Medico[®] Insurance Company Dental, Vision & Hearing Plan – Form A59

DVH PLUS with Coverage Schedule CSA59PP

Premium Rates by Mode

Automati	ic Bank Wi Monthly	ithdrawal	Credit Card Monthly			Please review the premium differences in		
Issue Age	1,000 Max	1,500 Max	Issue Age	1,000 Max	1,500 Max	-		
18-39	29.00	37.00	18-39	29.93	38.18	the rate	s shown a	s modal
40-54	31.00	41.00	40-54	31.99	42.31	factors vary based on payment methods and frequency of payments.		
55-64	33.00	44.00	55-64	34.06	45.41			
65-79	35.00	46.00	65-79	36.12	47.47			
80-89	38.00	49.00	80-89	39.22	50.57			
Automati	ic Bank Wi Quarterly	ithdrawal	Credit Card Quarterly			Direct Bill Quarterly		
Issue Age	1,000 Max	1,500 Max	Issue Age	1,000 Max	1,500 Max	Issue Age	1,000 Max	1,500 Max
18-39	87.00	111.00	18-39	89.78	114.55	18-39	93.96	119.88
40-54	93.00	123.00	40-54	95.98	126.94	40-54	100.44	132.84
55-64	99.00	132.00	55-64	102.17	136.22	55-64	106.92	142.56
65-79	105.00	138.00	65-79	108.36	142.42	65-79	113.40	149.04
80-89	114.00	147.00	80-89	117.65	151.70	80-89	123.12	158.76
Automatic Bank Withdrawal Semi-Annually			Credit Card Semi-Annually			Direct Bill Semi-Annually		
Issue Age	1,000 Max	1,500 Max	Issue Age	1,000 Max	1,500 Max	Issue Age	1,000 Max	1,500 Max
18-39	174.00	222.00	18-39	179.22	228.66	18-39	180.96	230.88
40-54	186.00	246.00	40-54	191.58	253.38	40-54	193.44	255.84
55-64	198.00	264.00	55-64	203.94	271.92	55-64	205.92	274.56
65-79	210.00	276.00	65-79	216.30	284.28	65-79	218.40	287.04
80-89	228.00	294.00	80-89	234.84	302.82	80-89	237.12	305.76
Automati	ic Bank Wi Annually	ithdrawal	Credit Card Annually			Direct Bill Annually		
Issue Age	1,000 Max	1,500 Max	Issue Age	1,000 Max	1,500 Max	Issue Age	1,000 Max	1,500 Max
18-39	348.00	444.00	18-39	358.44	457.32	18-39	348.00	444.00
40-54	372.00	492.00	40-54	383.16	506.76	40-54	372.00	492.00
55-64	396.00	528.00	55-64	407.88	543.84	55-64	396.00	528.00
65-79	420.00	552.00	65-79	432.60	568.56	65-79	420.00	552.00

Premium Withdrawal

If the applicant chooses the Automatic Bank Withdrawal or Credit Card method of payment and the application is submitted without any premium, the initial premium will be drafted from the Insured's account on the Certificate Date (effective date of coverage).

Note: Unless a future Effective Date is requested, the premium will be drawn as soon as the certificate is issued. Please make sure the applicant is aware of this.

Certificate Effective Date

Effective Date can be any day from the 1st through the 28th of the month, and must be less han 90 days after the Application Date. If no Effective Date is requested, the Effective Date will be the day the application is approved by our Underwriting Department.

If you have questions, please call 1-800-547-2401 - Option 3

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