Dental Insurance Shop

Dental Insurance Quotes

Apply Online or Call (855) 871-2242

	Delta For Everyone Platinum PPO (PPO)
	DELTA DENTAL
Individual:	**$41.19**/mo
Individual +1:	$75.55/mo
Family:	$109.92/mo
	ENROLL NOW
Deductible:	$50 Annual
Max. Annual Benefit:	$1,500.00
Cleaning:	**Plan Pays** **Year 1** **Year 2** **Year 3** 80% 90% 100% **Waiting Period: 0 Months**
X-ray:	**Plan Pays** **Year 1** **Year 2** **Year 3** 80% 90% 100% **Waiting Period: 0 Months**
Filling:	**Plan Pays** **Year 1** **Year 2** **Year 3** 60% 70% 80% **Waiting Period: 6 Months**
Root Canal:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 40% 50% **Waiting Period: 12 Months**
Crown:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 40% 50% **Waiting Period: 12 Months**
Oral Surgery:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 40% 50% **Waiting Period: 12 Months**
Extractions:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 40% 50% **Waiting Period: 12 Months**
Dentures | Bridges:	**Plan Pays** **Year 1** **Year 2** **Year 3** 0% 40% 50% **Waiting Period: 12 Months**
Implants:	No
Orthodontia:	Yes - See Brochure for Details

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		