Flexible Choice Dental, Vision & Hearing

Monthly Premium Rates for Oregon effective 04/01/25

Rates may vary by state.

Issue Age	Maximum	Deductible	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
18 to 49	$1,000	$100	$31.42	$61.60	$71.08	$110.08
		$50	$36.63	$71.91	$83.88	$129.67
		$0	$42.18	$82.92	$97.90	$151.07
		$100 Disappearing	$39.63	$77.84	$90.90	$140.48
	$1,500	$100	$35.60	$69.93	$78.53	$122.42
		$50	$41.02	$80.70	$91.77	$142.73
		$0	$46.87	$92.31	$106.40	$165.09
		$100 Disappearing	$44.22	$87.01	$99.09	$154.07
	$2,000	$100	$38.07	$74.88	$82.94	$129.74
		$50	$43.63	$85.92	$96.46	$150.50
		$0	$49.63	$97.83	$111.39	$173.35
		$100 Disappearing	$46.94	$92.48	$104.03	$162.22
	$2,500	$100	$39.35	$77.44	$85.41	$133.75
		$50	$44.97	$88.60	$99.08	$154.73
		$0	$51.03	$100.63	$114.11	$177.74
		$100 Disappearing	$48.34	$95.27	$106.73	$166.61
	$3,000	$100	$40.38	$79.51	$87.47	$137.08
		$50	$46.04	$90.73	$101.22	$158.18
		$0	$52.15	$102.84	$116.34	$181.34
		$100 Disappearing	$49.44	$97.47	$108.94	$170.17
	$3,500	$100	$40.61	$79.96	$87.93	$137.79
		$50	$46.25	$91.15	$101.62	$158.83
		$0	$52.35	$103.27	$116.74	$181.99
		$100 Disappearing	$49.66	$97.91	$109.36	$170.85
	$4,000	$100	$40.69	$80.11	$88.07	$138.02
		$50	$46.35	$91.35	$101.81	$159.14
		$0	$52.47	$103.52	$116.99	$182.39
		$100 Disappearing	$49.78	$98.13	$109.57	$171.19
	$5,000	$100	$40.76	$80.25	$88.15	$138.19
		$50	$46.44	$91.53	$101.92	$159.34
		$0	$52.55	$103.67	$117.06	$182.54
		$100 Disappearing	$49.86	$98.29	$109.66	$171.36

Preventive at 60%/70%/80%/90% Coinsurance in years 1/2/3/4+

Loyal American Life Insurance Company
Individual Dental, Vision & Hearing Plan

* Please refer to CSB-9-0014 for product availability by state.

** Direct bill is not available on a monthly basis. To calculate the premium for any mode, multiply the monthly premium by the factor.

Notes: Rates will be based upon the age of the primary applicant.

Quarterly, semi-annual, and annual rates calculated from the monthly rates using modal factors may differ from the actual annual, semi-annual, and quarterly premium rates due to rounding.

Mode	Bank draft/ Direct bill**
Monthly	1.0000
Quarterly	3.0012
Semi-annually	6.0024
Annually	12.0048

Flexible Choice Dental, Vision & Hearing
Monthly Premiums

Rates for Oregon
Rates may vary by state

Issue Age	Maximum	Deductible	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
50 to 89	$1,000	$100	$40.30	$78.27	$71.19	$114.25
		$50	$45.46	$88.47	$82.27	$131.34
		$0	$50.92	$99.27	$94.35	$149.84
		$100 Disappearing	$48.48	$94.45	$88.47	$141.00
	$1,500	$100	$46.97	$91.59	$80.41	$130.55
		$50	$52.42	$102.41	$91.98	$148.45
		$0	$58.29	$114.01	$104.69	$168.04
		$100 Disappearing	$55.72	$108.92	$98.52	$158.76
	$2,000	$100	$51.08	$99.81	$86.03	$140.53
		$50	$56.74	$111.02	$97.91	$158.97
		$0	$62.85	$123.13	$110.99	$179.19
		$100 Disappearing	$60.22	$117.89	$104.72	$169.74
	$2,500	$100	$53.19	$104.05	$89.08	$145.85
		$50	$58.95	$115.46	$101.12	$164.55
		$0	$65.20	$127.84	$114.36	$185.08
		$100 Disappearing	$62.53	$122.53	$108.06	$175.55
	$3,000	$100	$54.79	$107.24	$91.49	$149.99
		$50	$60.61	$118.77	$103.61	$168.86
		$0	$66.94	$131.31	$116.98	$189.58
		$100 Disappearing	$64.24	$125.95	$110.64	$179.98
	$3,500	$100	$55.26	$108.17	$92.11	$151.11
		$50	$61.09	$119.74	$104.25	$169.98
		$0	$67.45	$132.32	$117.63	$190.76
		$100 Disappearing	$64.74	$126.94	$111.29	$181.16
	$4,000	$100	$55.43	$108.50	$92.33	$151.52
		$50	$61.28	$120.11	$104.51	$170.44
		$0	$67.66	$132.74	$117.95	$191.29
		$100 Disappearing	$64.95	$127.37	$111.58	$181.67
	$5,000	$100	$55.63	$108.90	$92.54	$151.91
		$50	$61.49	$120.55	$104.74	$170.88
		$0	$67.88	$133.17	$118.17	$191.73
		$100 Disappearing	$65.16	$127.80	$111.80	$182.12

Preventive at 60%/70%/80%/90% Coinsurance in years 1/2/3/4+

Loyal American Life Insurance Company
Individual Dental, Vision & Hearing Plan

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** Direct bill is not available on a monthly basis. To calculate the premium for any mode, multiply the monthly premium by the factor.

