

				
	Primestar Lite (PPO)			
Individual:	\$21.04 /mo			
Individual +1:	\$42.08/mo			
Family:	\$67.32/mo			
	<div style="background-color: orange; color: white; padding: 5px; display: inline-block;">ENROLL NOW</div>			
Deductible:	\$50 Annual			
Max. Annual Benefit:	Up to \$1,500			
	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:	50%	80%	80%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Filling:	50%	80%	80%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Root Canal:	10%	20%	20%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Crown:	10%	20%	20%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Oral Surgery:	10%	20%	20%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Extractions:	10%	20%	20%	
	Waiting Period: 0 Months			
	Plan Pays	Year 1	Year 2	Year 3
Dentures Bridges:	10%	20%	20%	
	Waiting Period: 0 Months			
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:

04/04/2025

Dentist Search:

 [Dentist Search](#)

Plan Brochure:

 [View Plan Brochure](#)

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