

ZIP Code: **97132**

Coverage: **Applicant**

Effective Date: **1/10/2015**

Email: **N/A**

Agent Info: **Christopher Wayne Goodbaudy , (503) 297-8401 (SLAP9TPM)**

Complete Your Enrollment

Essential

- Freedom to use any dentist or utilize a MaxCare provider for the greatest savings
- Optional vision coverage available**
- \$500 Maximum Benefit Amount
- No Enrollment Fee

Exams,
Cleanings
Preventive
100%

Fillings, X-
Rays Basic
80%

Crowns,
Bridges Major
0%

\$19.68/mo

+\$7.00/mo Optional Vision Coverage

Advantage

- Freedom to use any dentist or utilize a MaxCare provider for the greatest savings
- Optional vision coverage available**
- \$1,000 Maximum Benefit Amount for Preventive, Basic & Major Services combined. Major services will not exceed \$500.
- No Enrollment Fee

Exams,
Cleanings
Preventive
100%

Fillings, X-
Rays Basic
upto
65%

Crowns,
Bridges Major
upto
50%

\$24.03/mo

+\$7.00/mo Optional Vision Coverage +\$5.35/mo Upgrade to \$2,000 Maximum Benefit Amount*

Advantage Plus

- Freedom to use any dentist or utilize a MaxCare provider for the greatest savings
- Optional vision coverage available**
- \$1,000 Maximum Benefit Amount for Preventive, Basic & Major Services combined. Major services will not exceed \$500.
- Orthodontic coverage included
- No Enrollment Fee

Exams,
Cleanings
Preventive
100%

Fillings, X-
Rays Basic
upto
80%

Crowns,
Bridges Major
upto
50%

\$40.62/mo

+\$7.00/mo Optional Vision Coverage +\$9.16/mo Upgrade to \$2,000 Maximum Benefit Amount*

Complete

- Freedom to use any dentist or utilize a MaxCare provider for the greatest savings
- Optional vision coverage available**
- \$1,000 Maximum Benefit Amount
- No Enrollment Fee

Exams,
Cleanings
Preventive
100%

Fillings, X-
Rays Basic
80%

Crowns,
Bridges Major
50%

\$47.85/mo

+\$7.00/mo Optional Vision Coverage +\$10.83/mo Upgrade to \$2,000 Maximum Benefit Amount*

Rates shown are guaranteed only through the effective date listed above.

This provides a very brief description of some of the important features of this insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form IP1000 (and state specifics) and Vision Rider IPR1001 (and state specifics), or One Life Group Dental Policy that may be issued to the group trust, GH-1112 (and any state specific) and Vision Rider GHR-1112 (vision) (and any state specific). Premium rates may change upon renewal. This policy is renewable at the option of the insured (IP1000) or the Company (GH-1112). This product may not be available in all states and is subject to individual state regulations.

*A higher Maximum Benefit Amount will increase your premium

**Available at an additional cost