

	 <p><b>Denali Summit (PPO)</b></p>										
Individual:	<b>\$67.08</b> /mo										
Individual +1:	\$125.46/mo										
Family:	\$212.43/mo										
	<a href="#">ENROLL NOW</a>										
Deductible:	\$100 Lifetime										
Max. Annual Benefit:	1200/2000/3500/6000										
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>75%</td><td>90%</td><td>90%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	50%	75%	90%	90%		
Plan Pays	Year 1	Year 2	Year 3								
50%	75%	90%	90%								
Filling:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>30%</td><td>40%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	30%	40%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
30%	40%	50%	50%								
Root Canal:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>30%</td><td>40%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	30%	40%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
30%	40%	50%	50%								
Crown:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>30%</td><td>40%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	30%	40%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
30%	40%	50%	50%								
Oral Surgery:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>30%</td><td>40%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	30%	40%	50%	50%		
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30%	40%	50%	50%								
Extractions:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>30%</td><td>40%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	30%	40%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
30%	40%	50%	50%								
Dentures   Bridges:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>30%</td><td>40%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	30%	40%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
30%	40%	50%	50%								
Implants:	Yes										
Orthodontia:	<a href="#">Yes - See Brochure for Details</a>										
Vision Benefit:	<a href="#">Available - See Brochure for Details</a>										

Plan Highlights:

Policy Year Maximum: 1st year-\$1,200, 2nd year-\$2,000, 3rd year-\$3,500, 4th year-\$6,000

Application Fee:

25.00

Effective Date:

05/01/2024

Dentist Search:

 [Dentist Search](#)

Plan Brochure:

 [View Plan Brochure](#)

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