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 - $5,000 policy year benefit option available   - Guaranteed Issue   - Guaranteed renewable for life*   <p align=right>** Subject to our right to change premiums.*</p>

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

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 [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	$34.84	$45.97	$55.37	$69.05
40 - 54	$37.67	$48.80	$60.11	$74.70
55 - 64	$40.41	$52.90	$68.50	$84.01
65 - 74	$43.24	$57.10	$74.07	$90.03
75 - 85	$49.62	$65.57	$85.19	$101.16

FAMILY MONTHLY PREMIUM *

Age	$1,000	$1,500	$3,000	$5,000
18 - 39	$111.37	$146.85	$177.32	$226.57
40 - 54	$116.84	$152.51	$183.80	$237.88
55 - 64	$122.50	$160.81	$198.48	$256.49
65 - 74	$128.06	$169.20	$219.19	$268.53
75 - 85	$147.22	$194.56	$252.39	$290.79

CHILD MONTHLY PREMIUM *

Age	$1,000	$1,500	$3,000	$5,000
3 - 17	$26.18	$34.48	$41.59	$55.28

* *Family rates include up to three children. Additional children are charged the age 3 - 17 rate per person.*

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

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-CA