



Dental and vision plans for Individuals and Families



A company your clients can trust

For 50 years, members have trusted Delta Dental to provide affordable dental benefits, outstanding customer service, easy claims processing, and access to the largest dental networks.¹ With the addition of vision benefits, we continue to advance our mission of supporting overall health through preventive care.

Dental and vision coverage support whole-body health

Routine dental and vision exams can help detect hundreds of underlying health conditions, often before symptoms appear. Oral health exams can reveal more than 120 medical conditions,² while comprehensive eye exams may detect 270+ systemic conditions,³ ranging from diabetes and hypertension to autoimmune disorders and neurological issues.

Early detection allows individuals and families to address health concerns sooner—helping reduce the risk of complications, avoid more intensive treatment, and lower long-term medical costs. Individual and family dental and vision plans give your clients an accessible way to invest in preventive care that supports healthier outcomes at every stage of life.



Get to know Medicare health plan options

One of the health benefits retirees miss the most is dental coverage. Many are surprised to discover that Original Medicare only pays for certain dental services performed in a hospital, and that the routine preventive care they've been receiving with their employee benefits now costs \$200-\$350. That adds up fast and doesn't even include the cost of non-covered services like crowns and implants.

There are a few Medicare Advantage plans that do offer dental, but retirees may be disappointed to learn that their dental plan has a limited dentist network, high out-of-pocket fees, and coverage only in specific service areas. Some Medicare Advantage plans may even remove dental coverage altogether.

Delta Dental typically covers preventive cleanings at 100% and gives members access to the largest network of providers nationwide, helping keep out-of-pocket costs low and oral health a priority.

Delta Dental and DeltaVision plans are a smart choice to fill the gaps in medical or Medicare plans.

We count dentists, not access points

Size matters; every dentist in our network means an actual dentist, not a building or location. We recruit participating dentists, work hard to keep our networks strong, and regularly validate our networks to make sure dentists haven't moved or retired. And, unlike other carriers who build their networks from lease arrangements, we own 100% of our networks. That provides our members with the network stability they rely on year after year, and helps them stay in network.



Our National Networks:

Delta Dental PPO™: Deeper discounts and lower out-of-pocket costs

Delta Dental Premier®: Broader access and impressive discounts

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

Delta Dental PPO Plus Premier™ plans⁴

PLAN BENEFIT	CHOICE 5000 PLAN	PROGRESSIVE PLAN			PREMIUM PLAN
		Year 1	Year 2	Year 3	
Dollar maximum (Per person per policy year)	\$5,000	\$1,500	\$1,750	\$2,000	\$2,500
Deductible (Does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	\$250/person	\$50	\$50	\$50	\$100/person
The percent you pay after your deductible (where required) ⁵					
Cleanings, exams, and bitewing X-rays	0%	0%	0%	0%	0%
Topical fluoride	0%	0%	0%	0%	0%
Fillings	25%	60%	40%	20%	20%
Crowns	50% (12-month waiting period may apply)	70%	60%	50%	50% (12-month waiting period may apply)
Implants	N/A	N/A	N/A	N/A	50% (12-month waiting period may apply)
Root canals	50% (12-month waiting period may apply)	70%	60%	50%	50% (12-month waiting period may apply)
Non-surgical extractions	35%	60%	40%	20%	20%
Teeth whitening	N/A	N/A			50% (12-month waiting period may apply)
Orthodontics (Correction of crooked teeth for adults and children)	N/A	N/A			N/A

