

			
	Delta For Everyone Gold Plan (PPO)		
Individual:	\$30.07 /mo		
Individual +1:	\$53.89/mo		
Family:	\$77.71/mo		
			
Deductible:	\$50 Annual		
Max. Annual Benefit:	\$1,000.00		
	Plan Pays	Year 1	Year 2
Cleaning:	60%	80%	100%
	Waiting Period: 0 Months		
	Plan Pays	Year 1	Year 2
X-ray:	60%	80%	100%
	Waiting Period: 0 Months		
	Plan Pays	Year 1	Year 2
Filling:	50%	65%	80%
	Waiting Period: 6 Months		
	Plan Pays	Year 1	Year 2
Root Canal:	0%	30%	50%
	Waiting Period: 12 Months		
	Plan Pays	Year 1	Year 2
Crown:	0%	30%	50%
	Waiting Period: 12 Months		
	Plan Pays	Year 1	Year 2
Oral Surgery:	0%	30%	50%
	Waiting Period: 12 Months		
	Plan Pays	Year 1	Year 2
Extractions:	0%	30%	50%
	Waiting Period: 12 Months		
	Plan Pays	Year 1	Year 2
Dentures Bridges:	0%	30%	50%
	Waiting Period: 12 Months		
Implants:	No		
Orthodontia:	No		
Vision Benefit:	No		

Plan Highlights:

Application Fee:

35.00

Effective Date:

05/01/2025

Dentist Search:

 [Dentist Search](#)

Plan Brochure:

 [View Plan Brochure](#)

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