



**Utah Individual Dental Rates**  
**Effective: January 1, 2021 through March 31, 2021**

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>
Under Age 18	\$ 23.15	\$ 25.76	Under Age 18	\$ 42.59	\$ 45.20
18 through 64	\$ 37.89	\$ 42.51	18 through 64	\$ 42.59	\$ 47.21
65 and over	\$ 40.52	\$ 46.43	65 and over	\$ 53.51	\$ 59.42
<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>
Under Age 18	\$ 69.45	\$ 77.28	Under Age 18	\$127.77	\$135.60
18 through 64	\$113.67	\$127.53	18 through 64	\$127.77	\$141.63
65 and over	\$121.56	\$139.29	65 and over	\$160.53	\$178.26

**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.**