Dental Insurance Shop

# Dental Insurance Quotes

Apply Online or Call (855) 871-2242

| | | | |
|---|---|---|---|
| Individual: | | | |
| Individual +1: | | | |
| Family: | | | |
| Deductible: | | | |
| Max. Annual Benefit: | | | |
| Cleaning: | | | |
| X-ray: | | | |
| Filling: | | | |
| Root Canal: | | | |
| Crown: | | | |
| Oral Surgery: | | | |
| Extractions: | | | |
| Dentures \| Bridges: | | | |
| Implants: | | | |
| Orthodontia: | | | |
| Vision Benefit: | | | |
| Plan Highlights: | | | |
| Application Fee: | | | |
| Effective Date: | | | |
| Dentist Search: | | | |
| Plan Brochure: | | | |