



## 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.



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 and Annuity Company

PLAN BENEFITS <sup>1</sup>				
Eligibility	Anyone age 18 - 85			
Policy Year Maximum Benefit	\$1,000, \$1,500 or \$3,000 (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.	

INDIV	INDIVIDUAL MONTHLY PREMIUM				
Age	\$1,000	\$1,500	\$3,000		
18 - 39	\$34.75	\$46.00	\$55.42		
40 - 54	\$37.67	\$48.67	\$60.08		
55 - 64	\$40.33	\$52.92	\$68.50		
65 - 74	\$43.25	\$57.08	\$74.08		
75 - 85	\$49.67	\$65.67	\$85.17		

FAM	FAMILY MONTHLY PREMIUM *			
Age	\$1,000	\$1,500	\$3,000	
18 - 39	\$111.33	\$146.92	\$177.42	
40 - 54	\$116.92	\$152.58	\$183.92	
55 - 64	\$122.50	\$160.92	\$198.58	
65 - 74	\$128.17	\$169.25	\$219.25	
75 - 85	\$147.33	\$194.67	\$252.50	

CHILD MONTHLY PREMIUM *			
Age	\$1,000	\$1,500	\$3,000
3 - 17	\$26.17	\$34.50	\$41.58

<sup>\*</sup> 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 Number: AK7016-MO

Underwritten by: ManhattanLife Insurance and Annuity Company 10777 Northwest Freeway, Houston, TX 77092 Toll Free Telephone: 800-669-9030