ManhattanLife™

Standing By You. Since 1850.

Dental, Vision and Hearing Select

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.

DVHS-NJ-BR

The Importance of Dental | Vision | Hearing

- Help maintain quality of life
- Financial protection in unforeseen situations that are painful, inconvenient, and expensive
- Basic Medicare does not cover dental, vision or hearing expenses

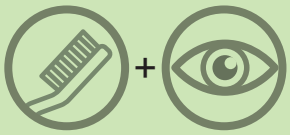
PRODUCTS HIGHLIGHTS

- Individual ages 18 – 99
- Family rates *(include up to 3 children)*
- $0 or $100 deductible
  (does not apply to Preventive Services)
- Glasses, Contacts and Hearing Aid benefits
- Guaranteed renewable for life*
- Choose your dentist *(in-network or out-of-network)*
- $1,000, $1,500, or $3,000 policy year maximum benefit
- Orthodontia benefit
- No waiting periods for Dental Services
  (except Orthodontia)
- Guaranteed issue

** Subject to our right to change premiums.*

Flexibility to choose . . .

Dental Only



Dental and Vision

Dental and Hearing

Dental, Vision and Hearing

Dental, Vision and Hearing Select from ManhattanLife was designed with you in mind. With the ability to choose specific benefits, you can customize a plan tailored to fit your needs.

26% of adults in the United States have untreated tooth decay. [1]

46% of adults aged 30 years or older show signs of gum disease. [2]

[1] *Centers for Disease Control and Prevention. Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2019.*

[2] *Eke P, Thornton-Evans G, Wei L, Borgnakke W, Dye B, Genco R. Periodontitis in US adults: National Health and Nutrition Examination Survey 2009-2014. JADA. 2018;149(7):576-586.*

Plan Benefits

Eligibility: Ages 18 - 99

Policy Year Maximum Benefit: $1,000, $1,500 or $3,000

Policy Year Deductible: $0 or $100 per person *(does not apply to Preventative Services)*

		In-Network	Out-of-Network
Dental Coverage	**Preventive Services** • Dental Exams; 2 per year • Cleanings; 2 per year • Bitewing X-Rays; 2 per year • Flouride treatment is for age 16 and under; 2 visits per year	100% of contracted rate	80% of UCR
Dental Coverage	**Basic Services** • Limited Oral Evaluation • Diagnostic Consultation • Emergency Palliative Treatment • Panoramic X-Ray • Periapical X-Ray • Periodontal Non-Surgical Service • Basic Restorative Service • Filling • Basic Oral Surgery • Periodontal Service • Non-Surgical Extraction	65% of contracted rate 1st yr. 80% thereafter	65% of UCR 1st yr. 80% thereafter
Dental Coverage	**Major Services** • Major Restorative Service • Inlay/Onlay/Crown • Endodontic Service • Periodontal Service • Prosthodontic Service • Implants [2]	20% of contracted rate 1st yr. 50% thereafter	20% of UCR 1st yr. 50% thereafter
Dental Coverage	**All Other Medically Necessary Services** *(services not listed above)*	paid as indicated on the Policy Schedule	paid as indicated on the Policy Schedule
Dental Coverage	**Orthodontia** [1] • Straightening of teeth (for all ages) • Lifetime max $1,500 [2]	Year 1 - N/A Year 2+ - 50%	N/A
Vision Rider	**Vision Services** • Eye Exam • Single Lenses • Trifocal Lenses • Refraction • Bifocal Lenses • Progressive Lenses	60% of UCR 1st yr. 70% of UCR 2nd yr. 80% of UCR thereafter 1 per year	
Vision Rider	• Eyeglass Frame [3] • Contact Lenses	$200 maximum per year	
Vision Rider	• Anti-Reflective Lenses	$45; 1 per year	
Vision Rider	• Polycarbonate Lenses	$40; 1 per year	
Vision Rider	• Contact Lens Fitting Fee	$15; 1 per year	
Hearing Rider	**Hearing Services** • Hearing Exam • Hearing Aid and Necessary Repairs or Supplies [1]	$750 maximum *(per ear, per year)*	

[1] 12 Month Waiting Period; [2] Lifetime Maximum $1,500; [3] 6 Month Waiting Period

Careington
SOLUTIONS SIMPLIFIED

We continue our history of “Standing By You” through our partnership with Careington Maximum Care PPO Dental Network. Our partnership provides policyholders access to discounted costs on a wide range of services.

