



Oregon Individual Dental Rates
Effective: July 1, 2021 through September 30, 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.

| PREMIUM RATES FOR INCENTIVE 10 DENTAL | | | PREMIUM RATES FOR DOLLAR-BASED DENTAL | | |
|---------------------------------------|--------------------|----------------------------|---------------------------------------|--------------------|----------------------------|
| MONTHLY PREMIUM PER MEMBER | | | MONTHLY PREMIUM PER MEMBER | | |
| <u>Member's Age</u> | <u>Dental Only</u> | <u>Dental & Vision</u> | <u>Member's Age</u> | <u>Dental Only</u> | <u>Dental & Vision</u> |
| Under Age 18 | \$37.30 | \$39.91 | Under Age 18 | \$43.27 | \$45.88 |
| 18 through 64 | \$53.66 | \$58.28 | 18 through 64 | \$54.14 | \$58.76 |
| 65 and over | \$56.94 | \$62.85 | 65 and over | \$67.36 | \$73.27 |
| QUARTERLY PREMIUM PER MEMBER | | | QUARTERLY PREMIUM PER MEMBER | | |
| <u>Member's Age</u> | <u>Dental Only</u> | <u>Dental & Vision</u> | <u>Member's Age</u> | <u>Dental Only</u> | <u>Dental & Vision</u> |
| Under Age 18 | \$111.90 | \$119.73 | Under Age 18 | \$129.81 | \$137.64 |
| 18 through 64 | \$160.98 | \$174.84 | 18 through 64 | \$162.42 | \$176.28 |
| 65 and over | \$170.82 | \$188.55 | 65 and over | \$202.08 | \$219.81 |

| PREMIUM RATES FOR EXCLUSIVE PROVIDER ORGANIZATION 16 DENTAL | | |
|---|--------------------|----------------------------|
| MONTHLY PREMIUM PER POLICY | | |
| <u>Family Status</u> | <u>Dental Only</u> | <u>Dental & Vision</u> |
| Individual | \$51.92 | \$58.08 |
| Indiv. & Spouse | \$103.84 | \$116.17 |
| Indiv. & Child(ren) | \$107.37 | \$116.66 |
| Family | \$159.29 | \$179.45 |
| QUARTERLY PREMIUM PER POLICY | | |
| <u>Family Status</u> | <u>Dental Only</u> | <u>Dental & Vision</u> |
| Individual | \$155.76 | \$174.24 |
| Indiv. & Spouse | \$311.52 | \$348.51 |
| Indiv. & Child(ren) | \$322.11 | \$349.98 |
| Family | \$477.87 | \$538.35 |

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.
- If you are enrolling a non-state certified domestic partner, please complete the attached affidavit.
- 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 toll-free 1-800-756-4105.
- Send the application and your check or money order made payable to LifeMap Assurance Company to:

LifeMap Assurance Company
P.O. Box 1271, M/S E8L
Portland, OR 97207

- 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.