

DENTAL/VISION BENEFIT POLICY

RATE SHEET

All Rates Are Annual
One-Time Application Fee: \$20.00

Modal Factors	
Semi Annual	.520
Quarterly	.265
Monthly PAC	.084

FOR AGENT USE ONLY

Dental & Vision Benefit Policy			
AGE	\$400	\$800	\$1,200
40	270.00	325.00	375.00
41	270.00	325.00	375.00
42	270.00	325.00	375.00
43	270.00	325.00	375.00
44	270.00	325.00	375.00
45	270.00	325.00	375.00
46	270.00	325.00	375.00
47	270.00	325.00	375.00
48	270.00	325.00	375.00
49	270.00	325.00	375.00
50	290.00	353.00	411.00
51	290.00	353.00	411.00
52	290.00	353.00	411.00
53	290.00	353.00	411.00
54	290.00	353.00	411.00
55	290.00	353.00	411.00
56	303.00	368.00	428.00
57	303.00	368.00	428.00
58	303.00	368.00	428.00
59	303.00	368.00	428.00
60	303.00	368.00	428.00
61	319.00	384.00	443.00
62	319.00	384.00	443.00
63	319.00	384.00	443.00
64	319.00	384.00	443.00
65	319.00	384.00	443.00
66	339.00	403.00	458.00
67	339.00	403.00	458.00
68	339.00	403.00	458.00
69	339.00	403.00	458.00
70	339.00	403.00	458.00
71	359.00	418.00	473.00
72	359.00	418.00	473.00
73	359.00	418.00	473.00
74	359.00	418.00	473.00
75	359.00	418.00	473.00
76	379.00	433.00	488.00
77	379.00	433.00	488.00
78	379.00	433.00	488.00
79	379.00	433.00	488.00
80	379.00	433.00	488.00
81	399.00	449.00	505.00
82	399.00	449.00	505.00
83	399.00	449.00	505.00
84	399.00	449.00	505.00
85	399.00	449.00	505.00