

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
Underwritten by ManhattanLife Insurance Company of America



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

** 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 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%
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Waiting Period	None
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Basic Services Including x-ray, fillings and extractions (other than "full mouth")	Year 1 - 60% Year 2 - 70% Year 3 and thereafter - 80%
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Waiting Period	None
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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%
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Waiting Period	12 months
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Vision Coverage

Basic eye exam or eye refraction, including the cost of eye glasses or contact lenses	Year 1 - 60% Year 2 - 70% Year 3 and thereafter - 80%
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Waiting Period	6 months on eyeglasses and contact lenses
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Hearing Coverage

Exam, hearing aid and necessary repairs or supplies	Year 1 - 60% Year 2 - 70% Year 3 and thereafter - 80%
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Waiting Period	12 months new hearing aids and existing hearing aid repairs
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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	\$27.50
40 - 54	\$29.75
55 - 64	\$31.92
65 - 75	\$34.17

FAMILY MONTHLY PREMIUM²

Age	Premium
18 - 39	\$88.00
40 - 54	\$92.42
55 - 64	\$96.83
65 - 75	\$101.25

\$1,500 Policy Year Maximum

INDIVIDUAL MONTHLY PREMIUM

Age	Premium
18 - 39	\$36.33
40 - 54	\$38.50
55 - 64	\$41.83
65 - 75	\$45.17

FAMILY MONTHLY PREMIUM²

Age	Premium
18 - 39	\$116.17
40 - 54	\$120.58
55 - 64	\$127.17
65 - 75	\$133.75

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	\$20.67

\$1,500 Policy Year Maximum

3 - 17	\$27.25
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THIRTY-DAY RIGHT TO RETURN - Please read Your policy. If you are not satisfied for any reason, return the policy to the Company's Administrative Office or to Your Company sales Agent within 30 days after You receive it. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. We will return your premium paid, less any claims paid.

PRE-EXISTING CONDITIONS - The Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on the Policy. However, for any Insured over 65 years of age at the time the Policy is issued, Pre-Existing Conditions are only those conditions specifically eliminated by rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-months period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of the Policy are never covered.

EXCLUSIONS AND LIMITATIONS

We will NOT pay benefits for the following items and/or services during the first six (6) months following the Policy Effective Date: 1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year: 1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments, or outpatient dental surgery; or, 2. hearing aids, including repairs.

We will NOT pay benefits for: 1. any loss resulting from war, declared or undeclared; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; 5. any Experimental or Investigational procedure or treatment; 6. orthodontic treatment or dental implants; 7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; 8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); 9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; 10. impacted wisdom teeth; 11. occlusal guards; 12. prescription drugs; 13. treatment or diagnosis received while outside the territorial limits of the United States; 14. services for which you are not liable or for which no charge normally is made in the absence of insurance; and, 15. loss that occurs while this policy is not in force.

TERMINATION

All coverage under the Policy and any attached Rider(s) shall terminate when the Policy ceases to be in force. The Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die; or, c. the Policy Anniversary Date You no longer meet the Renewal Condition as defined on the cover of the Policy; or, d. the date You notify Us in writing to end the Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

When such Insured's insurance ends, We will: a. consider any claim that began before the insurance ended; and, b. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

This brochure is designed to give a brief description of the policies and optional benefits and does not constitute a contract. The exact terms, limitations, definitions, conditions and qualifications of a specific procedure or service will be found in the policy delivered to you. The terms of the policy govern.

Policy Form Numbers: C-DVH-NC

Underwritten by:
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