Dental Insurance Shop

Dental Insurance Quotes

Apply Online or Call (855) 871-2242

	Renaissance Dental **MAX Choice (PPO)**		
Individual:	**$38.06**/mo		
Individual +1:	$69.06/mo		
Family:	$103.26/mo		
	ENROLL NOW		
Deductible:	$50 Annual		
Max. Annual Benefit:	$1,200.00		
Cleaning:	**Plan Pays** **Year 1** **Year 2** **Year 3** 100% 100% 100% **Waiting Period: No Waiting Period!**		
X-ray:	**Plan Pays** **Year 1** **Year 2** **Year 3** 40% 60% 80% **Waiting Period: No Waiting Period!**		
Filling:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 40% 50% **Waiting Period: No Waiting Period!**		
Root Canal:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 40% 50% **Waiting Period: No Waiting Period!**		
Crown:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 40% 50% **Waiting Period: No Waiting Period!**		
Oral Surgery:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 40% 50% **Waiting Period: No Waiting Period!**		
Extractions:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 40% 50% **Waiting Period: No Waiting Period!**		
Dentures | Bridges:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 40% 50% **Waiting Period: No Waiting Period!**		
Implants:	Yes		
Orthodontia:	Yes - See Brochure for Details		
Vision Benefit:	Available - See Brochure for Details		

Plan Highlights:	Orthodontia coverage for children under at 19		
Application Fee:	35.00		
Effective Date:	11/14/2026		
Dentist Search:	Dentist Search		
Plan Brochure:	View Plan Brochure		
	ENROLL NOW		