

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	\$8.30	\$15.69	\$21.28	\$31.08
Plan 2 - 100/80/50, \$1,000 MAC	17-74	\$9.12	\$17.38	\$23.11	\$33.95
Plan 3 - 100/80/50, \$1,500 MAC	17-74	\$9.15	\$17.40	\$23.13	\$33.98
Plan 4 - 100/80/50, \$2,000 MAC	17-74	\$9.20	\$17.51	\$23.15	\$34.01
Plan 5 - 100/80/50, \$1,500 PPO	17-74	\$12.83	\$24.72	\$32.46	\$47.98

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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Christina Polk | cdpolk1020@gmail.com | (702) 524-7792