

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.  
 For more information about policy benefits and limitations, please refer to the accompanying  
 product brochure for each insurance policy listed below.

**DENTAL ESSENTIALS - Series A-82100R**

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	\$10.74	\$10.92	\$11.82	\$33.48
18-70	ONE-PARENT FAMILY	\$18.78	\$11.94	\$11.82	\$42.54
18-70	INSURED/SPOUSE	\$18.90	\$11.94	\$11.82	\$42.66
18-70	TWO-PARENT FAMILY	\$27.06	\$11.94	\$11.82	\$50.82

\* = Optional Orthodontic Rider (Series A82050) premium

\*\* = Optional Cosmetic Rider (Series A82051) premium

**DENTAL LEVEL 1 - Series A-82200R**

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	\$13.98	\$10.92	\$11.82	\$36.72
18-70	ONE-PARENT FAMILY	\$26.82	\$11.94	\$11.82	\$50.58
18-70	INSURED/SPOUSE	\$27.18	\$11.94	\$11.82	\$50.94
18-70	TWO-PARENT FAMILY	\$40.56	\$11.94	\$11.82	\$64.32

\* = Optional Orthodontic Rider (Series A82050) premium

\*\* = Optional Cosmetic Rider (Series A82051) premium

**DENTAL LEVEL 2 - Series A-82300R**

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	\$17.10	\$10.92	\$11.82	\$39.84
18-70	ONE-PARENT FAMILY	\$33.24	\$11.94	\$11.82	\$57.00
18-70	INSURED/SPOUSE	\$33.48	\$11.94	\$11.82	\$57.24
18-70	TWO-PARENT FAMILY	\$50.04	\$11.94	\$11.82	\$73.80

\* = Optional Orthodontic Rider (Series A82050) premium

\*\* = Optional Cosmetic Rider (Series A82051) premium

**DENTAL LEVEL 3 - Series A-82400R**

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	\$24.78	\$10.92	\$11.82	\$47.52
18-70	ONE-PARENT FAMILY	\$48.78	\$11.94	\$11.82	\$72.54
18-70	INSURED/SPOUSE	\$49.26	\$11.94	\$11.82	\$73.02
18-70	TWO-PARENT FAMILY	\$73.26	\$11.94	\$11.82	\$97.02

\* = Optional Orthodontic Rider (Series A82050) premium

\*\* = Optional Cosmetic Rider (Series A82051) premium