

															
	<b>Primestar Complete (PPO)</b>														
Individual:	\$43.57/mo														
Individual +1:	<b>\$86.84</b> /mo														
Family:	\$138.07/mo														
	<a href="#">ENROLL NOW</a>														
Deductible:	\$50 Annual														
Max. Annual Benefit:	Up to \$3,000														
	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>Cleaning:</td><td>100%</td><td>100%</td><td>100%</td></tr> <tr> <td colspan="4">Waiting Period: 0 Months</td></tr> </table>	Plan Pays	Year 1	Year 2	Year 3	Cleaning:	100%	100%	100%	Waiting Period: 0 Months					
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Waiting Period: 0 Months															
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:

05/07/2025

Dentist Search:

 [Dentist Search](#)

Plan Brochure:

 [View Plan Brochure](#)

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