



The Order of United Commercial Travelers of America  
 A Fraternal Benefit Society  
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**IOWA  
 DENTAL, VISION AND HEARING INSURANCE  
 RATES – Effective 2/1/2014**

<u>\$750 Annual Max</u>			<u>\$1,000 Annual Max</u>		
	\$0	\$100		\$0	\$100
Issue Age	Deductible	Deductible	Issue Age	Deductible	Deductible
18-39	363.80	318.86	18-39	404.46	355.24
40-59	392.69	344.54	40-59	436.56	383.06
60-74	436.56	383.06	60-74	485.78	425.86
75-79	465.45	408.74	75-79	517.88	454.75
80-84	495.41	434.42	80-84	549.98	482.57

  

<u>\$1,500 Annual Max</u>			<u>\$2,000 Annual Max</u>		
	\$0	\$100		\$0	\$100
Issue Age	Deductible	Deductible	Issue Age	Deductible	Deductible
18-39	524.30	460.10	18-39	598.13	525.37
40-59	570.31	500.76	40-59	643.07	563.89
60-74	622.74	546.77	60-74	701.92	616.32
75-79	648.42	569.24	75-79	730.81	640.93
80-84	674.10	591.71	80-84	760.77	667.68

**Modal Factors**

Annual = 1.0  
 Semi-annual = 0.515  
 Quarterly = 0.2625  
 EFT Monthly = .08333

**Member Dues**

Annual = \$30.00  
 Semi-annual = \$15.00  
 Quarterly = \$7.50  
 Monthly = \$2.50

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