

Delta Dental Individual and Family™ plans cover any smile and any budget.

	Premium Plan	Enhanced Plan <small>Most closely relates to an employer-sponsored plan.</small>	Progressive Plan			Classic Plan	Basic Plan	ClearPlus Plan
			Year 1	Year 2	Year 3			
Preventive services — No waiting period or deductible applies								
	Percent you pay							Flat fee
Simple Cleaning and Exam	0%	0%	0%	0%	0%	20%	0%	\$60
Bitewing X-ray	0%	0%	0%	0%	0%	20%	0%	Included in cleaning
Topical Fluoride	0%	0%	0%	0%	0%	20%	0%	Included in cleaning for children through age 14.
Basic and major services — Waiting period and deductible may apply								
	Percent you pay							Flat fee
Fillings	20%	50%	60%	40%	20%	50%	50%	\$90 (\$120 Northern Virginia)
Deep Cleaning for Gum Disease	50%	50%	70%	60%	50%	50%	100%	\$130 per quadrant (\$145 Northern Virginia)
Crown	50%	50%	70%	60%	50%	50%	100%	\$597+ (\$710+ Northern Virginia)
Implant	50%	50%	70%	60%	50%	50%	100%	\$2,850
Root Canals	50%	50%	70%	60%	50%	50%	100%	\$575* (\$635* Northern Virginia)
Non-Surgical Extraction	50%	50%	60%	40%	20%	50%	50%	\$79** (\$82** Northern Virginia)
Maximums, deductibles and contracts								
Dollar Maximum (per person, per plan year)	\$2,000	\$1,000	\$1,500	\$1,750	\$2,000	\$1,000	\$1,000	None
Deductible (per person)	\$100	\$50	\$50			\$50	None	None
Deductible Frequency	Once per lifetime	Once per plan year	Once per plan year			Once per plan year	N/A	N/A
Plan Year Contract Required	Yes	Yes	Yes			No	Yes	Yes

NOTE: This chart shows certain plans offered on [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com). Visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or call 855-657-7872 for the latest plan information and rates. Monthly premiums may differ based on plan choice, age, location, number of people insured, their age and their relationship to you. Plan designs and rates are subject to change. There may be limits on how many times you can use certain services in a year. *Porcelain/ceramic substrate, *molar, **extraction, erupted tooth or exposed root. View the ClearPlus plan details for a complete list of services and fixed dollar amounts. Benefits received from an out-of-network dentist are NOT covered under the ClearPlus plan.