

# Dental, Vision and Hearing Insurance

A plan with choices for you and your family

This is a Limited Benefit Insurance Policy for Dental, Vision and Hearing Expenses



Since 1850

Not available in all states

## 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 - *No Networks*
- Family Rates  
(includes a maximum of 3 children)
- Individual 18 - 85
- \$1,000 - \$1,500 policy year benefit option available
- Guaranteed Issue
- Guaranteed renewable for life.\*

\* Subject to our right to change premiums.



**Protect Your  
Smile . . .  
and Smile  
Brighter!**

**Protect Your  
Sight . . .  
and See  
Clearer!**



**Protect Your  
Hearing . . .  
and Hear  
Better!**

## Plan Benefits <sup>1</sup>

<b>Eligibility</b>	Anyone age 18 - 85
<b>Policy Year Maximum Benefit</b>	<b>\$1,000 or \$1,500</b> (choose one)
<b>Policy Year Deductible</b>	\$100 per person

### Dental Coverage

<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>

\*In OH, year 2 and thereafter is 70%

<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>

\*In OH, year 2 and thereafter is 70%

<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>

\*In OH, year 2 and thereafter is 70%

<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

\*In OH, year 2 and thereafter is 70%

### Hearing Coverage

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

\*In OH, year 2 and thereafter is 70%

<sup>1</sup> Refer to your policy for a complete description of limitations and exclusions.

## \$1,000 Policy Year Maximum

### INDIVIDUAL MONTHLY PREMIUM

Age	Premium
18 - 39	\$29.54
40 - 54	\$31.95
55 - 64	\$34.28
65 - 74	\$36.70
75 - 85	\$42.15

### FAMILY MONTHLY PREMIUM<sup>2</sup>

Age	Premium
18 - 39	\$94.51
40 - 54	\$99.26
55 - 64	\$104.00
65 - 74	\$108.74
75 - 85	\$125.03

## \$1,500 Policy Year Maximum

### INDIVIDUAL MONTHLY PREMIUM

Age	Premium
18 - 39	\$39.02
40 - 54	\$41.35
55 - 64	\$44.93
65 - 74	\$48.51
75 - 85	\$55.76

### FAMILY MONTHLY PREMIUM<sup>2</sup>

Age	Premium
18 - 39	\$124.76
40 - 54	\$129.51
55 - 64	\$136.58
65 - 74	\$143.65
75 - 85	\$165.22

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.

<sup>2</sup> 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	\$22.20

  

\$1,500 Policy Year Maximum	
Age	Premium
3 - 17	\$29.27

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.