

## INDIVIDUAL DENTAL RATES

**You may enroll for Dental Only Coverage or Dental with Vision Coverage.  
All members must be enrolled for the same coverage and premium payment schedule.**

<b>PREMIUM RATES FOR INCENTIVE DENTAL</b>		
<b>MONTHLY PREMIUM PER MEMBER</b>		
	<u>Dental Only</u>	<u>Dental &amp; Vision</u>
<b>Under Age 18</b>	<b>\$18.93</b>	<b>\$21.54</b>
<b>18 through 64</b>	<b>\$25.00</b>	<b>\$29.62</b>
<b>65 and over</b>	<b>\$27.57</b>	<b>\$33.48</b>
<b>QUARTERLY PREMIUM PER MEMBER</b>		
	<u>Dental Only</u>	<u>Dental &amp; Vision</u>
<b>Under Age 18</b>	<b>\$56.79</b>	<b>\$64.62</b>
<b>18 through 64</b>	<b>\$75.00</b>	<b>\$88.86</b>
<b>65 and over</b>	<b>\$82.71</b>	<b>\$100.44</b>

<b>PREMIUM RATES FOR DOLLAR-BASED DENTAL</b>		
<b>MONTHLY PREMIUM PER MEMBER</b>		
	<u>Dental Only</u>	<u>Dental &amp; Vision</u>
<b>Under Age 18</b>	<b>\$20.14</b>	<b>\$22.75</b>
<b>18 through 64</b>	<b>\$38.68</b>	<b>\$43.30</b>
<b>65 and over</b>	<b>\$48.98</b>	<b>\$54.89</b>
<b>QUARTERLY PREMIUM PER MEMBER</b>		
	<u>Dental Only</u>	<u>Dental &amp; Vision</u>
<b>Under Age 18</b>	<b>\$60.42</b>	<b>\$68.25</b>
<b>18 through 64</b>	<b>\$116.04</b>	<b>\$129.90</b>
<b>65 and over</b>	<b>\$146.94</b>	<b>\$164.67</b>

### HOW TO APPLY

- Choose the dental insurance plan that best meets your needs.
- Complete the application in full. Missing information may cause your effective date to be delayed. If you have more than four children, please attach a separate list.
- Calculate the premium. Indicate if you are enrolling for the Optional Vision coverage. Be sure to select a monthly or quarterly payment schedule. Include the applicable payment for the first month or quarter of coverage, according to the payment schedule you have selected.
- You may enroll for Child Only coverage. If you are enrolling children only, a separate application must be completed and submitted for each child.
- If you have any questions, please call 503-721-7161 or toll-free 1-800-794-5390.
- Send the application and your check or money order made payable to Regence Life and Health Insurance Company to:

Regence Life and Health Insurance Company  
PO Box 1271, MS E-3A  
Portland, OR 97207-1271

- Keep this brochure for your records.

### REFUNDS

If you are not satisfied with this Policy, you may return the policy within 10 days of delivery for a full refund of premium.

**Please note:** The policy fee of \$25 is non-refundable.

**Please read your policy carefully and keep it available for future reference.**