CAREINGTON NETWORK*

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

- Policyholders can benefit from choosing a dental provider from the Careington Dental Network.
- Policyholders can also use the dentist of their choice, even if they are 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.

Discounted fees to help your dental benefits go further

Access to quality dentists all around the country

100,000+ Dentists Nationwide

So while you can choose your own dentist, visiting a Careington dental network provider offers greater savings and discounts. Visit https://www1.careington.com/ to find a Careington dentist near you.

**Careington was founded in 1979 by two dentists and is rated A+ with the Better Business Bureau (BBB).*

Understanding How Your Benefits Work

Dental Coverage

In-Network

Peter goes to his Careington Network dentist for a regular check-up. Upon examination, the dentist realizes that Peter needs a filling. Luckily, Peter has a Dental Plan with ManhattanLife. He has met his $100 annual deductible.

Procedure:	Provider Charge	In-Network Cost	ManhattanLife Pays	You Pay
Dental Exam	$150	$35	100% Preventative day one; $35.00	$0
Filling	$275	$99	65% Basic day one; *(of In-Network Cost = $64)*	$35 *($99 - $64)*
Total	**$425**	**$134**	**$99**	**$35**

Out-of-Network

Peter chose not to use the Careington Network and instead goes to an out-of-network dentist for a regular check-up. Upon examination, the dentist realizes that he needs a filing. Peter has a Dental plan with ManhattanLife. He has met his $100 annual deductible.

Procedure:	Provider Charge	Out- of-Network Cost*	ManhattanLife Pays	You Pay
Dental Exam	$150	$96	80% Preventative day one; *(of Usual and Customary = $77)*	$73 *($150 - $77)*
Filling	$225	$175	65% Basic day one; *(of Usual and Customary = $114)*	$111 *($225 - $114)*
Total	**$375**	**$271**	**$191**	**$184**

**subject to the Usual and Customary charges based in zip code 77092*

Vision Rider

Earl goes to the Eye Doctor for an eye exam and gets glasses. He has had a Dental + Vision plan with ManhattanLife for over a year and has met his annual deductible.

Procedure:*	Cost	ManhattanLife Pays	You Pay
Eye exam	$60	70% year two $42	$18
Eyeglass Frame	$250	$200 maximum; $200	$50
Lenses	$115	70% year two $81	$34
Total	**$425**	**$323**	**$102**

**subject to the Usual and Customary charges based in zip code 77092*

Hearing Rider

After a 12 month waiting period Brian decides to get his hearing checked, as he's notoiced a progressive hearing decline. His ENT specialist reccomends Brian get hearing aids to help relieve the hearing loss. Utilizing the hearing portion of the plan, his exam and devices would have been covered as follows:

Procedure:*	Cost	ManhattanLife Pays	You Pay
Hearing Exam	$90	$750 maximum per ear, per year: $90	$0
Hearing Aids	$1,600	$750 maximum per ear, per year: $1,500 - $90 (Hearing Exam) = $1,410	$190
Total	**$1,690**	**$1,500**	**$190**

**subject to the Usual and Customary charges based in zip code 77092*

**For illustrative purposes only. Claims examples are subject to geographic region, out of network provider and usual & customary charges.*

