


	 <p>Denali Ridge (PPO)</p>										
Individual:	\$43.70 /mo										
Individual +1:	\$79.57/mo										
Family:	\$129.13/mo										
	ENROLL NOW										
Deductible:	\$100 lifetime										
Max. Annual Benefit:	750/1500/2000/2500										
Cleaning:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%	100%		
Plan Pays	Year 1	Year 2	Year 3								
100%	100%	100%	100%								
X-ray:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>50%</td><td>60%</td><td>70%</td><td></td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	50%	60%	70%			
Plan Pays	Year 1	Year 2	Year 3								
50%	60%	70%									
Filling:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>25%</td><td>40%</td><td></td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	10%	25%	40%			
Plan Pays	Year 1	Year 2	Year 3								
10%	25%	40%									
Root Canal:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>25%</td><td>40%</td><td></td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	10%	25%	40%			
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10%	25%	40%									
Crown:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>25%</td><td>40%</td><td></td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	10%	25%	40%			
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10%	25%	40%									
Oral Surgery:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>25%</td><td>40%</td><td></td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	10%	25%	40%			
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Extractions:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>25%</td><td>40%</td><td></td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	10%	25%	40%			
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Dentures Bridges:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>25%</td><td>40%</td><td></td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	10%	25%	40%			
Plan Pays	Year 1	Year 2	Year 3								
10%	25%	40%									
Implants:	Yes										
Orthodontia:	No										
Vision Benefit:	Available - See Brochure for Details										

Plan Highlights:	Policy Year Maximum: 1st year-\$750, 2nd year-\$1,500, 3rd year-\$2,000, 4th year-\$2,500		
Application Fee:	25.00		
Effective Date:	08/30/2025		
Dentist Search:	 Dentist Search		
Plan Brochure:	 View Plan Brochure		
	ENROLL NOW		