Dental Insurance Shop

Dental Insurance Quotes

Apply Online or Call (855) 871-2242

	Delta For Everyone Gold Plan (PPO)
	DELTA DENTAL
Individual:	$47.25/mo
Individual +1:	**$87.38**/mo
Family:	$127.52/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		