

Flexible Choice Dental, Vision & Hearing

Monthly Premium Rates for Oregon effective 02/01/2026

Rates may vary by state.

Issue Age	Maximum	Deductible	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
18 to 49	\$1,000	\$100	\$32.37	\$63.44	\$73.22	\$113.38
		\$50	\$37.73	\$74.07	\$86.40	\$133.56
		\$0	\$43.44	\$85.41	\$100.84	\$155.60
		\$100 Disappearing	\$40.81	\$80.17	\$93.62	\$144.70
	\$1,500	\$100	\$36.66	\$72.03	\$80.88	\$126.09
		\$50	\$42.25	\$83.12	\$94.53	\$147.01
		\$0	\$48.28	\$95.08	\$109.59	\$170.05
		\$100 Disappearing	\$45.54	\$89.62	\$102.06	\$158.69
	\$2,000	\$100	\$39.21	\$77.13	\$85.43	\$133.63
		\$50	\$44.94	\$88.50	\$99.35	\$155.01
		\$0	\$51.12	\$100.76	\$114.74	\$178.55
		\$100 Disappearing	\$48.35	\$95.25	\$107.15	\$167.09
	\$2,500	\$100	\$40.53	\$79.77	\$87.97	\$137.76
		\$50	\$46.32	\$91.26	\$102.05	\$159.37
		\$0	\$52.56	\$103.65	\$117.53	\$183.07
		\$100 Disappearing	\$49.79	\$98.13	\$109.93	\$171.61
	\$3,000	\$100	\$41.60	\$81.89	\$90.10	\$141.20
		\$50	\$47.42	\$93.46	\$104.26	\$162.93
		\$0	\$53.71	\$105.93	\$119.83	\$186.79
		\$100 Disappearing	\$50.93	\$100.40	\$112.21	\$175.28
\$3,500	\$100	\$41.82	\$82.36	\$90.56	\$141.93	
	\$50	\$47.64	\$93.89	\$104.66	\$163.60	
	\$0	\$53.93	\$106.37	\$120.24	\$187.45	
	\$100 Disappearing	\$51.15	\$100.85	\$112.64	\$175.98	
\$4,000	\$100	\$41.91	\$82.51	\$90.71	\$142.16	
	\$50	\$47.75	\$94.09	\$104.87	\$163.92	
	\$0	\$54.04	\$106.62	\$120.50	\$187.86	
	\$100 Disappearing	\$51.27	\$101.08	\$112.86	\$176.33	
\$5,000	\$100	\$41.98	\$82.66	\$90.79	\$142.33	
	\$50	\$47.83	\$94.28	\$104.98	\$164.12	
	\$0	\$54.13	\$106.78	\$120.57	\$188.01	
	\$100 Disappearing	\$51.36	\$101.24	\$112.95	\$176.51	

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	\$41.51	\$80.62	\$73.33	\$117.68
		\$50	\$46.82	\$91.13	\$84.74	\$135.29
		\$0	\$52.45	\$102.25	\$97.18	\$154.34
		\$100 Disappearing	\$49.94	\$97.29	\$91.12	\$145.23
	\$1,500	\$100	\$48.38	\$94.34	\$82.82	\$134.47
		\$50	\$54.00	\$105.48	\$94.73	\$152.91
		\$0	\$60.04	\$117.43	\$107.83	\$173.08
		\$100 Disappearing	\$57.39	\$112.19	\$101.48	\$163.52
	\$2,000	\$100	\$52.61	\$102.80	\$88.61	\$144.75
		\$50	\$58.44	\$114.35	\$100.85	\$163.74
		\$0	\$64.73	\$126.83	\$114.32	\$184.57
		\$100 Disappearing	\$62.02	\$121.43	\$107.86	\$174.83
	\$2,500	\$100	\$54.79	\$107.17	\$91.75	\$150.23
		\$50	\$60.72	\$118.92	\$104.15	\$169.49
		\$0	\$67.16	\$131.68	\$117.80	\$190.63
		\$100 Disappearing	\$64.41	\$126.20	\$111.30	\$180.82
	\$3,000	\$100	\$56.44	\$110.46	\$94.23	\$154.49
		\$50	\$62.43	\$122.34	\$106.72	\$173.92
		\$0	\$68.95	\$135.25	\$120.49	\$195.27
		\$100 Disappearing	\$66.17	\$129.73	\$113.96	\$185.38
\$3,500	\$100	\$56.91	\$111.41	\$94.88	\$155.65	
	\$50	\$62.93	\$123.33	\$107.38	\$175.08	
	\$0	\$69.47	\$136.28	\$121.16	\$196.48	
	\$100 Disappearing	\$66.68	\$130.75	\$114.63	\$186.60	
\$4,000	\$100	\$57.09	\$111.76	\$95.10	\$156.06	
	\$50	\$63.12	\$123.71	\$107.64	\$175.56	
	\$0	\$69.69	\$136.73	\$121.48	\$197.03	
	\$100 Disappearing	\$66.89	\$131.19	\$114.93	\$187.12	
\$5,000	\$100	\$57.30	\$112.16	\$95.32	\$156.47	
	\$50	\$63.33	\$124.16	\$107.88	\$176.01	
	\$0	\$69.91	\$137.17	\$121.71	\$197.49	
	\$100 Disappearing	\$67.12	\$131.64	\$115.16	\$187.58	

