

Dental Insurance Quotes Apply Online or Call (855) 871-2242

	△ DELTA DENTAL
	Delta For Everyone Gold Plan (PPO)
Individual:	\$30.07/mo
Individual +1:	\$53.89/mo
Family:	\$77.71/mo
	ENROLL NOW
Deductible:	\$50 Annual
Max. Annual Benefit:	\$1,000.00
<i>a.</i> .	Plan Pays Year 1 Year 2 Year 3
Cleaning:	60% 80% 100% Waiting Period: 0 Months
X-ray:	Plan Pays Year 1 Year 2 Year 3
	60% 80% 100% Waiting Period: 0 Months
	Plan Pays Year 1 Year 2 Year 3
Filling:	50% 65% 80%
	Waiting Period: 6 Months
Root Canal:	Plan Pays Year 1 Year 2 Year 3 0% 30% 50%
	Waiting Period: 12 Months
	Plan Pays Year 1 Year 2 Year 3
Crown:	0% 30% 50% Waiting Period: 12 Months
Oral Surgery:	Plan Pays Year 1 Year 2 Year 3
	0% 30% 50% Waiting Period: 12 Months
	Plan Pays Year 1 Year 2 Year 3
Extractions:	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:	05/01/2024	
Dentist Search:	Dentist Search	
Plan Brochure:	View Plan Brochure	
	ENROLL NOW	