waiting Period: 0 Months**		
X-ray:	**Plan Pays** **Year 1** **Year 2** **Year 3** 60% 80% 100% **Waiting Period: 0 Months**		
Filling:	**Plan Pays** **Year 1** **Year 2** **Year 3** 50% 65% 80% **Waiting Period: 6 Months**		
Root Canal:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 30% 50% **Waiting Period: 12 Months**		
Crown:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 30% 50% **Waiting Period: 12 Months**		
Oral Surgery:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 30% 50% **Waiting Period: 12 Months**		
Extractions:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 30% 50% **Waiting Period: 12 Months**		
Dentures | Bridges:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 30% 50% **Waiting Period: 12 Months**		
Implants:	No		
Orthodontia:	No		
Vision Benefit:	No		

Plan Highlights:			
Application Fee:	35.00		
Effective Date:	12/01/2026		
Dentist Search:	Dentist Search		
Plan Brochure:	View Plan Brochure		
	ENROLL NOW		