

INDIVIDUAL DENTAL RATES

These rates are effective through December 31, 2011

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			PREMIUM RATES FOR MANAGED CARE DENTAL		
MONTHLY PREMIUM PER MEMBER			MONTHLY PREMIUM PER MEMBER			MONTHLY PREMIUM PER POLICY		
<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>	<u>Family Status</u>	<u>Dental Only</u>	<u>Dental & Vision</u>
Under Age 18	\$34.56	\$37.44	Under Age 18	\$46.44	\$49.32	Individual	\$ 30.30	\$ 35.80
18 through 64	\$53.96	\$59.21	18 through 64	\$57.99	\$63.24	Ind. & 1 Dependent	\$ 60.60	\$ 71.60
65 and over	\$58.10	\$65.10	65 and over	\$69.18	\$76.18	Family	\$ 90.90	\$108.90
QUARTERLY PREMIUM PER MEMBER			QUARTERLY PREMIUM PER MEMBER			QUARTERLY PREMIUM PER POLICY		
<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>	<u>Family Status</u>	<u>Dental Only</u>	<u>Dental & Vision</u>
Under Age 18	\$103.68	\$112.32	Under Age 18	\$139.32	\$147.96	Individual	\$ 90.90	\$107.40
18 through 64	\$161.88	\$177.63	18 through 64	\$173.97	\$189.72	Ind. & 1 Dependent	\$181.80	\$214.80
65 and over	\$174.30	\$195.30	65 and over	\$207.54	\$228.54	Family	\$272.70	\$326.70

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.
- If you are enrolling a non-registered 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 503-721-7161 or toll-free 1-800-756-4105.
- Send the application and your check or money order made payable to Regence Life and Health Insurance Company to:

Regence Life and Health Insurance Company
PO Box 1271, MS E-3A
Portland, OR 97207-1271

- 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. An additional ten percent penalty will be added to any premium refund due that is not paid within 30 days of return of the Policy to the insurer or insurance producer.

Please read your policy carefully and keep it available for future reference.