



**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><br>(choose one)                               |
| <b>Policy Year Deductible</b>  | \$100 per person   |
| <b>Dental Coverage</b>   |  |
| <b>Preventive Services</b><br>Semi-Annual exams, cleaning and x-rays   | <b>Year 1 - 60%</b><br><b>Year 2 - 70%</b><br><b>Year 3 and thereafter - 80%</b> |
| <b>Waiting Period</b>  | <b>None</b>  |
| <b>Basic Services</b><br>Including x-ray, fillings and extractions (other than "full mouth")                           | <b>Year 1 - 60%</b><br><b>Year 2 - 70%</b><br><b>Year 3 and thereafter - 80%</b> |
| <b>Waiting Period</b>  | <b>None</b>  |
| <b>Major Services</b><br>Including bridges, crowns, full dentures or partials, full mouth extractions, and root canals | <b>Year 1 - 0%</b><br><b>Year 2 - 70%</b><br><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><br><b>Year 2 - 70%</b><br><b>Year 3 and thereafter - 80%</b> |
| <b>Waiting Period</b>  | <b>6 months</b><br>on eyeglasses and contact lenses                              |
| <b>Hearing Coverage</b>  |  |
| Exam, hearing aid and necessary repairs or supplies  | <b>Year 1 - 60%</b><br><b>Year 2 - 70%</b><br><b>Year 3 and thereafter - 80%</b> |
| <b>Waiting Period</b>  | <b>12 months</b><br>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.