


											
	Primestar Lite (PPO)										
Individual:	\$21.04 /mo										
Individual +1:	\$42.08/mo										
Family:	\$67.32/mo										
	ENROLL NOW										
Deductible:	\$50 Annual										
Max. Annual Benefit:	Up to \$1,500										
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>50%</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	50%	80%	80%			
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50%	80%	80%									
Filling:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>50%</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	50%	80%	80%			
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50%	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>10%</td><td>20%</td><td>20%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	10%	20%	20%			
Plan Pays	Year 1	Year 2	Year 3								
10%	20%	20%									
Crown:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>20%</td><td>20%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	10%	20%	20%			
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Oral Surgery:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>10%</td><td>20%</td><td>20%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	10%	20%	20%			
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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>10%</td><td>20%</td><td>20%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	10%	20%	20%			
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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>10%</td><td>20%</td><td>20%</td><td></td></tr> </table> <p>Waiting Period: 0 Months</p>	Plan Pays	Year 1	Year 2	Year 3	10%	20%	20%			
Plan Pays	Year 1	Year 2	Year 3								
10%	20%	20%									
Implants:	No										
Orthodontia:	No										
Vision Benefit:	No										

Plan Highlights: NEXT DAY COVERAGE AVAILABLE!
Annual maximum benefit increases annually: 750 = year 1, 1500 = year 2+.

Application Fee: 0.00

Effective Date: 05/02/2025

Dentist Search:  [Dentist Search](#)

Plan Brochure:  [View Plan Brochure](#)

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