



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

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. 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.

Policy Form Numbers: C-DVH16, F-DVH16, DVH17, DVH17-LA, DVH17-OK, DVH17-TX
(including state variations)

Dental, Vision and Hearing Insurance

A plan with choices for you
and your family

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



For more information contact:
HENRIK JAHN
CENTRAL FINANCIAL SERVICES
(541) 382-8949
INSUREBEND.COM



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

Underwritten by:
ManhattanLife Insurance Company of America
Family Life Insurance Company
10777 Northwest Freeway, Houston, TX 77092
Toll Free Telephone: 800-669-9030

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

Underwritten by
ManhattanLife Insurance Company of America
and Family Life Insurance Company.



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.

Plan Benefits ¹	
Eligibility	Anyone age 18 - 85
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%*
Waiting Period	None
<i>*In OH, year 2 and thereafter is 70%</i>	
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
<i>*In OH, year 2 and thereafter is 70%</i>	
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
<i>*In OH, year 2 and thereafter is 70%</i>	
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
<i>*In OH, year 2 and thereafter is 70%</i>	

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	\$30.25
40 - 54	\$32.75
55 - 64	\$35.08
65 - 74	\$37.58
75 - 85	\$43.17

FAMILY MONTHLY PREMIUM ²	
Age	Premium
18 - 39	\$96.83
40 - 54	\$101.67
55 - 64	\$106.50
65 - 74	\$111.42
75 - 85	\$128.08

\$1,500 Policy Year Maximum

INDIVIDUAL MONTHLY PREMIUM	
Age	Premium
18 - 39	\$40.00
40 - 54	\$42.33
55 - 64	\$46.00
65 - 74	\$49.67
75 - 85	\$57.08

FAMILY MONTHLY PREMIUM ²	
Age	Premium
18 - 39	\$127.75
40 - 54	\$132.67
55 - 64	\$139.92
65 - 74	\$147.17
75 - 85	\$169.25

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	\$22.75
\$1,500 Policy Year Maximum	
3 - 17	\$30.00