


											
	Primestar Total (PPO)										
Individual:	\$47.41 /mo										
Individual +1:	\$94.51/mo										
Family:	\$150.35/mo										
	ENROLL NOW										
Deductible:	\$50 Annual										
Max. Annual Benefit:	Up to \$2,500										
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>100%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%	100%		
Plan Pays	Year 1	Year 2	Year 3								
100%	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>100%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%	100%		
Plan Pays	Year 1	Year 2	Year 3								
100%	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>90%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	80%	90%	90%	90%		
Plan Pays	Year 1	Year 2	Year 3								
80%	90%	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>50%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	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>50%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	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>50%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
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20%	50%	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>90%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	80%	90%	90%	90%		
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80%	90%	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>50%</td></tr> </table> Waiting Period: 0 Months	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%	50%								
Implants:	Yes										
Orthodontia:	No										
Vision Benefit:	Available - See Brochure for Details										

Plan Highlights: Annual maximum benefit increases annually: 2000 = year 1, 2500 = year 2+. Hearing Aid benefit of \$200-\$400

Application Fee: 0.00

Effective Date: 04/21/2024

Dentist Search:  [Dentist Search](#)

Plan Brochure:  [View Plan Brochure](#)

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