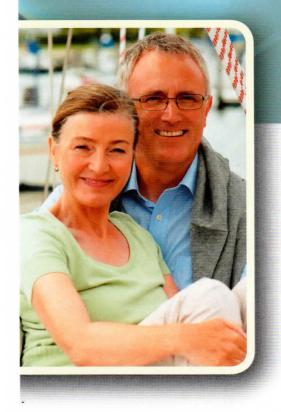
Why are dental & vision insurance important to you?

UCT understands that with rising healthcare costs, employees are dealing with reduced health benefits, loss of health benefits completely or they have to cover the entire amount to keep their health benefits. Basic Medicare does not cover dental and vision expenses.

From big businesses to the self-employed to retired individuals, we are all feeling the effects of these rising costs. UCT knows the importance of dental and vision care and the impact these have on a person's overall health.



Policy	Benefits ¹
Eligibility	Anyone age 0-84
Child Policy	Children may be covered under this plan on an individual basis.
Policy Year Maximum Benefit	\$1,000, \$1,500, \$2,000, \$2,500 (choose one)
Policy Year Deductible (Does not apply to preventive)	\$0 or \$100
Dental	Coverage
Preventive Services ² Cleaning, examination, X-Ray, fluoride treatment and sealants ³	Year 1 - Up To \$125 Year 2 (and thereafter) - 1st Visit Up To \$125, 2nd Visit Up To \$75 (per policy year)
Waiting Period	3 months
Basic Services Including X-Ray, fillings and extractions ³	Year 1 - 65% Year 2 (and thereafter) - 75%
Waiting Period	None
Major Services Including bridges, crowns, full dentures or partials, full mouth extractions, and root canals ³	Year 1 – 0% Year 2 (and thereafter) – 75%
Waiting Period	12 months
Vision	Coverage
Basic eye examination or eye refraction, including the cost of eye glasses or contact lenses ³	Up to \$150 (per 24 month period) Year 1 - 65% Year 2 (and thereafter) - 75%
Waiting Period	Exam, first time None corrective lenses
	Repair or replacement of existing eye glasses or contact lenses
Hearing Ri	ider (Optional)
Examination, hearing aid and necessary repairs ³	Year 1 - 65% Year 2 (and thereafter) - 75%
Waiting Period	Exam, first time hearing None aids and repairs
	Repair or replacement 12 months

- 2 This benefit is not subject to the Policy Year Deductible; however, it is included in the Policy Year Maximum Benefit.
- Services performed or prescribed by a licensed Medical Professional not a member of your immediate family.

Determine your own benefits

- If you choose \$0 Policy Year Deductible, benefits begin immediately (waiting periods apply to some services)
- You select the Maximum Annual Benefit amount
 This is the most you will receive during one Policy Year.
- Simple Application and Fast Issue
- Pays in addition to any other coverage
- Benefits are paid directly to you or your provider
- No networks! You choose the provider No worries about whether or not your doctor is in a network. No hassles about where you can buy glasses. You decide who to see. UCT provides the coverage.
- Hearing Rider optional

Who is eligible? Anyone age 0-84.

Children's Policies Available

Children may be covered under this Policy on an individual basis.

Household Discount

If two or more people, living in the same household at the same address, apply for coverage at the same time, then each may receive a **10% discount**.

Other important Benefits

30-Day Right To Examine and Return Policy

If, for any reason you are not satisfied, the policy may be returned to us or to the agent within 30 days after receiving it. If returned, the policy will be void from its beginning and any premium paid will be refunded.

Guaranteed Renewable for Life

This Policy is renewable as long as you live, provided you continue to pay premiums when due.

plus
No Networks
equals
Flexibility for You!

- Tooth decay and gum disease are slow, progressive problems; you don't wake up one morning and suddenly need all your teeth pulled. At regular appointments, professionals can detect warning signs, help you prevent the diseases if you're at risk and catch them in their early stages before they do major damage to your mouth and wallet. U.S. News Report, May 23, 2013
 - Eye doctors can detect diabetes, high blood pressure and cholesterol. When you catch these conditions early, they are easier to treat.
- Only about a third of all people with hearing loss are of retirement age. The majority is of school or working age. Courtesy of Phonak, www.phonak.com



Dental & Vision Rate Guide

For Ohio

FOR AGENT USE ONLY

\$1,000 ANNUAL MAXIMUM BENEFIT									
leeue		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBL	E			
Age	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.			
0-17**	\$304.11	\$25.34	\$22.81	\$267.05	\$22.25	\$20.03			
18-39	\$387.52	\$32.29	\$29.31	\$343.92	\$28.66	\$26.04			
40-59	\$415.86	\$34.65	\$31.44	\$368.99	\$30.75	\$27.92			
60-74	\$459.46	\$38.29	\$34.71	\$407.14	\$33.93	\$30.78			
75-79	\$487.80	\$40.65	\$36.83	\$432.21	\$36.02	\$32.66			
80-84	\$517.23	\$43.10	\$39.04	\$456.19	\$38.01	\$34.46			

