Rate sheet prepared by Web User on 6/17/2023 12:53:06 PM.
Texas Payroll Premium rates are Monthly for industry Class C.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

DENTAL ESSENTIALS - Series A-82100R

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	$24.05	$23.66	$25.61	$73.32
18-70	ONE-PARENT FAMILY	$42.12	$25.87	$25.61	$93.60
18-70	INSURED/SPOUSE	$42.38	$25.87	$25.61	$93.86
18-70	TWO-PARENT FAMILY	$60.71	$25.87	$25.61	$112.19

** = Optional Orthodontic Rider (Series A82050) premium*

*** = Optional Cosmetic Rider (Series A82051) premium*

DENTAL LEVEL 1 - Series A-82200R

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	$31.33	$23.66	$25.61	$80.60
18-70	ONE-PARENT FAMILY	$60.19	$25.87	$25.61	$111.67
18-70	INSURED/SPOUSE	$60.97	$25.87	$25.61	$112.45
18-70	TWO-PARENT FAMILY	$91.00	$25.87	$25.61	$142.48

** = Optional Orthodontic Rider (Series A82050) premium*

*** = Optional Cosmetic Rider (Series A82051) premium*

DENTAL LEVEL 2 - Series A-82300R

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	$38.35	$23.66	$25.61	$87.62
18-70	ONE-PARENT FAMILY	$74.62	$25.87	$25.61	$126.10
18-70	INSURED/SPOUSE	$75.14	$25.87	$25.61	$126.62
18-70	TWO-PARENT FAMILY	$112.19	$25.87	$25.61	$163.67

** = Optional Orthodontic Rider (Series A82050) premium*

*** = Optional Cosmetic Rider (Series A82051) premium*

DENTAL LEVEL 3 - Series A-82400R

		Premium	Orthodontic*	Cosmetic**	Total
18-70	INDIVIDUAL	$55.51	$23.66	$25.61	$104.78
18-70	ONE-PARENT FAMILY	$109.33	$25.87	$25.61	$160.81
18-70	INSURED/SPOUSE	$110.50	$25.87	$25.61	$161.98
18-70	TWO-PARENT FAMILY	$164.32	$25.87	$25.61	$215.80

** = Optional Orthodontic Rider (Series A82050) premium*

*** = Optional Cosmetic Rider (Series A82051) premium*