Notes: Rates will be based upon the age of the primary applicant.

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Mode	Bank draft/ Direct bill**
Monthly	1.0000
Quarterly	3.0012
Semi-annually	6.0024
Annually	12.0048

cigna healthcare

Flexible Choice Dental, Vision & Hearing
Monthly Premiums

Rates for Oregon
Rates may vary by state

Issue Age	Maximum	Deductible	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
18 to 49	$1,000	$100	$32.84	$64.41	$76.02	$117.24
		$50	$38.61	$75.86	$90.36	$139.16
		$0	$44.87	$88.29	$106.27	$163.41
		$100 Disappearing	$41.65	$81.89	$97.54	$150.20
	$1,500	$100	$37.43	$73.59	$84.74	$131.46
		$50	$43.56	$85.76	$99.90	$154.68
		$0	$50.18	$98.91	$116.75	$180.36
		$100 Disappearing	$46.87	$92.33	$107.66	$166.61
	$2,000	$100	$40.21	$79.16	$90.01	$140.06
		$50	$46.48	$91.61	$105.45	$163.73
		$0	$53.24	$105.03	$122.51	$189.77
		$100 Disappearing	$49.90	$98.36	$113.34	$175.92
	$2,500	$100	$41.66	$82.04	$92.97	$144.80
		$50	$47.99	$94.63	$108.55	$168.68
		$0	$54.86	$108.28	$125.85	$195.12
		$100 Disappearing	$51.48	$101.55	$116.62	$181.16
	$3,000	$100	$42.78	$84.30	$95.30	$148.54
		$50	$49.17	$96.98	$110.99	$172.59
		$0	$56.06	$110.68	$128.29	$199.06
		$100 Disappearing	$52.69	$103.95	$119.09	$185.11
	$3,500	$100	$42.99	$84.72	$95.68	$149.16
		$50	$49.40	$97.46	$111.42	$173.31
		$0	$56.33	$111.21	$128.81	$199.87
		$100 Disappearing	$52.93	$104.45	$119.54	$185.85
	$4,000	$100	$43.11	$84.95	$95.90	$149.52
		$50	$49.52	$97.68	$111.63	$173.64
		$0	$56.44	$111.45	$129.00	$200.20
		$100 Disappearing	$53.06	$104.69	$119.77	$186.24
	$5,000	$100	$43.21	$85.16	$96.09	$149.84
		$50	$49.61	$97.89	$111.81	$173.93
		$0	$56.54	$111.65	$129.18	$200.49
		$100 Disappearing	$53.16	$104.90	$119.94	$186.53

Dental Benefits, 100% Preventive Coinsurance Scenario; Hearing Benefits; Vision Benefits

Loyal American Life Insurance Company
Individual Dental, Vision & Hearing Plan

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Mode	Bank draft/ Direct bill**
Monthly	1.0000
Quarterly	3.0012
Semi-annually	6.0024
Annually	12.0048

cigna healthcare

Flexible Choice Dental, Vision & Hearing
Monthly Premiums

Rates for Oregon
Rates may vary by state

Issue Age	Maximum	Deductible	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
50 to 89	$1,000	$100	$41.84	$81.36	$75.47	$120.53
		$50	$47.53	$92.63	$87.86	$139.57
		$0	$53.60	$104.61	$101.44	$160.32
		$100 Disappearing	$50.51	$98.50	$94.08	$149.23
	$1,500	$100	$49.02	$95.71	$85.87	$138.63
		$50	$55.12	$107.81	$99.02	$158.92
		$0	$61.71	$120.86	$113.59	$181.25
		$100 Disappearing	$58.43	$114.32	$105.81	$169.50
	$2,000	$100	$53.56	$104.79	$92.35	$149.97
		$50	$59.91	$117.39	$105.86	$170.88
		$0	$66.78	$130.97	$120.74	$193.81
		$100 Disappearing	$63.37	$124.22	$112.84	$181.81
	$2,500	$100	$56.01	$109.67	$95.97	$156.23
		$50	$62.49	$122.53	$109.66	$177.46
		$0	$69.53	$136.50	$124.84	$200.90
		$100 Disappearing	$66.07	$129.62	$116.86	$188.76
	$3,000	$100	$57.82	$113.28	$98.72	$160.93
		$50	$64.36	$126.30	$112.54	$182.37
		$0	$71.48	$140.40	$127.77	$205.93
		$100 Disappearing	$67.99	$133.45	$119.76	$193.73
	$3,500	$100	$58.34	$114.35	$99.38	$162.15
		$50	$64.92	$127.40	$113.25	$183.67
		$0	$72.07	$141.58	$128.55	$207.34
		$100 Disappearing	$68.57	$134.61	$120.50	$195.07
	$4,000	$100	$58.59	$114.84	$99.71	$162.74
		$50	$65.20	$127.95	$113.59	$184.31
		$0	$72.39	$142.19	$128.92	$208.02
		$100 Disappearing	$68.87	$135.21	$120.88	$195.77
	$5,000	$100	$58.85	$115.35	$100.03	$163.33
		$50	$65.46	$128.48	$113.92	$184.90
		$0	$72.66	$142.75	$129.26	$208.65
		$100 Disappearing	$69.14	$135.75	$121.20	$196.38

Dental Benefits, 100% Preventive Coinsurance Scenario; Hearing Benefits; Vision Benefits

Loyal American Life Insurance Company
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