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| PPO Network DENTAL PLANS 2025 California | Delta Dental No wait | Delta Dental Immediate coverage | Guardian Select Achiever | Guardian Select Core | Guardian Select Complete | Delta Dental Platinum Plan | Spirit Core PPO |
| Cost of plan Per Month single/couple/Family | \$60.35 Single \$111 Married \$35 process fee | \$86.44 Single \$162.83 Married \$35 process fee | \$68.86 Single \$137.22 Married \$35 process fee | \$68.86 Single \$137.22 Married \$35 process fee | \$47.82 Single \$137.22 Married \$35 process fee | \$62.25 Single \$115.70 Married \$35 Process fee | \$44-\$58 Single \$88-\$116 Married |
| Prices based by zip code or California | Zip code | Zip code | California | California | California | Zip code | Zip Code |
| Membership fee / waiting period | No Waiting | No Waiting | No waiting | No waiting | No waiting | 12 months on Major | No Waiting |
| Network Dentists & Specialist | Delta Dental PPO | Delta Dental PPO | Guardian | Guardian | Guardian | Delta Dental PPO | Ameritas |
| Maximum yearly Benefit | \$2,000 yearly | \$3,000 yearly | \$1750 yearly | \$1,250 yearly | \$1,000 yearly | \$1,500 - \$5,000 | \$1200 \$2500 \$5000 Year 1 2 3 |
| Deductible (Type 2 and Type 3) | \$100 yearly | \$100 yearly | \$50 yearly 2&3 | \$50 yearly 2&3 | \$100 yearly 2&3 | \$0 yearly | \$50 yearly |
| Preventative (Type 1) Coverage IN-NEWTWORK Less Coverage for Out of Network | 80% day 1 90% year 2 100% year 3 2 Exams 2 Basic cleaning Brush biopsy for cancer | 80% day 1 90% year 2 100% year 3 2 Exams 2 Basic cleaning Bite wing x-rays | 100% day 1 2 Exams 2 Basic Cleanings X-rays, tele dentist, Emergency pain relief Deductible applies to OON | 80% day 1 2 Exams 2 Basic Cleanings X-rays, tele dentist, Emergency pain relief Deductible applies to OON | 100% day 1 2 Exams 2 Basic Cleanings X-rays, tele dentist, Emergency pain relief Deductible applies to OON | 80% day 1 90% year 2 100% year 3 2 Exams 2 Basic cleaning Bite wing x-rays | 100% Day 1 2 Exams 3 Basic cleaning |
| Coverage In-Network ONLY Less Coverage for Out of Network Basic (Type 2) | 50% year 1 60% year 2 80% year 3 X-rays bitewing, sealants, space maintainers, Emergency pain relief | 60% year 1 70% year 2 80% year 3 Fillings Amalgam, recement of crowns, space maintainers | 70% Day 1 Fillings, Simple extractions, stainless steel crowns In or OON 70% | 50% Day 1 Fillings, Simple extractions, stainless steel crowns In or OON 50% | 70% Day 1 Fillings, Simple extractions, stainless steel crowns In or OON 70% | 50% year 1 70% year 2 80% year 3 Fillings Amalgam, recement of crowns, space maintainers | 50% year 1 60% year 2 80% year 3 Fillings, X-ray, sealant, space maintainers |
| Coverage In-Network ONLY Less Coverage for Out of Network Major (Type 3) - Can Include Implants (2 yr+), Oral Surgery, Root Canals, Periodontics, Crowns, Bridges, Dentures (1 every 5 yrs), Restoration services, Panoramic X-Rays(1 every yr) Some Plans have Limits** | 50% day 1 + Implants Day 1 All implant extras covered, Root canal, Crowns, Surgical tooth extractions, Periodontic & Endodontic, Bridges, implants, Dentures, Anesthesia OON Dentist decides coverage % | 50% day 1+ Root canal, Crowns, Surgical tooth extractions, Periodontic & Endodontic, oral surgery, gum