

Perfect Smiles <small>PPO PLUS PREMIER</small>	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	10%	30%	50%
Major Services <i>Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	10%	30%	50%
Annual Maximum <i>Per covered individual</i>	\$750	\$1,000	\$1,250

Bright Smiles <small>PPO</small>	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	50%	80%	80%
Major Services <i>Bleaching, Crowns, Veneers, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	25%	50%	50%
Orthodontics <i>No Age Limit; \$1,000 Lifetime Max.</i>	n/a	50%	50%
Annual Maximum <i>Per covered individual</i>	\$500	\$1,000	\$1,500

Vibrant Smiles <small>PPO PLUS PREMIER</small>	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	25%	50%	80%
Major Services <i>Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	25%	40%	50%
Annual Maximum <i>Per covered individual</i>	\$1,000	\$1,750	\$2,000

Radiant Smiles <small>PPO PLUS PREMIER</small>	Year One	Year Two	Year Three
Preventive & Diagnostic <i>Cleanings, Exams, X-rays, Sealants</i>	100%	100%	100%
Minor Services <i>Fillings, Extractions</i>	40%	60%	80%
Major Services <i>Crowns, Implants, Dentures & Bridges, Oral Surgery, Endodontics, Periodontics</i>	30%	45%	60%
Orthodontics <i>No Age Limit; \$1,000 Lifetime Max.</i>	n/a	50%	50%
Annual Maximum <i>Per covered individual</i>	\$1,500	\$2,000	\$2,500

What is an annual maximum?

An annual maximum is the maximum dollar amount your dental insurance will pay toward the cost of dental services and/or treatment in a benefit plan year, typically a 12-month period.

Each time a dental claim is submitted, Delta Dental subtracts the cost that has been paid for the service from your maximum.

Your annual maximum applies only to the portion your dental insurance plan pays on your behalf. Any deductibles or co-pays that you pay do not count towards your annual maximum.

Monthly Premiums

3/1/2025 - 12/31/2025

Perfect Smiles	
Subscriber Only	\$35.02
Subscriber + 1	\$65.29
Family	\$102.01
Bright Smiles	
Subscriber Only	\$40.75
Subscriber + 1	\$77.16
Family	\$132.07
Vibrant Smiles	
Subscriber Only	\$48.70
Subscriber + 1	\$86.76
Family	\$133.66
Radiant Smiles	
Subscriber Only	\$62.62
Subscriber + 1	\$115.07
Family	\$187.39

	DeltaVision 150	DeltaVision 175
WellVision Exam®		
<i>Exam Co-Pay</i>	\$10	\$10
<i>Exam Frequency</i>	12 months	12 months

Prescription Glasses		
<i>Glasses Co-Pay</i>	\$10	\$10
<i>Frame Allowance</i>	\$150	\$175
<i>Lenses Frequency</i>	12 months	12 months
<i>Frame Frequency</i>	24 months	12 months
<i>Covered Lenses</i>	Single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses for children.	Single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses for children.

Contact Lenses (in lieu of glasses)		
<i>Contact Lens Exam Co-Pay (fitting and evaluation)</i>	Up to \$60	Up to \$60
<i>Contacts Allowance</i>	\$150	\$175
<i>Contacts Frequency</i>	12 months	12 months

Extra Discounts and Savings	
<i>Featured Frames</i>	\$195 allowance on featured frame brands. Check vsp.com for current offers
<i>Glasses and Sunglasses</i>	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam
<i>Retinal Screening</i>	No more than a \$39 co-pay on routine retinal screening as an enhancement to WellVision Exam
<i>Laser Vision Correction</i>	Average 15-20% discount

Monthly Rates <i>3/1/2025 - 12/31/2025</i>	DeltaVision 150	DeltaVision 175
Subscriber Only	\$8.97	\$14.26
Subscriber + 1	\$17.93	\$28.51
Family	\$29.24	\$48.22