

			
	<b>Delta For Everyone Gold Plan (PPO)</b>		
<b>Individual:</b>	<span style="font-size: 24pt; color: orange;">\$32.83</span> /mo		
<b>Individual +1:</b>	\$59.26/mo		
<b>Family:</b>	\$85.71/mo		
			
<b>Deductible:</b>	\$50 Annual		
<b>Max. Annual Benefit:</b>	\$1,000.00		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Cleaning:</b>	60%	80%	100%
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>X-ray:</b>	60%	80%	100%
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Filling:</b>	50%	65%	80%
	<b>Waiting Period: 6 Months</b>		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Root Canal:</b>	0%	30%	50%
	<b>Waiting Period: 12 Months</b>		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Crown:</b>	0%	30%	50%
	<b>Waiting Period: 12 Months</b>		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Oral Surgery:</b>	0%	30%	50%
	<b>Waiting Period: 12 Months</b>		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Extractions:</b>	0%	30%	50%
	<b>Waiting Period: 12 Months</b>		
	<b>Plan Pays</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Dentures   Bridges:</b>	0%	30%	50%
	<b>Waiting Period: 12 Months</b>		
<b>Implants:</b>	No		
<b>Orthodontia:</b>	No		
<b>Vision Benefit:</b>	No		

**Plan Highlights:**

**Application Fee:**

35.00

**Effective Date:**

06/01/2025

**Dentist Search:**

 [Dentist Search](#)

**Plan Brochure:**

 [View Plan Brochure](#)

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