

**ManhattanLife**<sup>TM</sup>

Standing By You. Since 1850.

# 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

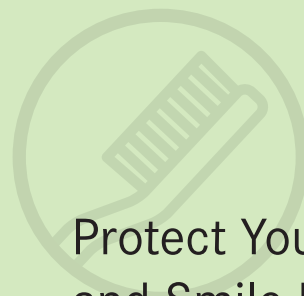
- Choose your dentist - *In network or out of network*
- Family Rates (includes a maximum of 3 children)
- Individual 18 - 85
- \$1,000 - \$5,000 policy year benefit option available
- Guaranteed Issue
- Guaranteed renewable for life\*

*\* 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.



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 and Annuity Company

Not available in all states

## PLAN BENEFITS <sup>1</sup>

<b>Eligibility</b>	Anyone age 18 - 85
<b>Policy Year Maximum Benefit</b>	<b>\$1,000, \$1,500, \$3,000 or \$5,000</b> (choose one)
<b>Policy Year Deductible</b>	\$100 per person
<b>Dental Coverage</b>	
<b>Preventive Services</b> Semi-Annual exams, cleaning and x-rays	<b>Year 1 - 60%</b> <b>Year 2 - 70%</b> <b>Year 3 and thereafter - 80%</b>
<b>Waiting Period</b>	<b>None</b>
<b>Basic Services</b> Including x-ray, fillings and extractions (other than "full mouth")	<b>Year 1 - 60%</b> <b>Year 2 - 70%</b> <b>Year 3 and thereafter - 80%</b>
<b>Waiting Period</b>	<b>None</b>
<b>Major Services</b> Including bridges, crowns, full dentures or partials, full mouth extractions, and root canals	<b>Year 1 - 0%</b> <b>Year 2 - 70%</b> <b>Year 3 and thereafter - 80%</b>
<b>Waiting Period</b>	<b>12 months</b>
<b>Vision Coverage</b>	
Basic eye exam, eye refraction, including the cost of eye glasses or contact lenses	<b>Year 1 - 60%</b> <b>Year 2 - 70%</b> <b>Year 3 and thereafter - 80%</b>
<b>Waiting Period</b>	<b>6 months</b> on eyeglasses and contact lenses
<b>Hearing Coverage</b>	
Exam, hearing aid and necessary repairs or supplies	<b>Year 1 - 60%</b> <b>Year 2 - 70%</b> <b>Year 3 and thereafter - 80%</b>
<b>Waiting Period</b>	<b>12 months</b> new hearing aids and existing hearing aid repairs

<sup>1</sup> Refer to your policy for a complete description of limitations and exclusions.

## INDIVIDUAL MONTHLY PREMIUM

Age	\$1,000	\$1,500	\$3,000	\$5,000
18 - 39	\$30.15	\$39.82	\$47.90	\$60.39
40 - 54	\$32.57	\$42.15	\$52.06	\$65.39
55 - 64	\$34.99	\$45.82	\$59.31	\$73.47
65 - 74	\$37.40	\$49.48	\$64.06	\$78.64
75 - 85	\$42.98	\$56.89	\$73.72	\$88.30

## FAMILY MONTHLY PREMIUM \*

Age	\$1,000	\$1,500	\$3,000	\$5,000
18 - 39	\$96.38	\$127.20	\$153.44	\$198.34
40 - 54	\$101.21	\$132.03	\$159.10	\$208.33
55 - 64	\$106.04	\$139.19	\$171.76	\$224.49
65 - 74	\$110.87	\$146.52	\$189.76	\$234.82
75 - 85	\$127.45	\$168.43	\$218.50	\$254.15

## CHILD MONTHLY PREMIUM \*

Age	\$1,000	\$1,500	\$3,000	\$5,000
3 - 17	\$22.66	\$29.90	\$35.99	\$48.48

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

\* Individual and (1) child will be charged an individual + child rate.

Premiums are subject to change. Premium rates based on \$1,000, \$1,500, \$3,000 or \$5,000 Policy Year Maximum. Use the age of the oldest applicant. Benefit exclusions and limitations apply.

Policy Form Numbers: AK7016-IN

Underwritten by: ManhattanLife Insurance and Annuity Company  
10777 Northwest Freeway, Houston, TX 77092 Toll Free Telephone: 800-669-9030

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](http://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.