

Individual Dental PPO(IDN8000) for NV

Applicable to policy form Individual Dental PPO(IDN8000)

- with Orthodontic Benefit and Rollover Benefit and Vision Rider

Zip Codes: 889, 890, 891

| COVERAGE LEVEL | ISSUE AGE | INDIVIDUAL | INDIVIDUAL AND SPOUSE | INDIVIDUAL AND CHILDREN | INDIVIDUAL AND FAMILY |
|------------------------------------|-----------|------------|-----------------------|-------------------------|-----------------------|
| Plan 1 - 100/60/40, \$1,000 MAC | 17-74 | \$16.60 | \$31.39 | \$42.56 | \$62.15 |
| Plan 2 - 100/80/50, \$1,000 MAC | 17-74 | \$18.24 | \$34.76 | \$46.21 | \$67.89 |
| Plan 3 - 100/80/50, \$1,500 MAC | 17-74 | \$18.29 | \$34.80 | \$46.26 | \$67.94 |
| Plan 4 - 100/80/50, \$2,000 MAC | 17-74 | \$18.40 | \$35.02 | \$46.31 | \$68.01 |
| Plan 5 - 100/80/50, \$1,500 PPO | 17-74 | \$25.66 | \$49.44 | \$64.92 | \$95.96 |

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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