Delta Dental PPO Plus Premier™ plans continued⁴

PLAN BENEFIT	ENHANCED PLUS ORTHO PLAN	CLASSIC PLAN	CLEAR PLAN™ (A PPO/Premier plan)
Dollar maximum (Per person per policy year)	\$1,000 There is a separate dollar maximum for Orthodontics	\$1,000	None
Deductible (Does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	\$50/person	\$50/person	None
The percent you pay after your deductible (where required) ⁵			The dollar amount you pay ⁵
Cleanings, exams, and bitewing X-rays	0%	0%	\$60
Topical fluoride	0%	0%	(included in cleaning)
Fillings	20%	40%	\$120
Crowns	50% (12-month waiting period may apply)	50% (12-month waiting period may apply)	\$750 (Limited to 1 tooth per benefit period)
Implants	N/A	N/A	\$2,500 (Limited to 1 tooth per benefit period)
Root canals	50% (12-month waiting period may apply)	50% (12-month waiting period may apply)	\$500 (Limited to 2 teeth per benefit period)
Non-surgical extractions	20%	40%	\$120
Teeth whitening	50% (12-month waiting period may apply)	50% (12-month waiting period may apply)	N/A
Orthodontics (Correction of crooked teeth for adults and children)	50% (\$1,500 lifetime maximum, \$100 lifetime deductible, 12-month waiting period will apply)	N/A	N/A

Delta Dental ACA plans⁴

PLAN BENEFIT	PREVENTIVE FAMILY PPO PLAN		BASIC FAMILY PPO PLAN I	
	Adult Benefits >19	Pediatric Benefits <19	Adult Benefits >19	Pediatric Benefits <19
Dollar maximum (Per person per policy year)	N/A	\$350/person	\$1,000	N/A
Deductible (Does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	N/A	\$135/person	\$75/person	\$135/person
The percent you pay after your deductible (where required) ⁵				
Cleanings, exams, and bitewing X-rays	0%	0%	0%	0%
Topical fluoride	N/A	0%	N/A	0%
Fillings	0%	50%	40%	50%
Crowns	N/A	50%	N/A	50%
Implants	N/A	50% (Edentulous members only)	N/A	50% (Edentulous members only)
Root canals	N/A	50%	N/A	50%
Non-surgical extractions	N/A	50%	N/A	50%
Teeth whitening	N/A	N/A	N/A	N/A
Orthodontics (Correction of crooked teeth for adults and children)	N/A	50% (Only if medically necessary)	N/A	50% (Only if medically necessary)

Delta Dental ACA plans continued⁴

PLAN BENEFIT	BASIC FAMILY PPO PLAN II		BASIC FAMILY PPO PLAN III	
	Adult Benefits >19	Pediatric Benefits <19	Adult Benefits >19	Pediatric Benefits <19
Dollar maximum (Per person per policy year)	\$1,000	N/A	\$1,000	N/A
Deductible (Does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	\$25/person	\$135/person	\$25/person	\$35/person
The percent you pay after your deductible (where required) ⁵				
Cleanings, exams, and bitewing X-rays	0%	0%	0%	0%
Topical fluoride	N/A	0%	N/A	0%
Fillings	40%	50%	20%	20%
Crowns	50%	50%	50%	50%
Implants	N/A	50% (Edentulous members only)	N/A	50% (Edentulous members only)
Root canals	50%	50%	50%	50%
Non-surgical extractions	50%	50%	50%	50%
Teeth whitening	N/A	N/A	N/A	N/A
Orthodontics (Correction of crooked teeth for adults and children)	N/A	50% (Only if medically necessary)	N/A	50% (Only if medically necessary)



“Extras” mean more smiles, value, and benefits—not more money



Special Health Care Needs Benefit

Enhanced benefits, such as additional cleanings, examinations, and/or consultations, for children and adults with qualifying special health care conditions.



Hearing Savings Program

Get access to savings on hearing aids and services through Amplifon Hearing Health Care at no cost to groups or members.



Virtual Visits

Delta Dental Virtual Visits, delivered by TeleDentistry.com, provides round-the-clock, year-round access to a dentist for emergencies, holidays, after-hours dental care, and travel.

Dependent
children covered
to age 26

Missing Tooth
Inclusion

Exams and
cleanings
covered twice
per
calendar year

White fillings
for all teeth

See the difference with DeltaVision⁴

DeltaVision has partnered with VSP® Vision Care to offer the best eye care, along with smarter savings. VSP's Choice network offers members the freedom to choose the best vision provider⁶ from more than 137,000 access points, which includes 26,200+ participating retail chain locations like Walmart, Sam's Club, and Costco.

