

Monthly Rates Includes \$1.67 monthly policy fee Benefit Level

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	Benefit Level			
Issue Age	\$1,000	\$2,000	\$3,000	
18-39	\$22.70	\$23.65	\$27.96	
40-44	\$25.37	\$30.70	\$32.86	
45-49	\$27.08	\$33.17	\$35.76	
50-54	\$29.65	\$36.47	\$39.84	
55-59	\$32.22	\$41.05	\$44.37	
60-65	\$35.26	\$45.26	\$49.36	
66-69	\$38.31	\$48.56	\$54.71	
70-74	\$40.02	\$51.12	\$57.61	
75-79	\$40.02	\$52.77	\$57.97	
80-84	\$40.50	\$53.14	\$58.43	
85-89	\$40.88	\$53.60	\$58.79	
Child Rider	\$25.31	\$28.21	\$28.38	

Annual Rates Includes \$20 annual policy fee				
Benefit Level				
\$1,000	\$2,000	\$3,000		
\$272.38	\$283.76	\$335.52		
\$304.36	\$368.38	\$394.27		
\$324.91	\$398.06	\$429.09		
\$355.75	\$437.62	\$478.05		
\$386.58	\$492.57	\$532.45		
\$423.13	\$543.12	\$592.29		
\$459.67	\$582.69	\$656.48		
\$480.23	\$613.46	\$691.30		
\$480.23	\$633.24	\$695.65		
\$485.94	\$637.64	\$701.09		
\$490.50	\$643.13	\$705.44		
4000 77	\$222.40	\$340,54		
	\$1,000 \$272.38 \$304.36 \$324.91 \$355.75 \$386.58 \$423.13 \$459.67 \$480.23 \$480.23 \$485.94	### Style="background-color: blue;"> ### Benefit Leve ### \$1,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$2,000 ### \$3.76 ### \$3.86.38 ### \$3.86.		

Premium Mode Factors:

Monthly PAC 0.08333 Quarterly 0.25 Semi Annual 0.5

Dental Shield Benefit Policy U21DN Child Rider RU21DCR

UNL DENTAL SHIELD 2.0 RATES





1 THE BASICS:

UNL will pay 80% of ACTUAL CHARGES for covered expenses up to the calendar year maximum benefit after a once annual \$100 deductible is met.



- **\$1,000** Benefit Plan
- **\$2,000** Benefit Plan
- **\$3,000** Benefit Plan



Go to any dentist you choose while having the peace of mind knowing that benefits are paid directly to you, or whomever you choose.

- No waiting period for preventative care.
 - No inside limits for any services.



NO WAITING PERIOD

Preventative x-rays, two dental cleanings per calendar year (up to \$100 each).

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6 MONTHS

Most basic dental care:

- Restorations (Fillings)
- X-rays—Limited or Problem-Focused
- Nonsurgical Tooth Extraction
- Palliative Care



12 MONTHS

Almost all non-cosmetic dental care is covered, including but not limited to: bridges, crowns, dentures*, root canals, out-patient dental surgery, "full mouth" extractions, etc.

*If replacement or repair of existing bridges or dentures is needed as the result of injury, the 12 month waiting period is waived.