



Individual Dental Rates

- Premiums are composite for issue ages 17-75.
- Coverage is available for: Named Insured (Employee); Employee and Spouse; One-Parent Family (Employee and Dependent Children); Two-Parent Family (Employee, Spouse and Dependent Children).
- Dependents are eligible for coverage from age 0 to age 26.

Base Dental Plan Monthly Premiums - Composite Rates				
Benefit Level	Employee	Employee & Spouse	One-Parent Family	Two-Parent Family
Level 1	\$23.95	\$44.35	\$47.65	\$68.05
Level 2	\$31.25	\$63.45	\$68.40	\$100.60
Level 3	\$38.25	\$74.80	\$78.35	\$114.90
Level 4	\$49.80	\$98.50	\$103.70	\$152.40

Rider Monthly Premiums - Composite Rates				
Optional Riders	Employee	Employee & Spouse	One-Parent Family	Two-Parent Family
Orthodontic Rider	\$23.60	\$25.80	\$25.80	\$25.80
Vision Rider	\$6.75	\$13.50	\$17.55	\$24.30

Applicable to AK, AL, AR, CT, DE, GA, HI, IA, ID, IN, KS, KY, LA, ME, MI, MO, MS, MT, ND, NE, NH, OK, PA, SC, SD, TX, UT, WI, WV

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