	\$1,500 ANNUAL MAXIMUM BENEFIT									
Issue		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBI	E				
Age	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.				
0-17**	\$394.58	\$32.88	\$29.59	\$345.53	\$28.79	\$25.91				
18-39	\$494.34	\$41.19	\$37.32	\$436.57	\$36.38	\$32.99				
40-59	\$534.67	\$44.55	\$40.35	\$473.63	\$39.47	\$35.77				
60-74	\$581.54	\$48.46	\$43.86	\$513.96	\$42.83	\$38.80				
75-79	\$603.34	\$50.28	\$45.50	\$533.58	\$44.46	\$40.27				
80-84	\$626.23	\$52.18	\$47.22	\$553.20	\$46.10	\$41.74				

	\$2,000 ANNUAL MAXIMUM BENEFIT									
leeue		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBI	E				
Age	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.				
0-17**	\$450.17	\$37.51	\$33.76	\$395.67	\$32.97	\$29.67				
18-39	\$559.74	\$46.64	\$42.23	\$495.43	\$41.28	\$37.41				
40-59	\$598.98	\$49.91	\$45.17	\$529.22	\$44.10	\$39.94				
60-74	\$651.30	\$54.27	\$49.10	\$575.00	\$47.91	\$43.37				
75-79	\$677.46	\$56.45	\$51.06	\$596.80	\$49.73	\$45.01				
80-84	\$703.62	\$58.63	\$53.02	\$620.78	\$51.73	\$46.81				

	\$2,500 ANNUAL MAXIMUM BENEFIT									
lanua		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBL	E				
Age -	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.				
0-17**	\$491.59	\$40.96	\$36.87	\$430.55	\$35.88	\$32.29				
18-39	\$607.70	\$50.64	\$45.83	\$536.85	\$44.74	\$40.51				
40-59	\$650.21	\$54.18	\$49.01	\$573.91	\$47.82	\$43.29				
60-74	\$706.89	\$58.91	\$53.26	\$624.05	\$52.00	\$47.05				
75-79	\$735.23	\$61.27	\$55.39	\$648.03	\$54.00	\$48.85				
80-84	\$763.57	\$63.63	\$57.52	\$674.19	\$56.18	\$50.81				

^{*} Annual Member Dues of \$30 are included in above pricing.

Household Discount

If two or more people, living in the same household at the same address, apply for coverage at the same time, then each may receive a 10% discount.

Modal Factors

Semi-Annual = .515 Quarterly = .2625 Monthly EFT = .08333



^{*} Optional Hearing Rider rates are not included in the rates above. If choosing the Hearing Rider, rates from Hearing Rider Rate Sheet must be added to the rates listed above to calculate the final premium.

^{**} Child Only (Ages 0-17) — If no adult is to be insured, a parent/guardian must complete the application as applicant/owner and pay Annual Member Dues of \$30.00. Member dues are not included in the child rates above.



Optional Hearing Rider Rate Guide

For Ohio FOR AGENT USE ONLY

	\$1,000 ANNUAL MAXIMUM BENEFIT								
Issue		\$ 0 DEDUCTIBLE		THE PERSON NAMED IN	\$ 100 DEDUCTIBL	E evezi			
Age	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.			
0-17*	\$16.35	\$1.36	\$1.23	\$14.17	\$1.18	\$1.06			
18-39	\$19.62	\$1.63	\$1.47	\$17.44	\$1.45	\$1.31			
40-59	\$20.71	\$1.73	\$1.55	\$18.53	\$1.54	\$1.39			
60-74	\$23.98	\$2.00	\$1.80	\$20.71	\$1.73	\$1.55			
75-79	\$25.07	\$2.09	\$1.88	\$21.80	\$1.82	\$1.63			
80-84	\$27.25	\$2.27	\$2.04	\$23.98	\$2.00	\$1.80			

\$1,500 ANNUAL MAXIMUM BENEFIT								
Issue	•	\$ 0 DEDUCTIBLE		CONTRACTOR STATE	\$ 100 DEDUCTIBI	E suest		
Age	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.		
0-17*	\$21.80	\$1.82	\$1.63	\$19.62	\$1.63	\$1.47		
18-39	\$26.16	\$2.18	\$1.96	\$22.89	\$1.91	\$1.72		
40-59	\$28.34	\$2.36	\$2.13	\$23.98	\$2.00	\$1.80		
60-74	\$30.52	\$2.54	\$2.29	\$27.25	\$2.27	\$2.04		
75-79	\$31.61	\$2.63	\$2.37	\$28.34	\$2.36	\$2.13		
80-84	\$33.79	\$2.82	\$2.53	\$29.43	\$2.45	\$2.21		

