



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 - 75
- \$1,000 - \$1,500 policy year benefit option available
- Guaranteed Issue
- Guaranteed renewable to age 80*

** 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

- 5% to 50% below the 80th percentile of Reasonable and Customary Charges
- No claims need to be filed with ManhattanLife after visit
- Network discounts help the policy maximum last longer
- Network dentist will not bill client for any expense above Careington Network benefit
- Claims remain the same out of network - 100% of Usual and Customary charges

For more information, contact Careington at (800) 290-0523

Careington
SOLUTIONS SIMPLIFIED

DVH17-NM-BR 0220



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 Company of America

Not available in all states

PLAN BENEFITS ¹

Eligibility	Anyone age 18 - 75
Policy Year Maximum Benefit	\$1,000 or \$1,500 (choose one)
Policy Year Deductible	\$100 per person

Dental Coverage

Preventive Services

Semi-Annual exams, cleaning and x-rays

Year 1 - 60%
Year 2 - 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.

\$1,000 POLICY YEAR MAXIMUM

INDIVIDUAL MONTHLY PREMIUM

Age	Premium
18 - 39	\$25.00
40 - 54	\$27.00
55 - 64	\$29.00
65 - 75	\$31.00

FAMILY MONTHLY PREMIUM²

Age	Premium
18 - 39	\$80.00
40 - 54	\$84.00
55 - 64	\$88.00
65 - 75	\$92.00

\$1,500 POLICY YEAR MAXIMUM

INDIVIDUAL MONTHLY PREMIUM

Age	Premium
18 - 39	\$33.00
40 - 54	\$35.00
55 - 64	\$38.00
65 - 75	\$41.00

FAMILY MONTHLY PREMIUM²

Age	Premium
18 - 39	\$105.58
40 - 54	\$109.58
55 - 64	\$115.58
65 - 75	\$121.58

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

² Family rates include up to three children. Additional children are charged the age 3 - 17 rate per person.

\$1,000 Policy Year Maximum

Age	Premium
3 - 17	\$18.75

\$1,500 Policy Year Maximum

3 - 17	\$24.75
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Policy Form Number: C-DVH-NM

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.