



ManhattanLife

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 - \$2,500 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.

- 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.

Careington
SOLUTIONS SIMPLIFIED

DVH7016-OH-BR



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 Assurance
Company of America

PLAN BENEFITS ¹

Eligibility	Anyone age 18 - 85
Policy Year Maximum Benefit	\$1,000, \$1,500 or \$2,500 (choose one)
Policy Year Deductible	\$100 per person
Dental Coverage	
Preventive Services Semi-Annual exams, cleaning and x-rays	Year 1 - 60% Year 2 and thereafter - 70%
Waiting Period	None
Basic Services Including x-ray, fillings and extractions (other than "full mouth")	Year 1 - 60% Year 2 and thereafter - 70%
Waiting Period	None
Major Services Including bridges, crowns, full dentures or partials, full mouth extractions, and root canals	Year 1 - 0% Year 2 and thereafter - 70%
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 and thereafter - 70%
Waiting Period	6 months on eyeglasses and contact lenses
Hearing Coverage	
Exam, hearing aid and necessary repairs or supplies	Year 1 - 60% Year 2 and thereafter - 70%
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	\$2,500
18 - 39	\$30.25	\$40.00	\$46.33
40 - 54	\$32.75	\$42.33	\$50.00
55 - 64	\$35.08	\$46.00	\$56.42
65 - 74	\$37.58	\$49.67	\$60.92
75 - 85	\$43.17	\$57.08	\$70.08

FAMILY MONTHLY PREMIUM *

Age	\$1,000	\$1,500	\$2,500
18 - 39	\$96.83	\$127.75	148.33
40 - 54	\$101.67	\$132.67	153.83
55 - 64	\$106.50	\$139.92	165.17
65 - 74	\$111.42	\$147.17	180.42
75 - 85	\$128.08	\$169.25	207.67

CHILD MONTHLY PREMIUM *

Age	\$1,000	\$1,500	\$2,500
3 - 17	\$22.75	\$30.00	\$34.75

* 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 \$2,500 Policy Year Maximum. Use the age of the oldest applicant. Benefit exclusions and limitations apply.

Policy Form Numbers: AK7016-OH

Underwritten by: ManhattanLife Assurance Company of America
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. 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.