\$2,000 ANNUAL MAXIMUM BENEFIT								
Issue		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBI	E sunz!		
Age	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.		
0-17*	\$25.07	\$2.09	\$1.88	\$21.80	\$1.82	\$1.63		
18-39	\$29.43	\$2.45	\$2.21	\$26.16	\$2.18	\$1.96		
40-59	\$31.61	\$2.63	\$2.37	\$27.25	\$2.27	\$2.04		
60-74	\$34.88	\$2.91	\$2.62	\$30.52	\$2.54	\$2.29		
75-79	\$34.88	\$2.91	\$2.62	\$31.61	\$2.63	\$2.37		
80-84	\$37.06	\$3.09	\$2.78	\$32.70	\$2.72	\$2.45		

\$2,500 ANNUAL MAXIMUM BENEFIT									
leeue		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBI	E THE THE PARTY			
Age –	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.			
0-17*	\$27.25	\$2.27	\$2.04	\$23.98	\$2.00	\$1.80			
18-39	\$31.61	\$2.63	\$2.37	\$28.34	\$2.36	\$2.13			
40-59	\$33.79	\$2.82	\$2.53	\$29.43	\$2.45	\$2.21			
60-74	\$37.06	\$3.09	\$2.78	\$32.70	\$2.72	\$2.45			
75-79	\$38.15	\$3.18	\$2.86	\$33.79	\$2.82	\$2.53			
80-84	\$40.33	\$3.36	\$3.02	\$34.88	\$2.91	\$2.62			

^{*} If choosing the Hearing Rider, rates listed above must be added to the rates listed on the Dental and Vision Rate Sheet to calculate the final premium.

Home Office:

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Email: agentservices@uct.org

Household Discount

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Dental & Vision Rate Guide

For Ohio

FOR AGENT USE ONLY

	\$1,000 ANNUAL MAXIMUM BENEFIT									
Issue		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBL	E				
Age	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.				
0-17**	\$329.96	\$27.50	\$24.75	\$289.75	\$24.14	\$21.73				
18-39	\$417.91	\$34.82	\$31.59	\$370.60	\$30.88	\$28.04				
40-59	\$448.66	\$37.39	\$33.90	\$397.80	\$33.15	\$30.08				
60-74	\$495.96	\$41.33	\$37.45	\$439.20	\$36.60	\$33.19				
75-79	\$526.71	\$43.89	\$39.75	\$466.40	\$38.87	\$35.23				
80-84	\$558.64	\$46.55	\$42.15	\$492.42	\$41.03	\$37.18				

	\$1,500 ANNUAL MAXIMUM BENEFIT									
Issue		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBLE					
Age	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.				
0-17**	\$428.12	\$35.68	\$32.11	\$374.90	\$31.24	\$28.12				
18-39	\$533.81	\$44.48	\$40.28	\$471.13	\$39.26	\$35.58				
40-59	\$577.57	\$48.13	\$43.57	\$511.34	\$42.61	\$38.60				
60-74	\$628.42	\$52.37	\$47.38	\$555.10	\$46.26	\$41.88				
75-79	\$652.07	\$54.34	\$49.15	\$576.38	\$48.03	\$43.48				
80-84	\$676.91	\$56.41	\$51.02	\$597.67	\$49.80	\$45.07				

	\$2,000 ANNUAL MAXIMUM BENEFIT									
leave		\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBLE					
Issue Age	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.				
0-17**	\$488.43	\$40.70	\$36.63	\$429.30	\$35.77	\$32.20				
18-39	\$604.77	\$50.40	\$45.61	\$534.99	\$44.58	\$40.37				
40-59	\$647.34	\$53.94	\$48.80	\$571.65	\$47.64	\$43.12				
60-74	\$704.11	\$58.67	\$53.06	\$621.33	\$51.78	\$46.85				
75-79	\$732.49	\$61.04	\$55.18	\$644.98	\$53.75	\$48.62				
80-84	\$760.88	\$63.40	\$57.31	\$671.00	\$55.91	\$50.57				

\$2,500 ANNUAL MAXIMUM BENEFIT							
lanua	\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBLE			
Issue Age	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	Annual*	Monthly EFT*	Monthly EFT* with Household Disc.	
0-17**	\$533.38	\$44.45	\$40.00	\$467.15	\$38.93	\$35.03	
18-39	\$656.80	\$54.73	\$49.51	\$579.93	\$48.33	\$43.74	
40-59	\$702.93	\$58.58	\$52.97	\$620.14	\$51.68	\$46.76	
60-74	\$764.43	\$63.70	\$57.58	\$674.54	\$56.21	\$50.84	
75-79	\$795.17	\$66.26	\$59.89	\$700.56	\$58.38	\$52.79	
80-84	\$825.92	\$68.82	\$62.19	\$728.95	\$60.74	\$54.92	

^{*} Annual Member Dues of \$30 are included in above pricing.

