Dental Insurance Shop

Dental Insurance Quotes

Apply Online or Call (855) 871-2242

	UHC Premier Elite (Indemnity)		
Individual:	**$75.45**/mo		
Individual +1:	$150.90/mo		
Family:	$218.19/mo		
	ENROLL NOW		
Deductible:	$50 Annual		
Max. Annual Benefit:	$1,200.00		
Cleaning:	Plan Pays: 100% **Waiting Period: 0 Months**		
X-ray:	**Plan Pays:** 100% **Waiting Period: 0 Months**		
Filling:	**Plan Pays:** 80% **Waiting Period: 6 Months**		
Root Canal:	**Plan Pays:** 50% **Waiting Period: 12 Months**		
Crown:	**Plan Pays:** 50% **Waiting Period: 12 Months**		
Oral Surgery:	**Plan Pays:** 50% **Waiting Period: 12 Months**		
Extractions:	**Plan Pays:** 50% **Waiting Period: 12 Months**		
Dentures | Bridges:	**Plan Pays:** 50% **Waiting Period: 12 Months**		
Implants:	No		
Orthodontia:	No		
Vision Benefit:	No		
Plan Highlights:	Quotes based on ages 25-59. Family rate based on 1 dependent.		
Application Fee:	0.00		
Effective Date:	07/18/2025		
Dentist Search:	Dentist Search		
Plan Brochure:	View Plan Brochure		

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