Dental, Vision & Hearing Select Monthly Rates*

DENTAL COVERAGE

$1,000 Maximum Benefit

$0 Deductible					$100 Deductible				
Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family	Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family
3 - 17	$28.99				3 - 17	$26.63			
18 - 39	$31.25	$62.50	$74.74	$113.23	18 - 39	$27.80	$55.60	$67.75	$102.20
40 - 54	$39.85	$79.69	$109.83	$134.78	40 - 54	$35.67	$71.34	$99.41	$121.94
55 - 64	$42.46	$84.92	$101.96	$124.06	55 - 64	$38.25	$76.51	$92.44	$112.46
65 - 74	$44.78	$89.56	$88.32	$104.05	65 - 74	$40.45	$80.90	$79.89	$94.21
75 - 99	$47.75	$95.49	$90.79	$102.74	75 - 99	$42.92	$85.84	$81.70	$92.50

$1,500 Maximum Benefit

$0 Deductible					$100 Deductible				
Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family	Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family
3 - 17	$30.85				3 - 17	$28.48			
18 - 39	$33.22	$66.44	$79.50	$120.43	18 - 39	$29.64	$59.28	$72.35	$109.11
40 - 54	$42.52	$85.03	$117.06	$143.65	40 - 54	$38.17	$76.34	$106.33	$130.44
55 - 64	$45.43	$90.86	$108.89	$132.51	55 - 64	$41.04	$82.08	$99.06	$120.52
65 - 74	$48.08	$96.17	$94.77	$111.59	65 - 74	$43.55	$87.11	$85.97	$101.35
75 - 99	$51.47	$102.93	$97.80	$110.64	75 - 99	$46.41	$92.82	$88.29	$99.94

$3,000 Maximum Benefit

$0 Deductible					$100 Deductible				
Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family	Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family
3 - 17	$36.14				3 - 17	$33.10			
18 - 39	$37.36	$74.71	$91.57	$137.96	18 - 39	$33.46	$66.92	$83.12	$124.85
40 - 54	$48.15	$96.30	$134.49	$164.96	40 - 54	$43.40	$86.79	$122.06	$149.69
55 - 64	$51.75	$103.50	$125.18	$152.29	55 - 64	$46.93	$93.85	$113.90	$138.54
65 - 74	$55.12	$110.25	$108.83	$128.32	65 - 74	$50.13	$100.25	$99.03	$116.80
75 - 99	$59.31	$118.62	$112.80	$127.66	75 - 99	$53.73	$107.46	$102.24	$115.73

** Pricing based off Issue Age*
***Spouse or Civil Union Partner*

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. Rate based off the age of the eldest/oldest applicant. Benefit exclusions and limitations apply.

VISION RIDER				
Age	**Individual**	**Individual + Spouse***	**Individual + Child(ren)**	**Family**
3 - 17	$3.07			
18 - 39	$3.90	$7.80	$9.73	$14.86
40 - 54	$8.36	$16.72	$13.58	$23.04
55 - 64	$8.92	$17.84	$13.21	$23.04
65 - 74	$10.40	$20.81	$11.63	$22.29
75 - 99	$10.40	$20.81	$11.63	$22.29

HEARING RIDER				
Age	**Individual**	**Individual + Spouse***	**Individual + Child(ren)**	**Family**
3 - 17	$1.04			
18 - 39	$0.68	$1.37	$2.66	$3.76
40 - 54	$1.37	$2.73	$3.55	$5.38
55 - 64	$2.56	$5.13	$3.97	$6.83
65 - 74	$3.59	$7.18	$4.01	$7.69
75 - 99	$4.27	$8.54	$3.92	$8.11

**Spouse or Civil Union Partner*

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. Rate based off the age of the oldest applicant. Benefit exclusions and limitations apply.

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Underwritten by:
ManhattanLife Assurance Company of America
Administrative Office: 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.

Policy Form Numbers: AK7034NJ

Rider Form Numbers: AK7034HRNJ, AK7034VRNJ