Household Discount

If two or more people, living in the same household at the same address, apply for coverage at the same time, then each may receive a 10% discount.

Modal Factors

Semi-Annual = .515 Quarterly = .2625 Monthly EFT = .08333



^{*} Optional Hearing Rider rates are not included in the rates above. If choosing the Hearing Rider, rates from Hearing Rider Rate Sheet must be added to the rates listed above to calculate the final premium.

^{**} Child Only (Ages 0-17) – If no adult is to be insured, a parent/guardian must complete the application as applicant/owner and pay Annual Member Dues of \$30.00. Member dues are not included in the child rates above.



Optional Hearing Rider Rate Guide

For Ohio

FOR AGENT USE ONLY

\$1,000 ANNUAL MAXIMUM BENEFIT							
Issue	\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBLE			
Age	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.	
0-17*	\$17.74	\$1.48	\$1.33	\$15.37	\$1.28	\$1.15	
18-39	\$21.29	\$1.77	\$1.60	\$18.92	\$1.58	\$1.42	
40-59	\$22.47	\$1.87	\$1.69	\$20.11	\$1.68	\$1.51	
60-74	\$26.02	\$2.17	\$1.95	\$22.47	\$1.87	\$1.69	
75-79	\$27.20	\$2.27	\$2.04	\$23.65	\$1.97	\$1.77	
80-84	\$29.57	\$2.46	\$2.22	\$26.02	\$2.17	\$1.95	

\$1,500 ANNUAL MAXIMUM BENEFIT							
Issue Age	\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBLE			
	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.	
0-17*	\$23.65	\$1.97	\$1.77	\$21.29	\$1.77	\$1.60	
18-39	\$28.38	\$2.36	\$2.13	\$24.84	\$2.07	\$1.86	
40-59	\$30.75	\$2.56	\$2.31	\$26.02	\$2.17	\$1.95	
60-74	\$33.11	\$2.76	\$2.48	\$29.57	\$2.46	\$2.22	
75-79	\$34.30	\$2.86	\$2.57	\$30.75	\$2.56	\$2.31	
80-84	\$36.66	\$3.05	\$2.75	\$31.93	\$2.66	\$2.39	

\$2,000 ANNUAL MAXIMUM BENEFIT							
lanua	\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBLE			
issue Age	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.	
0-17*	\$27.20	\$2.27	\$2.04	\$23.65	\$1.97	\$1.77	
18-39	\$31.93	\$2.66	\$2.39	\$28.38	\$2.36	\$2.13	
40-59	\$34.30	\$2.86	\$2.57	\$29.57	\$2.46	\$2.22	
60-74	\$37.84	\$3.15	\$2.84	\$33.11	\$2.76	\$2.48	
75-79	\$37.84	\$3.15	\$2.84	\$34.30	\$2.86	\$2.57	
80-84	\$40.21	\$3.35	\$3.02	\$35.48	\$2.96	\$2.66	

\$2,500 ANNUAL MAXIMUM BENEFIT							
lssue Age	\$ 0 DEDUCTIBLE			\$ 100 DEDUCTIBLE			
	Annual	Monthly EFT	Monthly EFT with Household Disc.	Annual	Monthly EFT	Monthly EFT with Household Disc.	
0-17*	\$29.57	\$2.46	\$2.22	\$26.02	\$2.17	\$1.95	
18-39	\$34.30	\$2.86	\$2.57	\$30.75	\$2.56	\$2.31	
40-59	\$36.66	\$3.05	\$2.75	\$31.93	\$2.66	\$2.39	
60-74	\$40.21	\$3.35	\$3.02	\$35.48	\$2.96	\$2.66	
75-79	\$41.39	\$3.45	\$3.10	\$36.66	\$3.05	\$2.75	
80-84	\$43.76	\$3.65	\$3.28	\$37.84	\$3.15	\$2.84	

^{*} If choosing the Hearing Rider, rates listed above must be added to the rates listed on the Dental and Vision Rate Sheet to calculate the final premium.

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