

# 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 and Manhattan Life Insurance Company.



## 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

#### Preventive Services

Semi-Annual exams, cleaning and x-rays.

**Year 1 - 60%**  
**Year 2 - 70%**  
**Year 3 and thereafter - 80%\***

#### Waiting Period

None

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

#### Basic Services

Including x-ray (other than "full mouth"), fillings and extractions

**Year 1 - 60%**  
**Year 2 - 70%**  
**Year 3 and thereafter - 80%\***

#### Waiting Period

None

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

#### 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

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

### 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

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

### 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

*\*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	\$27.50
40 - 54	\$29.75
55 - 64	\$31.92
65 - 74	\$34.17
75 - 85	\$39.25

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

Age	Premium
18 - 39	\$88.00
40 - 54	\$92.42
55 - 64	\$96.83
65 - 74	\$101.25
75 - 85	\$116.42

## \$1,500 Policy Year Maximum

### INDIVIDUAL MONTHLY PREMIUM

Age	Premium
18 - 39	\$36.33
40 - 54	\$38.50
55 - 64	\$41.83
65 - 74	\$45.17
75 - 85	\$51.92

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

Age	Premium
18 - 39	\$116.17
40 - 54	\$120.58
55 - 64	\$127.17
65 - 74	\$133.75
75 - 85	\$153.83

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	\$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.

*\*In AZ, ID, IL, LA, MD, MO, OH, OK and PA the right to return is 10 days.*

## 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. In MD, the Policy and any attached Rider(s), if any, do not cover Pre-Existing Conditions for the first 12 months beginning on the date that person becomes an insured on this Policy.

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 (In ID, OH and WY, 6 months) period immediately preceding the Policy Effective Date. In MD, with respect to Pre-Existing Conditions disclosed in the application, this Pre-Existing Condition Limitation will not include a condition revealed on the application for coverage, unless the condition was excluded by a signed waiver rider attached to the policy. In PA, medical advice or treatment was received or recommended by a Physician within the 12-month period preceding the Policy Effective Date.

Except in ID, 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. except in MT, hearing aids, including repairs. In MD, fluoride treatments does not apply.

We will NOT pay benefits for: 1. except in MI, any loss resulting from war, declared or undeclared (in OK, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer); 2. except in IL, MI, any intentionally self-inflicted Injury; 3. except in MD, 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. In ID, any loss to which a contributing cause was your participation in a felony, riot or insurrection; 4. any services that are not recommended by a Physician. In MI, any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured being engaged in an illegal occupation or other willful criminal activity; 5. except in MD, 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 performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts) other than Medically Necessary outpatient dental surgery following the first policy year. (In MD, surgery must be prescribed by a physician. In MD, MT, TX, UT and WY, the reference to Medically Necessary does not apply); 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 (in MD, other than the benefits provided by Medicaid); and, 15. loss that occurs while this policy is not in force. (in MD, subject to the Extension of Benefits Provision).

In MD only, prohibited health care practitioner referrals.

In MT only, any Pre-Existing conditions as defined in the policy.

**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<sup>1</sup> on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. except in IL, when You die; or, c. the Policy Anniversary Date You no longer meet the Renewal Condition as defined on the cover of the Policy. In IL, the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; or, d. the date You notify Us in writing to end the Policy.

In IL only, the date We receive a request in writing to terminate this Policy or on a later date that is requested by You for termination; the date all Policies the same as this one are non-renewed or terminated in the state in which this Policy was issued or the state in which You presently reside. We will give You 90 days advance notice, as required by state law, of the termination of Your coverage; the date You move to a state where We do not provide insurance under a Policy with the same Policy design as this Policy, We reserve the right to terminate this coverage; or, the Insured performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the coverage.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse<sup>2</sup>, as defined in the Policy. In UT, coverage for an Eligible Dependent Child shall continue in force through the last day of the month in which said Dependent Child ceases to be an Eligible Dependent Child, if premium has been paid for their birth month.

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<sup>2</sup>, as set forth in the Conversion Privilege.

<sup>1</sup> In IL, at 12:01 a.m. local time at Your state of residence.

<sup>2</sup> In DC and IL, Civil Union Partner; in CA and OR, Spouse or Domestic Partner; in MD, Eligible Covered Dependent, or Eligible Spouse/Domestic Partner; in NJ, Eligible Spouse, Eligible Domestic Partner, or Eligible Civil Union Partner.

**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-DVH16, C-DVH16-ID, C-DVH16-LA, C-DVH16-OK, C-DVH16-TX, M-DVH16  
(including state variations)

Underwritten by:  
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Manhattan Life Insurance Company  
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