disease, Bridges, Dentures, prosthetics, Anesthesia OON Dentist decides coverage % Ortho under 26 \$1500 Year 2 | 50% day 1+ Root canal, Crowns, Surgical tooth extractions, Periodontic & Endodontic, Bridges, Implants, Dentures, Anesthesia Implants \$1250 lifetime limit In or OON 50% | 50% day 1+ Root canal, Crowns, Surgical tooth extractions, Periodontic & Endodontic, Bridges, Dentures, Implants, Anesthesia Implants \$1000 lifetime Benefit In or OON 50% | 40% day 1+ Root canal, Crowns, Surgical tooth extractions, Periodontic & Endodontic, Bridges, Dentures, Anesthesia (NO IMPLANT COVERAGE) In or OON 50% | 2nd year benefit 50% Root canal, Crowns, Surgical tooth extractions, Periodontic & Endodontic, oral surgery, gum disease, Bridges, Dentures, prosthetics, Anesthesia (No Implant Coverage), OON Dentist decides coverage % Ortho under 26 \$500 Year 2 \$500 year 3 | 26% 30% 60% Implants, Fillings, Extractions, Restorative, Surgery, Periodontic, Endodontic, Bridges, Denture, Crown, Anesthesia, OON Dentist decides coverage % Ortho under 19 10% 25% 50% \$1200 Lifetime |
| Prior PPO coverage Guarantee no waiting 2nd year benefits (coverage must be within last 60 days) | No | No | NO | NO | NO | No | Yes, with proof of 12-month PPO coverage |
| All Coverage Amounts are based on In- Network Dentists | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist IN and out of Network same coverage | Dentist & Specialist IN and out of Network same coverage | Dentist & Specialist IN and out of Network same coverage | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount |
| Sign up links | | | | | | | |

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| PPO Network DENTAL PLANS 2025 California | Primestar Boost PPO Ameritas | Primestar Complete PPO Ameritas | Physicians Mutual Premier Plan Add Eye and Hearing \$8.95 month | NCD Met Life Complete PPO Dental | Cigna Flexible Choice (DVH) Dental-Vision and Hearing | Cigna Flexible Choice (DVH) Dental-Vision and Hearing | Spirit Preferred PPO and Hearing |
| Cost of plan Per Month single/couple/Family | \$44-\$59 Single \$91-\$120 Married | \$52-\$69 Single \$104-\$138 Married | \$56.50 Single \$130.20 Married | \$83.00/\$166.00/ \$174.00 Assoc Fee \$17 \$34 | \$40 - \$65 Single \$80-\$130 Married | \$51 -\$70 Single \$102-\$140 Married | \$44-\$58 Single \$88-\$116 Married |
| Prices based by zip code or California | Zip code | Zip code | California | California | California | California | Zip Code |
| Membership fee / waiting period | No Waiting | No Waiting | 12- months waiting on major | 12- months waiting on major | 12 months on Major Ages 50-89 coverage | 12 months on Major Ages 50-89 coverage | No Waiting |
| Network Dentists & Specialist | Ameritas | Ameritas | Ameritas | Carrington/Dentemax/ Connection Dental | Carrington Max Care | Carrington Max Care | Ameritas |
| Maximum yearly Benefit | \$1,500 year 1 \$2,000 year 2 | \$2,500 year 1 \$3,000 year 2 | No LIMIT | \$10,000 | \$1,500 - \$5,000 | \$1,500 - \$5,000 | \$1500 \$3000 Year 1 2 |
| Deductible (Type 2 and Type 3) | \$50 yearly Type 2&3 | \$50 yearly Type 2&3 | NO DEDUCTIBLE | \$100 Lifetime | \$50 yearly | \$0 yearly | \$50 yearly |
