

SAMPLE BENEFITS FOR *PRIMESTAR* "CHOOSE YOUR OWN DENTIST" DENTAL PLANS

A Complete Description of Benefits is Attached to Application and Instructions

<i>PrimeStar Plans</i>	Complete	Advantage	Advantage Plus	Essential
Customer Service	800-300-9566			
Benefit	Plan Pays*			
Class A - Preventive				
Initial and Periodic exams (2 Per Year), Cleanings (2 Per Year), Fluoride Treatment (to age 16)				
Benefit – begins day one of policy	100%	100%	100%	100%
Benefit - Sealants to age 6	100%	100%	100%	
Deductible – Lifetime per Insured	\$0	\$50	\$50	\$50
Class B - Basic Services				
X-rays, Fillings, Simple extractions				
Benefit – after 6 Month waiting period	80%			80%
Benefit – Day 1		35%	35%	
Benefit – After year 1		50%	65%	
Benefit – After year 2+		65%	80%	
Benefit – Sealants to age 6				80%
Deductible – Each Calendar Year per Insured	\$50/yr	\$50/yr	\$50/yr	\$50/yr
Class C - Major Services				
Endodontics, Periodontics, Crowns, Bridges, Dentures		Includes Oral Surgery	Includes Oral Surgery	No Benefits
Benefit – after 15 month waiting period	50%		15% Per Day	0%
Benefit – Day 1		10%		0%
Benefit – After year 1		25%	50%	0%
Benefit – After year 2+		50%	50%	0%
Deductible – Each Calendar Year per Insured	\$50/yr	\$50/yr	\$50/yr	
Class D – Orthodontic Services				
Straightening of Teeth (for children under 19)	Not available Under this plan	Not available Under this plan	Policy Pays - 50% Cal. Yr. Max - \$500/Child Lifetime Max. - \$1,000/Child Waiting Period – 24 Mos.	Not available Under this plan
Class D – Maximum Benefits				
Classes A, B and C Combined	\$1,000/\$,2000	\$1,000/\$,2000	\$1,000/\$,2000	\$500
Class C – Major Services	\$500	\$500	\$500	No Benefits
Class D - Orthodontics	No Benefits	\$500	No Benefits	No Benefits
Lifetime Maximum per Child – Class D	No Benefits	\$1,000	No Benefits	No Benefits
Deductible	Class B & C Deductibles are combined for each calendar year. A maximum of 3 individual deductibles per family shall apply.	Class B & C Deductibles are combined for each calendar year. A maximum of 3 individual deductibles per family shall apply.	Class B & C Deductibles are combined for each calendar year. A maximum of 3 individual deductibles per family shall apply.	Calendar year deductible has a maximum of 3 per family per year.
Link to Application and Instructions	Apply Now	Apply Now	Apply Now	Apply Now
Link to Complete Description of Benefits	Click Here	Click Here	Click Here	Click Here

*This plan reimburses at the percentages shown for covered dental expenses based upon the Reasonable and Customary (R&C) fees for those covered expenses. Reasonable and Customary means the usual, customary, and regular charges for the area where such expenses are incurred.

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STANDARD PLAN RATES

CALIFORNIA MONTHLY PREMIUM RATE CHART BY ZIP CODE

ZIP CODES		922-925 932-933 936-937 952953	934, 938-939 942, 955, 959-961	All Other Zip Codes	
PLANS AND RATES	COMPLETE	<i>Applicant Only</i>	\$52.64	\$57.90	\$63.64
		<i>Applicant + 1</i>	\$105.27	\$115.80	\$127.28
		<i>Applicant + Family</i>	\$168.43	\$185.28	\$203.65
	ADVANTAGE	<i>Applicant Only</i>	\$26.43	\$29.08	\$31.96
		<i>Applicant + 1</i>	\$52.87	\$58.15	\$63.92
		<i>Applicant + Family</i>	\$84.59	\$93.05	\$102.28
	ADVANTAGE PLUS	<i>Applicant Only</i>	\$44.68	\$49.15	\$54.02
		<i>Applicant + 1</i>	\$91.07	\$100.18	\$110.11
		<i>Applicant + Family</i>	\$155.14	\$170.66	\$187.58
	ESSENTIAL	<i>Applicant Only</i>	\$21.65	\$23.81	\$26.17
		<i>Applicant + 1</i>	\$43.30	\$47.63	\$52.35
		<i>Applicant + Family</i>	\$69.28	\$76.21	\$83.76

OPTIONAL PLAN

\$2,000 ANNUAL BENEFIT

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ZIP CODES		922-925 932-933 936-937 952953	934, 938-939 942, 955, 959-961	All Other Zip Codes	
PLANS AND RATES	COMPLETE	<i>Applicant Only</i>	\$64.55	\$71.00	\$78.04
		<i>Applicant + 1</i>	\$129.10	\$142.01	\$156.09
		<i>Applicant + Family</i>	\$206.56	\$227.21	\$249.75
	ADVANTAGE	<i>Applicant Only</i>	\$32.32	\$35.55	\$39.08
		<i>Applicant + 1</i>	\$64.64	\$71.10	\$78.15
		<i>Applicant + Family</i>	\$103.42	\$113.76	\$125.05
	ADVANTAGE PLUS	<i>Applicant Only</i>	\$54.76	\$60.23	\$66.21
		<i>Applicant + 1</i>	\$111.22	\$122.34	\$134.48
		<i>Applicant + Family</i>	\$187.40	\$206.14	\$226.58