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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		\$50	\$39.77	\$78.14	\$93.07	\$143.33
		\$0	\$46.21	\$90.93	\$109.46	\$168.31
		\$100 Disappearing	\$42.90	\$84.35	\$100.46	\$154.70
	\$1,500	\$100	\$38.55	\$75.80	\$87.28	\$135.41
		\$50	\$44.87	\$88.33	\$102.90	\$159.32
		\$0	\$51.68	\$101.88	\$120.25	\$185.77
		\$100 Disappearing	\$48.28	\$95.10	\$110.89	\$171.61
	\$2,000	\$100	\$41.42	\$81.53	\$92.71	\$144.27
		\$50	\$47.88	\$94.36	\$108.62	\$168.65
		\$0	\$54.83	\$108.19	\$126.19	\$195.47
		\$100 Disappearing	\$51.39	\$101.32	\$116.74	\$181.20
	\$2,500	\$100	\$42.91	\$84.51	\$95.76	\$149.15
		\$50	\$49.43	\$97.47	\$111.80	\$173.74
		\$0	\$56.50	\$111.53	\$129.63	\$200.97
		\$100 Disappearing	\$53.03	\$104.60	\$120.12	\$186.59
	\$3,000	\$100	\$44.07	\$86.83	\$98.16	\$152.99
		\$50	\$50.65	\$99.89	\$114.32	\$177.77
		\$0	\$57.75	\$114.00	\$132.14	\$205.03
		\$100 Disappearing	\$54.27	\$107.07	\$122.66	\$190.67
	\$3,500	\$100	\$44.28	\$87.26	\$98.55	\$153.64
		\$50	\$50.88	\$100.38	\$114.77	\$178.51
		\$0	\$58.02	\$114.55	\$132.67	\$205.86
		\$100 Disappearing	\$54.52	\$107.58	\$123.12	\$191.43
	\$4,000	\$100	\$44.40	\$87.50	\$98.78	\$154.01
		\$50	\$51.00	\$100.61	\$114.98	\$178.85
		\$0	\$58.13	\$114.79	\$132.87	\$206.21
		\$100 Disappearing	\$54.65	\$107.83	\$123.36	\$191.82
\$5,000	\$100	\$44.51	\$87.72	\$98.97	\$154.33	
	\$50	\$51.10	\$100.82	\$115.16	\$179.15	
	\$0	\$58.24	\$115.00	\$133.05	\$206.51	
	\$100 Disappearing	\$54.76	\$108.05	\$123.54	\$192.12	

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

Loyal American Life Insurance Company

Individual Dental, Vision & Hearing Plan

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		\$0	\$55.20	\$107.75	\$104.48	\$165.13
		\$100 Disappearing	\$52.03	\$101.45	\$96.90	\$153.71
	\$1,500	\$100	\$50.49	\$98.58	\$88.44	\$142.79
		\$50	\$56.78	\$111.04	\$101.99	\$163.69
		\$0	\$63.56	\$124.49	\$117.00	\$186.69
		\$100 Disappearing	\$60.18	\$117.75	\$108.99	\$174.59
	\$2,000	\$100	\$55.17	\$107.94	\$95.12	\$154.46
		\$50	\$61.71	\$120.92	\$109.04	\$176.01
		\$0	\$68.78	\$134.90	\$124.36	\$199.62
		\$100 Disappearing	\$65.27	\$127.95	\$116.22	\$187.27
	\$2,500	\$100	\$57.69	\$112.96	\$98.85	\$160.91
		\$50	\$64.36	\$126.21	\$112.95	\$182.78
		\$0	\$71.62	\$140.60	\$128.59	\$206.93
		\$100 Disappearing	\$68.05	\$133.51	\$120.36	\$194.42
	\$3,000	\$100	\$59.55	\$116.68	\$101.68	\$165.76
		\$50	\$66.29	\$130.09	\$115.92	\$187.84
		\$0	\$73.63	\$144.61	\$131.60	\$212.11
		\$100 Disappearing	\$70.03	\$137.45	\$123.35	\$199.54
	\$3,500	\$100	\$60.09	\$117.78	\$102.36	\$167.01
		\$50	\$66.87	\$131.22	\$116.64	\$189.18
		\$0	\$74.24	\$145.82	\$132.41	\$213.56
		\$100 Disappearing	\$70.63	\$138.65	\$124.11	\$200.93
\$4,000	\$100	\$60.35	\$118.29	\$102.70	\$167.62	
	\$50	\$67.15	\$131.79	\$117.00	\$189.84	
	\$0	\$74.56	\$146.46	\$132.79	\$214.26	
	\$100 Disappearing	\$70.94	\$139.27	\$124.51	\$201.64	
\$5,000	\$100	\$60.61	\$118.82	\$103.03	\$168.23	
	\$50	\$67.43	\$132.33	\$117.34	\$190.45	
	\$0	\$74.84	\$147.03	\$133.14	\$214.91	
	\$100 Disappearing	\$71.22	\$139.83	\$124.84	\$202.28	

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

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