| Preventative (Type 1) Coverage IN-NEWTWORK Less Coverage for Out of Network | 100% day 1 2 Exams 2 Basic cleaning Bite wing x-rays | 100% day 1 2 Exams 2 Basic cleaning Bite wing x-rays | 100% day 1 2 Exams 2 Basic Cleanings X-rays | 100% day 1 2 Exams 2 Basic cleaning Bite wing x-rays | 100% Day 1 2 Exams 2 Basic cleaning Bite wing x-rays | 100% Day 1 2 Exams 2 Basic cleaning Bite wing x-rays | 100% Day 1 2 Exams 3 Basic cleaning |
| Coverage In-Network ONLY Less Coverage for Out of Network Basic (Type 2) | 65% year 1 80% year 2 Fillings, Simple Extractions | 80% year 1 90% year 2 Fillings, Simple Extractions | 70% Day 1 (No waiting period) Fillings, Simple extractions, restorative fillings, minor oral surgery, repair denture clasp OON Dentist only 30-50% coverage of the 70% | 65% 80% 90% (No waiting period) Fillings, Sealants, Simple extractions, restorative fillings, full mouth x-rays OON Dentist decides coverage % | 60% year 1 70% year 2 80% year 3 90% year 4 Fillings, Simple Extractions | 60% year 1 70% year 2 80% year 3 90% year 4 Fillings, Simple Extractions | 65% day 1 Bite wing x-rays 100% year 2+ Bite wing x-rays |
| Coverage In-Network ONLY Less Coverage for Out of Network Major (Type 3) - Can Include Implants (2 yr+), Oral Surgery, Root Canals, Periodontics, Crowns, Bridges, Dentures (1 every 5 yrs), Restoration services, Panoramic X-Rays(1 every yr) Some Plans have Limits** | 20% year 1 50% year 2 Implants Day 1 For Vision Add \$11-\$16 OON Dentist decides coverage % | 20% year 1 50% year 2 Implants Day 1 + Hearing Benefit \$200 Day 1 \$300 year 2 \$400 year 3 For Vision Add \$11-\$16 OON Dentist decides coverage % | 70% year 2+ PER TOOTH LIMITS 1 crown every 5 yrs 1 bridge every 7 yrs 1 denture every 7 yrs Implant post \$1000 lifetime All implant extras covered, Root canal, Crowns, Surgical tooth extractions, Periodontic & Endodontic, Bridges, Dentures, Anesthesia OON Dentist only 30-50% coverage of the 70% | 10% 50% 60% Year 1 2 3 (PER TOOTH Limits) 1 crown every 5 yrs 1 bridge every 7 yrs 1 denture every 7 yrs 1 implant every 7 yrs Implants, Restorative, Surgery, Periodontic Endodontic Bridges, Denture, Crown, Onlays, Anesthesia OON Dentist decides coverage% | 0% Day 1 60% year 2 Restorative, Surgery, Periodontic, Endodontic, Bridges, Denture, Crown, On- lays, Anesthesia NO IMPLANT COVERAGE + Hearing Benefit + Vision Benefit No additional charge OON Dentist decides coverage % | 0% Day 1 60% year 2 Restorative, Surgery, Periodontic, Endodontic, Bridges, Denture, Crown, On- lays, Anesthesia NO IMPLANT COVERAGE + Hearing Benefit + Vision Benefit No additional charge OON Dentist decides coverage % | 20% Day 1 50% year 2 Implants, Fillings, Extractions, Restorative, Surgery, Periodontic, Endodontic, Bridges, Denture, Crown, On- lays, Anesthesia, Full or Pan X-ray every 3y + Hearing Benefit \$200 \$300 \$400 OON Dentist decides coverage % |
| Prior PPO coverage Guarantee no waiting 2nd year benefits (coverage must be within last 60 days) | Yes, with proof of 12- month PPO coverage | Yes, with proof of 12- month PPO coverage | NO | NO | Yes, with proof of 12-month PPO coverage | Yes, with proof of 12-month PPO coverage | Yes, with proof of 12-month PPO coverage |
| All Coverage Amounts are based on In- Network Dentists | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount | Dentist & Specialist Must be in Network to get coverage amount |
| Sign up links | | | | | | | |