



**Idaho Individual Dental Rates**  
**Effective: July 1, 2020 through September 30, 2020**

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><u>INCENTIVE 10 DENTAL</u></b>			<b><u>DOLLAR-BASED DENTAL</u></b>		
<b>MONTHLY PREMIUM PER MEMBER</b>			<b>MONTHLY PREMIUM PER MEMBER</b>		
<b><u>Member's Age</u></b>	<b><u>Dental Only</u></b>	<b><u>Dental &amp; Vision</u></b>	<b><u>Member's Age</u></b>	<b><u>Dental Only</u></b>	<b><u>Dental &amp; Vision</u></b>
<b>Under Age 18</b>	<b>\$ 27.30</b>	<b>\$ 29.91</b>	<b>Under Age 18</b>	<b>\$ 33.42</b>	<b>\$ 36.03</b>
<b>18 through 64</b>	<b>\$ 42.70</b>	<b>\$ 47.32</b>	<b>18 through 64</b>	<b>\$ 45.11</b>	<b>\$ 49.73</b>
<b>65 and over</b>	<b>\$ 46.19</b>	<b>\$ 52.10</b>	<b>65 and over</b>	<b>\$ 57.22</b>	<b>\$ 63.13</b>
<b>QUARTERLY PREMIUM PER MEMBER</b>			<b>QUARTERLY PREMIUM PER MEMBER</b>		
<b><u>Member's Age</u></b>	<b><u>Dental Only</u></b>	<b><u>Dental &amp; Vision</u></b>	<b><u>Member's Age</u></b>	<b><u>Dental Only</u></b>	<b><u>Dental &amp; Vision</u></b>
<b>Under Age 18</b>	<b>\$ 81.90</b>	<b>\$ 89.73</b>	<b>Under Age 18</b>	<b>\$100.26</b>	<b>\$108.09</b>
<b>18 through 64</b>	<b>\$128.10</b>	<b>\$141.96</b>	<b>18 through 64</b>	<b>\$135.33</b>	<b>\$149.19</b>
<b>65 and over</b>	<b>\$138.57</b>	<b>\$156.30</b>	<b>65 and over</b>	<b>\$171.66</b>	<b>\$189.39</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 dependents, 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.
- Send the application and your check or money order made payable to LifeMap Assurance Company to:

LifeMap Assurance Company  
 PO Box 1271, MS E8L  
 Portland, OR 97207-1271

- Keep this brochure for your records.
- Questions? Call **800-756-4105** or go online to **www.LifeMapCo.com**

**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.**