

# Choose the plan that's right for you and your family

## PREMIUM RATES FOR DOLLAR-BASED DENTAL

	MONTHLY PREMIUM PER MEMBER		QUARTERLY PREMIUM PER MEMBER	
	<u>Dental Only</u>	<u>Dental &amp; Vision</u>	<u>Dental Only</u>	<u>Dental &amp; Vision</u>
Under Age 18	\$24.66	\$27.27	\$73.98	\$81.81
18 through 64	\$44.99	\$49.61	\$134.97	\$148.83
65 and over	\$56.98	\$62.89	\$170.94	\$188.67

**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.**

### Individual Dollar-Based Dental

Spend your benefit dollars on care that's important to you and your family. Include a routine exam and cleaning and watch your benefits grow in the next year.

#### Plan features:

- You decide how to spend your benefit dollars
- No deductibles
- No limitations or exclusions for covered services (orthodontia, teeth bleaching and veneers are not covered services)\*
- Choose any dentist, but save even more by using one of our network providers
- Optional Vision rider available (\$150 in services every two years)

#### Here's how it works:

Each year that you take advantage of an annual checkup and cleaning, the benefit dollars available to you increase. The goal is to reach \$1,500 in available benefits by year four. Every year the plan pays: 100% of the first \$150 of care, 80% of the next \$500 of care, and 50% of remaining care until you reach your annual maximum benefit. The co-insurance stays constant each year, but you and your dentist choose which procedures to have done with no age restrictions or limitations for covered services.

**There is a six month waiting period on this plan.\***

	Maximum Benefit The benefit dollars available to spend as you choose grow each year.	Coinsurance Benefit These are the percentages your plan will pay based on your accumulated treatment costs.
Year 1	\$750	100/80/50
Year 2	\$1,000	100/80/50
Year 3	\$1,250	100/80/50
Year 4	\$1,500	100/80/50

\*Please see the Outline of Coverage.

For quick, easy enrollment, call Century Benefits at 503-608-7768

## PREMIUM RATES FOR INCENTIVE DENTAL

	MONTHLY PREMIUM PER MEMBER		QUARTERLY PREMIUM PER MEMBER	
	<u>Dental Only</u>	<u>Dental &amp; Vision</u>	<u>Dental Only</u>	<u>Dental &amp; Vision</u>
Under Age 18	\$27.94	\$30.55	\$83.82	\$91.65
18 through 64	\$33.66	\$38.28	\$100.98	\$114.84
65 and over	\$35.88	\$41.79	\$107.64	\$125.37

**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.**

### Individual Incentive Dental

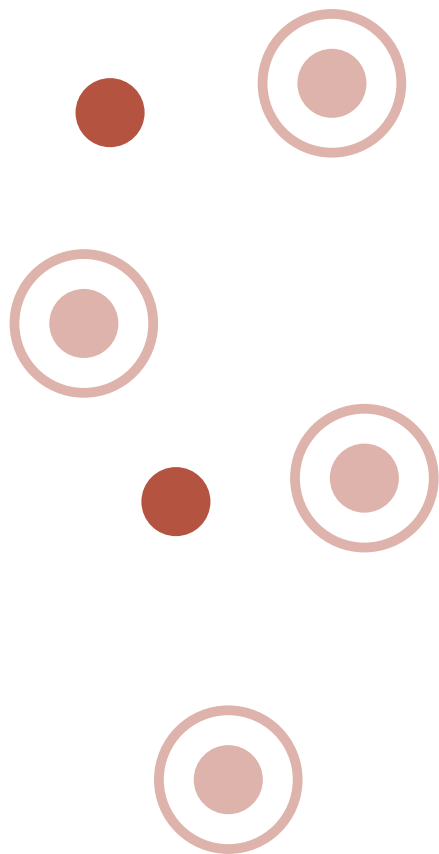
Imagine dental coverage that increases as you are proactive about visiting the dentist. That's the idea behind Individual Incentive Dental—offering financial rewards for an annual checkup and cleaning.

Plan features:

- **No waiting period**
- Deductible waived for exams and cleanings
- \$50 deductible for other covered services\*
- Choose any dentist, but save even more by using one of our network providers
- Optional Vision rider available (\$150 in services every two years)

Here's how it works:

Have your teeth cleaned and examined every year and get rewarded with greater benefits the next year. Watch your annual benefits increase and your out-of-pocket expenses for co-insurance decrease. By year four, you can reach a maximum annual benefit of \$1,500. And the percentage the plan pays in coinsurance increases to 100/80/50 by year three. This means we will pay 100% of preventive care, such as routine cleanings; 80% of restorative care, such as fillings; and 50% of major dental care like crowns or root canals.



	Maximum Benefit The benefit dollars available to spend as you choose grow each year.	Coinsurance Benefit These are the percentages your plan will pay for preventive, restorative or major procedures.
Year 1	\$750	80/60/30
Year 2	\$1,000	90/70/40
Year 3	\$1,250	100/80/50
Year 4	\$1,500	100/80/50

\*Please see the Outline of Coverage.

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