Dental Insurance Shop

# Dental Insurance Quotes

Apply Online or Call (855) 871-2242

| | Delta For Everyone Platinum PPO (PPO) |
|---|---|
| | DELTA DENTAL |
| **Individual:** | $59.93/mo |
| **Individual +1:** | **$112.11**/mo |
| **Family:** | $164.28/mo |
| | ENROLL NOW |
| **Deductible:** | $50 Annual |
| **Max. Annual Benefit:** | $1,500.00 |
| **Cleaning:** | **Plan Pays Year 1 Year 2 Year 3**<br>80% 90% 100%<br>**Waiting Period: 0 Months** |
| **X-ray:** | **Plan Pays Year 1 Year 2 Year 3**<br>80% 90% 100%<br>**Waiting Period: 0 Months** |
| **Filling:** | **Plan Pays Year 1 Year 2 Year 3**<br>60% 70% 80%<br>**Waiting Period: 6 Months** |
| **Root Canal:** | **Plan Pays Year 1 Year 2 Year 3**<br>0% 40% 50%<br>**Waiting Period: 12 Months** |
| **Crown:** | **Plan Pays Year 1 Year 2 Year 3**<br>0% 40% 50%<br>**Waiting Period: 12 Months** |
| **Oral Surgery:** | **Plan Pays Year 1 Year 2 Year 3**<br>0% 40% 50%<br>**Waiting Period: 12 Months** |
| **Extractions:** | **Plan Pays Year 1 Year 2 Year 3**<br>0% 40% 50%<br>**Waiting Period: 12 Months** |
| **Dentures \| Bridges:** | **Plan Pays Year 1 Year 2 Year 3**<br>0% 40% 50%<br>**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 | | |