

Delta Dental of Nebraska Individual and Family™

2024 Plans A-C

The Delta Dental difference:

Greater access to care and more cost savings with one of the largest dental networks in the country.

	Comprehensive \$1,500	Comprehensive \$1,200	Basic Option
	PLAN A	PLAN B	PLAN C
DEDUCTIBLE AND ANNUAL MAXIMUM			
Plan Year Maximum Per Person/Per Calendar Year	\$1,500	\$1,200	\$750
Deductible Per Person/Per Calendar Year <i>Does not apply to diagnostic & preventive services</i>	\$50	\$100	\$100
DENTAL NETWORKS			
Dental Networks	Delta Dental PPO™, Delta Dental Premier®		
SERVICES COVERED ON PLAN START DATE			
Diagnostic and Preventive Services • Exams, cleanings including periodontal - 2 per calendar year • X-Rays	100%	80%	100%
Basic Services • Fillings	50%	50%	50% *3 month waiting period applies
Endodontics/Oral Surgery • Root canals • Extractions	50%	50%	N/A
SERVICES COVERED AFTER 12 MONTH WAITING PERIOD*			
Periodontics • Treatment of gum disease, surgical/non-surgical treatment	50%	50%	N/A
Major Restorative Services • Crowns	50%	50%	N/A
Prosthodontics • Removable prosthetic services, dentures & partials • Bridges	50%	50%	N/A
Implants	N/A	N/A	N/A
RATES			
Subscriber	\$47.07	\$35.46	\$30.82
Subscriber + 1	\$91.95	\$68.62	\$60.47
Family	\$169.37	\$127.81	\$108.65

Not sure which plan is right for your unique needs?

 Visit DeltaDentalNE.org/Shop

 Chat with a licensed agent

 Call 1-866-764-5350

* Waiting periods may be waived with prior, comparable dental insurance coverage. Some restrictions apply.

This is a summary of benefits only. For a complete list of covered services, limitations and exclusions, please refer to the Dental Plan Details.
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