

Monthly Rates Includes \$1.67 monthly policy fee								
laava	Benefit Level							
Issue Age	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000			
18-39	\$22.70	\$23.65	\$27.96	\$28.70	\$29.34			
40-44	\$25.37	\$30.70	\$32.86	\$34.40	\$35.81			
45-49	\$27.08	\$33.17	\$35.76	\$38.11	\$39.94			
50-54	\$29.65	\$36.47	\$39.84	\$42.63	\$45.24			
55-59	\$32.22	\$41.05	\$44.37	\$47.60	\$50.54			
60-65	\$35.26	\$45.26	\$49.36	\$52.93	\$56.29			
66-69	\$38.31	\$48.56	\$54.71	\$58.63	\$62.75			
70-74	\$40.02	\$51.12	\$57.61	\$61.98	\$66.44			
75-79	\$40.02	\$52.77	\$57.97	\$62.34	\$66.89			
80-84	\$40.50	\$53.14	\$58.43	\$62.79	\$67.25			
85-89	\$40.88	\$53.60	\$58.79	\$63.15	\$67.69			
Child Rider	\$25.31	\$28.21	\$28.38	\$28.66	\$28.93			

Annual Rates Includes \$20 annual policy fee								
Issue Age	Benefit Level							
	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000			
18-39	\$272.38	\$283.76	\$335.52	\$344.42	\$352.02			
40-44	\$304.36	\$368.38	\$394.27	\$412.77	\$429.64			
45-49	\$324.91	\$398.06	\$429.09	\$457.26	\$479.23			
50-54	\$355.75	\$437.62	\$478.05	\$511.51	\$542.83			
55-59	\$386.58	\$492.57	\$532.45	\$571.18	\$606.43			
60-65	\$423.13	\$543.12	\$592.29	\$635.20	\$675.42			
66-69	\$459.67	\$582.69	\$656.48	\$703.55	\$753.04			
70-74	\$480.23	\$613.46	\$691.30	\$743.70	\$797.24			
75-79	\$480.23	\$633.24	\$695.65	\$748.04	\$802.63			
80-84	\$485.94	\$637.64	\$701.09	\$753.46	\$806.94			
85-89	\$490.50	\$643.13	\$705.44	\$757.80	\$812.33			
Child Rider	\$303.77	\$338.49	\$340.54	\$343.95	\$347.12			

### **Premium Mode Factors:**

Monthly PAC 0.08333 Quarterly 0.25 Semi Annual 0.5



# **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
- **\$4,000** Benefit Plan
- **\$5,000** 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.