

## Individual Dental PPO(IDN8000) for NY

Applicable to policy form Individual Dental PPO(IDN8000)

● with Vision Rider

**Zip Codes: 120, 121, 122, 123, 124, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149**

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 3 - 0/20/50 member resp., \$1,500 MAC	\$35.80	\$67.91	\$83.05	\$123.94

### Important Notice Regarding Coverage

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Paul Revere benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA.

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