





Compare Plans

Plan Dental for Everyone Immediate Coverage Plan

Delta Dental PPO/Premier

Dental for Everyone Platinum Plan

Delta Dental PPO

Monthly Rate	Participant: PlusOne: Family:	\$65.82 \$123.61 \$181.41	Participant: PlusOne: Family:	\$41.19 \$75.55 \$109.92
Waiting / Costs	Cleaning: Filling: Crown: Ortho:	None / 80%-100% None / 60%-80% None / 10%-50% 12 months / 0%-50%	Cleaning: Filling: Crown: Ortho:	None / 80%-100% 6 months / 60%-80% 12 months / 0%-50% 12 months / 0%-50%
Deductible	\$150 lifetime deductible for Ortho		\$50 per person per calendar year. Separate \$100 lifetime for Orthodontic Procedures.	
Office Co-pay	\$25 Copay Per Person Per Visit		N/A	
Plan Maximum	\$3,000 Per Person Per Calendar Year/\$1,500 Lifetime Ortho Max		\$1500 per person per calendar year	











Dental for Everyone Immediate Coverage Plan Delta Dental PPO/Premier

Plan Details

Participant \$65.82/mo Plus One \$123.61/mo \$181.41 /mo

Benefits

Description		Plan Pays Year 1	Plan Pays Year 2	Plan Pays Year 3
Diagnostic and Preventative Procedures	Diagnostic: Routine periodic examinations twice in a calendar year. Preventative: Dental prophylaxis (teeth cleaning) twice in a calendar year. Radiography: Bitewing and full mouth x-rays.	80%	90%	100%
Basic Procedures	Restorative: Amalgam fillings. Other: Space maintainers, recementation of crowns.	60%	70%	80%
Major Procedures	Endodontics: Pulpal therapy and root canals. Periodontics: Treatment of diseases of the gums. Oral Surgery: Extractions and other oral surgery, including pre and post operative care. Prosthetics: Gold restorations, crowns, bridges, partials and complete dentures. Other: Pontics, repair of crowns and bridges, repair of full and partial dentures.	10%	40%	50%
Orthodontia Procedures (12 month waiting period)	(\$1,500 Lifetime Max, Limited to \$300 per Calendar Year) Orthodontic benefits are only available for eligible dependent children.	0%	50%	50%
Disclaimer	PPO rates are based on the use of the PPO or Premier network. Payment to PPO Dentist is based on the Delta Dental PPO fee schedule. Payment to the Premier Dentist is based on Delta's Premier Maximum Contract Allowance. PPO and Premier Dentist will file the claim with Delta Dental. Non Delta Dentist may balance bill up to their fees.			
Deductible	\$150 lifetime deductible for Ortho			
Office Co-Pay	\$25 Copay Per Person Per Visit			

Dental for Everyone Platinum Plan Delta Dental PPO

Plan Details

Participant \$41.19/mo

Plus One \$75.55/mo

Family \$109.92/mo

Benefits

ys Plan Pays Year 2	PI	Plan Pays Year 3
90%	1	100%
70%		80%
40%		50%
40%		50%



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