

											
	Primestar Boost (PPO)										
Individual:	\$44.24 /mo										
Individual +1:	\$90.48/mo										
Family:	\$149.98/mo										
	ENROLL NOW										
Deductible:	\$50 Annual										
Max. Annual Benefit:	Up to \$2,000										
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>65%</td><td>80%</td><td>80%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	65%	80%	80%			
Plan Pays	Year 1	Year 2	Year 3								
65%	80%	80%									
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%			
Plan Pays	Year 1	Year 2	Year 3								
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%			
Plan Pays	Year 1	Year 2	Year 3								
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>65%</td><td>80%</td><td>80%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	65%	80%	80%			
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65%	80%	80%									
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:	Yes - See Brochure for Details										
Vision Benefit:	Available - See Brochure for Details										

Plan Highlights: Annual maximum benefit increases annually: 1500 = year 1, 2000 = year 2+. Coverage percentages are lower if using out-of-network dentist

Application Fee: 0.00

Effective Date: 05/07/2025

Dentist Search:  [Dentist Search](#)

Plan Brochure:  [View Plan Brochure](#)

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