Dental Insurance Shop

Dental Insurance Quotes

Apply Online or Call (855) 871-2242

	Spirit Preferred 1500/3500 (PPO)		
Individual:	**$43.08**/mo		
Individual +1:	$85.84/mo		
Family:	$136.49/mo		
	ENROLL NOW		
Deductible:	$100 Lifetime		
Max. Annual Benefit:	Up to $3,500		
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** 65% 100% 100% **Waiting Period: No Waiting Period!**		
Filling:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 50% 50% **Waiting Period: No Waiting Period!**		
Root Canal:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 50% 50% **Waiting Period: No Waiting Period!**		
Crown:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 50% 50% **Waiting Period: No Waiting Period!**		
Oral Surgery:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 50% 50% **Waiting Period: No Waiting Period!**		
Extractions:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 50% 50% **Waiting Period: No Waiting Period!**		
Dentures | Bridges:	**Plan Pays** **Year 1** **Year 2** **Year 3** 20% 50% 50% **Waiting Period: No Waiting Period!**		
Implants:	Yes		
Orthodontia:	No		
Vision Benefit:	Available - See Brochure for Details		

Plan Highlights:	Hearing Aid Benefit 50% up to $200 max benefit in Year 1, $400 Year 2+		
Application Fee:	25.00		
Effective Date:	11/09/2026		
Dentist Search:	Dentist Search		
Plan Brochure:	View Plan Brochure		
	ENROLL NOW		