



**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 - \$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.

**Careington**  
SOLUTIONS SIMPLIFIED

DVH7016-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

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 or \$3,000</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
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.

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

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.