

Dental | Vision | Hearing



Protect Your Smile
and Smile Brighter!



Protect Your Sight
and See Clearer!



Protect Your Hearing
and Hear Better!



ManhattanLife

Standing By You. Since 1850.™

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.

Policy Form Numbers: AK7016, AK7016-LA, AK7016-MT, AK7016-OK (including state variations)

Underwritten by:
ManhattanLife Assurance Company of America
10777 Northwest Freeway, Houston, TX 77092
Toll Free Telephone: 800-669-9030



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Standing By You. Since 1850.™



Dental, Vision and Hearing Insurance

A plan with choices for you and your family

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

Underwritten by
ManhattanLife Assurance Company of America

NOT AVAILABLE IN ALL STATES.

DVH7016-BRF

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 - *In network or out of network*
- Family Rates (includes a maximum of 3 children)
- Individual 18 - 85
- \$1,000 - \$3,000 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.

- Policyholders can now use, if they choose, a dental provider from the Careington Dental network.
- Policyholders can also use the dentist of their choice, even if not part of the dental network.
- Network discounts may help extend the policy year maximum with reduced charges.
- Careington can be contacted at (800) 290-0523.



PLAN BENEFITS ¹

Eligibility	Anyone age 18 - 85
Policy Year Maximum Benefit	\$1,000, \$1,500 or \$3,000 (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
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
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

¹ Refer to your policy for a complete description of limitations and exclusions.

INDIVIDUAL MONTHLY PREMIUM

Age	\$1,000	\$1,500	\$3,000
18 - 39	\$30.25	\$40.00	\$48.17
40 - 54	\$32.75	\$42.33	\$52.25
55 - 64	\$35.08	\$46.00	\$59.58
65 - 74	\$37.58	\$49.67	\$64.42
75 - 85	\$43.17	\$57.08	\$74.08

FAMILY MONTHLY PREMIUM *

Age	\$1,000	\$1,500	\$3,000
18 - 39	\$96.83	\$127.75	\$154.25
40 - 54	\$101.67	\$132.67	\$159.92
55 - 64	\$106.50	\$139.92	\$172.67
65 - 74	\$111.42	\$147.17	\$190.67
75 - 85	\$128.08	\$169.25	\$219.58

CHILD MONTHLY PREMIUM *

Age	\$1,000	\$1,500	\$3,000
3 - 17	\$22.75	\$30.00	\$36.17

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

Premiums are subject to change. Premium rates based on \$1,000, \$1,500 or \$3,000 Policy Year Maximum. Use the age of the oldest applicant. Benefit exclusions and limitations apply.