



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 \$5,000 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

Not available in all states

PLAN BENEFITS ¹			
Eligibility	Anyone age 18 - 85		
Policy Year Maximum Benefit	\$1,000, \$1,500, \$3,000 or \$5,000 (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.	

INDIVIDUAL MONTHLY PREMIUM				
Age	\$1,000	\$1,500	\$3,000	\$5,000
18 - 39	\$34.82	\$45.98	\$55.39	\$67.89
40 - 54	\$37.65	\$48.81	\$60.14	\$73.47
55 - 64	\$40.40	\$52.90	\$68.56	\$82.72
65 - 74	\$43.23	\$57.14	\$74.05	\$88.63
75 - 85	\$49.65	\$65.64	\$85.22	\$99.79

FAMILY MONTHLY PREMIUM *				
Age	\$1,000	\$1,500	\$3,000	\$5,000
18 - 39	\$111.37	\$146.86	\$177.35	\$222.41
40 - 54	\$116.87	\$152.52	\$183.84	\$233.57
55 - 64	\$122.53	\$160.85	\$198.50	\$252.07
65 - 74	\$128.12	\$169.18	\$219.25	\$263.89
75 - 85	\$147.27	\$194.59	\$252.48	\$286.22

CHILD MONTHLY PREMIUM *				
Age	\$1,000	\$1,500	\$3,000	\$5,000
3 - 17	\$26.16	\$34.49	\$41.65	\$54.15

^{*} 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, \$3,000 or \$5,000 Policy Year Maximum. Use the age of the oldest applicant. Benefit exclusions and limitations apply.

Policy Form Numbers: AK7016-IL, AK7016-NC

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

^{*} Individual and (1) child will be charged an individual + child rate.