



Dental, Vision and Hearing Insurance

A plan with choices for you and your family

The Importance of Dental | Vision | Hearing

- · Quality of Life
- Unforeseen situations that are painful, inconvenient and expensive
- Basic Medicare does not cover dental, vision or hearing expenses

PRODUCTS HIGHLIGHTS

- Choose your dentist No Networks
- Family Rates (includes a maximum of 3 children)
- Individual 18 85
- \$1,000 \$1,500 policy year benefit option available
- Guaranteed Issue
- Guaranteed renewable for life*

* Subject to our right to change premiums.

NEW! Careington Network

Clients can now access the Careington Maximum Care PPO Dental Network Use of network completely optional

- 5% to 50% below the 80th percentile of Reasonable and Customary Charges
- No claims need to be filed with ManhattanLife after visit
- Network discounts help the policy maximum last longer
- Network dentist will not bill client for any expense above Careington Network benefit
- Claims remain the same out of network 100% of Usual and Customary charges

For more information, contact Careington at (800) 290-0523



Protect Your Smile and Smile Brighter!

Protect Your Sight and See Clearer!

Protect Your Hearing and Hear Better!

This is a Limited Benefit Insurance Policy for Dental, Vision and Hearing Expenses

Underwritten by ManhattanLife Insurance Company of America and Family Life Insurance Company.

Not available in all states

PLAN BENEF	ITS ¹	
Eligibility	Anyone age 18 - 85	
Policy Year Maximum Benefit	\$1,000 or \$1,500 (choose one)	
Policy Year Deductible	\$100 per person	
Dental Coverage		
Preventive Services Semi-Annual exams, cleaning and x-rays	Year 1 - 60% Year 2 - 70% Year 3 and thereafter - 80%*	
Waiting Period	None	
*In OH, year 2 and thereafter is 70%		
Basic Services Including x-ray, fillings and extractions (other than "full mouth")	Year 1 - 60% Year 2 - 70% Year 3 and thereafter - 80%*	
Waiting Period	None	
*In OH, year 2 and thereafter is 70%		
Major Services Including bridges, crowns, full dentures or partials, full mouth extractions, and root canals	Year 1 - 0% Year 2 - 70% Year 3 and thereafter - 80%*	
Waiting Period	12 months	
Vision Coverage		
Basic eye exam, eye refraction, including the cost of eye glasses or contact lenses	Year 1 - 60% Year 2 - 70% Year 3 and thereafter - 80%*	
Waiting Period	6 months on eyeglasses and contact lenses	

Hearing Coverage	
Exam, hearing aid and necessary repairs or supplies	Year 1 - 60% Year 2 - 70% Year 3 and thereafter - 80%*
Waiting Period	12 months new hearing aids and existing hearing aid repairs
*In OH, year 2 and thereafter is 70%	

Refer to your policy for a complete description of limitations and exclusions.

\$1,000 POLICY YEAR MAXIMUM

INDIVIDUAL MONTHLY PREMIUM	
Age	Premium
18 - 39	\$30.25
40 - 54	\$32.75
55 - 64	\$35.08
65 - 74	\$37.58
75 - 85	\$43.17

FAMILY MONTHLY PREMIUM ²	
Age	Premium
18 - 39	\$96.83
40 - 54	\$101.67
55 - 64	\$106.50
65 - 74	\$111.42
75 - 85	\$128.08

\$1,500 POLICY YEAR MAXIMUM

INDIVIDUAL MONTHLY PREMIUM	
Age	Premium
18 - 39	\$40.00
40 - 54	\$42.33
55 - 64	\$46.00
65 - 74	\$49.67
75 - 85	\$57.08

FAMILY MONTHLY PREMIUM ²	
Age	Premium
18 - 39	\$127.75
40 - 54	\$132.67
55 - 64	\$139.92
65 - 74	\$147.17
75 - 85	\$169.25

Premiums are subject to change. Premium rates based on \$1,000 or \$1,500 Policy Year Maximum. Use the age of the oldest applicant. Benefit exclusions and limitations apply.

² Family rates include up to three children. Additional children are charged the age 3 - 17 rate per person.

\$1,000 Policy Year Maximum		
Age	Premium	
3 - 17	\$22.75	
\$1,500 Policy Year Maximum		
3 - 17	\$30.00	

Policy Form Numbers: C-DVH16, F-DVH16, DVH17, DVH17-LA, DVH17-OK, DVH17-TX (including state variations)

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Dental, Vision and Hearing product at **disclosure.manhattanlife.com**. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.