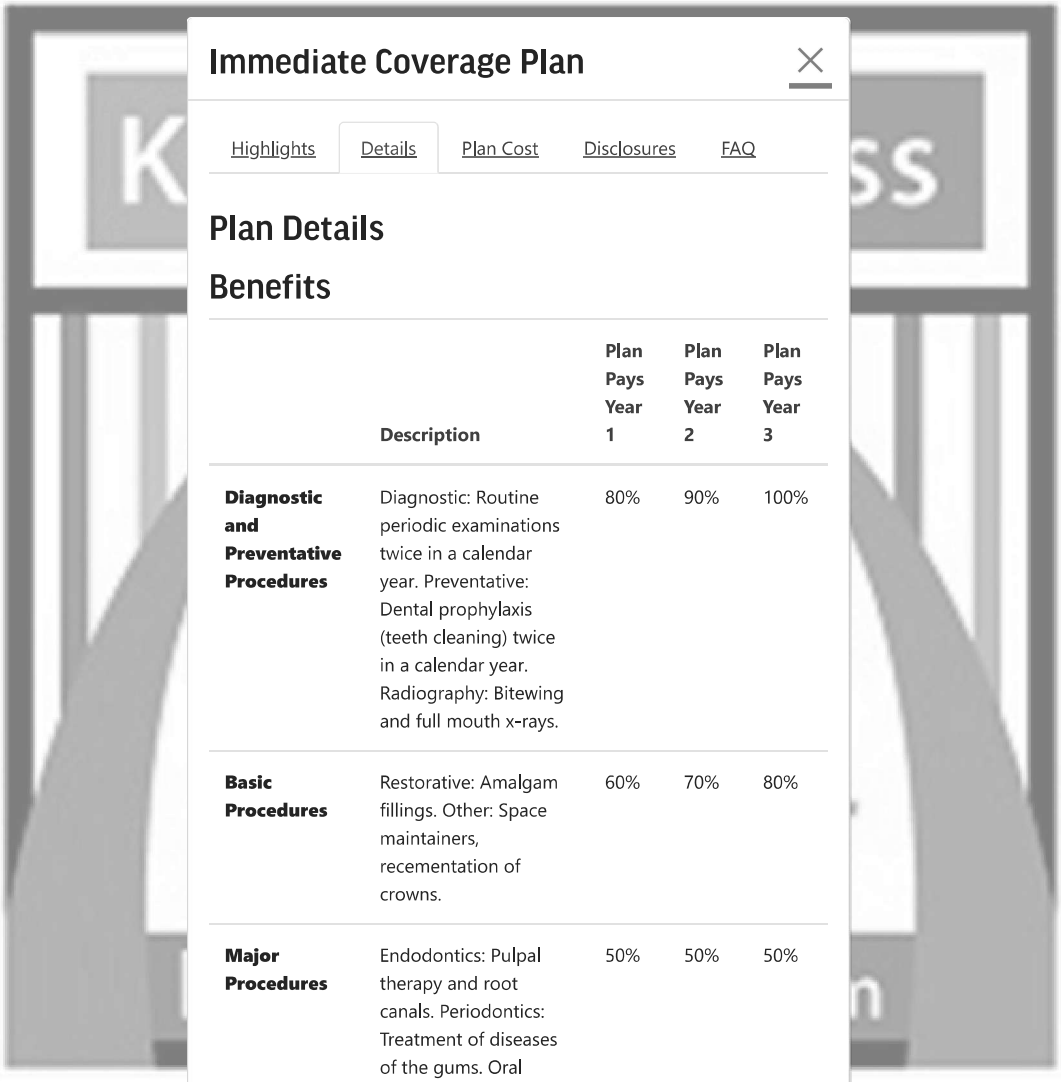

Immediate Coverage Plan

Highlights | Details | Plan Cost | Disclosures | FAQ

Plan Details

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.	50%	50%	50%
Orthodontia	$1,500 lifetime max, limited to $500 per calendar year. Orthodontic benefitss are only available for eligible dependent children up to age 26.	0%	50%	50%
Disclaimer	Reimbursement is based on Delta Dental PPO[SM] Contracted Fees for Delta Dental PPO Providers, Premier Contracted Fees for Delta Dental Premier® Providers and Program Allowance for Non-Delta Dental Dentists.			

4 Dental Plans Found

Showing Coverage for (Modify

Sorted by Lowest Price