



											
	Primestar Complete (PPO)										
Individual:	\$52.19/mo										
Individual +1:	\$104.07/mo										
Family:	\$165.65/mo										
	ENROLL NOW										
Deductible:	\$50 Annual										
Max. Annual Benefit:	Up to \$3,000										
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> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%			
Plan Pays	Year 1	Year 2	Year 3								
100%	100%	100%									
X-ray:	<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> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%			
Plan Pays	Year 1	Year 2	Year 3								
100%	100%	100%									
Filling:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>80%</td><td>90%</td><td>90%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	80%	90%	90%			
Plan Pays	Year 1	Year 2	Year 3								
80%	90%	90%									
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>50%</td><td>50%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%			
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%									
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>50%</td><td>50%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%			
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20%	50%	50%									
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>50%</td><td>50%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%			
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20%	50%	50%									
Extractions:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>80%</td><td>90%</td><td>90%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	80%	90%	90%			
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80%	90%	90%									
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>50%</td><td>50%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%			
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%									
Implants:	Yes										
Orthodontia:	No										
Vision Benefit:	Available - See Brochure for Details										

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:	05/07/2025		
Dentist Search:	 Dentist Search		
Plan Brochure:	 View Plan Brochure		
	ENROLL NOW		