



## Dental Insurance Quotes

Apply Online or Call (855) 871-2242

			
	<b>Primestar Complete (PPO)</b>		
Individual:	<b>\$47.41</b> /mo		
Individual +1:	\$94.51/mo		
Family:	\$150.35/mo		
	<a href="#">ENROLL NOW</a>		
Deductible:	\$50 Annual		
Max. Annual Benefit:	Up to \$3,000		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
Cleaning:	100% 100% 100%		
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
X-ray:	100% 100% 100%		
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
Filling:	80% 90% 90%		
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
Root Canal:	20% 50% 50%		
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
Crown:	20% 50% 50%		
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
Oral Surgery:	20% 50% 50%		
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
Extractions:	80% 90% 90%		
	<b>Waiting Period: 0 Months</b>		
	<b>Plan Pays</b> <b>Year 1</b> <b>Year 2</b> <b>Year 3</b>		
Dentures   Bridges:	20% 50% 50%		
	<b>Waiting Period: 0 Months</b>		
Implants:	Yes		
Orthodontia:	No		
Vision Benefit:	<a href="#">Available - See Brochure for Details</a>		

Plan Highlights:

Annual maximum benefit increases annually: 2500 = year 1, 3000 = year 2+. Hearing Aid benefit of \$200-\$400

Application Fee:

0.00

Effective Date:

05/02/2025

Dentist Search:

 [Dentist Search](#)

Plan Brochure:

 [View Plan Brochure](#)

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