PLAN BENEFIT In-network providers only	BRILLANCE PLAN (IND)	ESSENTIAL PLAN (IND)
ALLOWANCE		
Frame +20% savings on amounts over allowance	\$200 (Includes Walmart/ Sam's Club) ⁷ \$110 Costco ⁷	\$150 (Includes Walmart/ Sam's Club) ⁷ \$80 Costco ⁷ \$10 copay
Elective contact lenses (Instead of glasses)	\$200	\$150
COPAY		
WellVision Exam®	\$0	\$10
Contact lens exam (Fitting & evaluation)	\$0	Up to \$40
Lenses Single vision, lined bifocal or trifocal, lenticular. Standard progressives, polycarbonate (for children)	\$0	\$10
ADDITIONAL SAVINGS		
Lens enhancements⁶	COPAY	
Anti-reflective coating	\$41	\$41
Scratch-resistant coating	\$0	Up to \$33
Solid & gradient tints	\$0	\$15 - \$17
Standard progressive lenses (multifocal)	\$0	\$55
Glasses & sunglasses⁸ ✓ Extra \$20 to spend on featured frame brands ✓ 20% savings on pairs of glasses and sunglasses, including lens enhancements Retinal screening ✓ No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser vision correction⁹ ✓ Average 15% off regular price or 5% off promotional price		



Have a question? I'm here to help:

¹Delta Dental Plans Association, 2025

²James W. Little et al., Dental Management of the Medically Compromised Patient (St. Louis: Mosby, 2012)

³American Academy of Ophthalmology

⁴These are not Medicare plans and are not governed by the Centers for Medicare and Medicaid Services (CMS). Delta Dental of New Jersey is independent of the Medicare program and is neither associated with nor endorsed by CMS. Waiting periods will be waived if you were covered under another comprehensive plan for at least 12 months within two months of the plan's effective date, and you may be asked to supply proof of previous coverage.

⁵Your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not a network dentist. The amount we will pay toward out-of-network services is generally less than for in-network services, because we can limit the fees of network dentists but not non-network dentists.

⁶Standard lens enhancements; premium or custom enhancements may also be available at an additional cost.

⁷In-network status of the optometrist performing the exam may vary at participating retail chains. Please contact VSP and/or the optometrist at the retail location to verify network participation status before receiving services.

⁸From in-network provider within 12 months of last WellVision Exam.

⁹Member must first visit a VSP Network Laser Vision doctor. This is a VSP provider who works with contracted centers or surgeons in member's area (not all VSP providers are Laser Vision doctors). After that, member would be referred to a VSP-contracted laser vision center or surgeon.

Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change.

Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. Waiting periods on plans may be waived when transferring from another qualifying dental plan.

Limitations and Conditions: Plan benefits are subject to certain limitations and conditions and have a policy-year maximum. Coverage on Premium, Enhanced and Progressive plans may have a deductible. Benefit payments are calculated based on Delta Dental PPO fees. If the dentist is not a Delta Dental PPO dentist, the patient is responsible for the difference between the Delta Dental PPO fee and the Maximum Plan Allowance (MPA). Members can see any dentist, but savings will be greatest when seeing a Delta Dental PPO dentist. The Clear Plan does not cover services received from non network dentists.

On Vision policies, certain services are provided through Vision Service Plan (VSP). Delta Dental and DeltaVision are registered marks of Delta Dental Plans Association. VSP and WellVision Exam are registered trademarks of Vision Service Plan. DeltaVision® insurance plans are underwritten by Delta Dental of Connecticut, Inc. VSP, Inc., performs claims processing, customer service and provider network administration for DeltaVision® products.

Delta Dental of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Delta Dental of Connecticut, Inc., is a licensed insurer in Connecticut that markets and sells dental and vision coverage on an insured basis in that state and is licensed in New Jersey to market and sell vision coverage. Its ultimate parent company, Delta Dental of New Jersey, Inc., is a licensed dental service corporation in the State of New Jersey.