

				
	Primestar Boost (PPO)			
Individual:	\$43.80 /mo			
Individual +1:	\$89.26/mo			
Family:	\$147.11/mo			
	<div style="background-color: orange; color: white; padding: 5px; display: inline-block;">ENROLL NOW</div>			
Deductible:	\$50 Annual			
Max. Annual Benefit:	Up to \$2,000			
	Plan Pays	Year 1	Year 2	Year 3
Cleaning:	100%	100%	100%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
X-ray:	100%	100%	100%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Filling:	65%	80%	80%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Root Canal:	20%	50%	50%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Crown:	20%	50%	50%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Oral Surgery:	20%	50%	50%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Extractions:	65%	80%	80%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Dentures Bridges:	20%	50%	50%	
	Waiting Period: 0 Months			
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: 11/22/2024

Dentist Search:  [Dentist Search](#)

Plan Brochure:  [View Plan Brochure](#)

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