

											
	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:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>100%</td><td>100%</td><td>100%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%			
Plan Pays	Year 1	Year 2	Year 3								
100%	100%	100%									
	Waiting Period: No Waiting Period!										
X-ray:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>40%</td><td>60%</td><td>80%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	40%	60%	80%			
Plan Pays	Year 1	Year 2	Year 3								
40%	60%	80%									
	Waiting Period: No Waiting Period!										
Filling:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>40%</td><td>50%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	40%	50%			
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20%	40%	50%									
	Waiting Period: No Waiting Period!										
Root Canal:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>40%</td><td>50%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	40%	50%			
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20%	40%	50%									
	Waiting Period: No Waiting Period!										
Crown:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>40%</td><td>50%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	40%	50%			
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	Waiting Period: No Waiting Period!										
Oral Surgery:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>40%</td><td>50%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	40%	50%			
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Extractions:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>40%</td><td>50%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	40%	50%			
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Dentures Bridges:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>40%</td><td>50%</td><td></td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	40%	50%			
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:

12/16/2025

Dentist Search:

 [Dentist Search](#)

Plan Brochure:

 [View Plan Brochure](#)

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