



MISSOURI OPTOMETRIC ASSOCIATION
Dental • Vision • Hearing

You may use provider of your choice, but to maximize savings, please visit an approved Missouri Optometric Association or Careington Network member today!

Now, in tandem with the ManhattanLife Assurance Company of America, we're proud to bring to our members and their patients a plan that offers services for all of these critical areas...dental, vision and hearing!

DENTAL, VISION AND HEARING COVERAGE



Protect your **SMILE**
and **SMILE BRIGHTER!**



Protect your **SIGHT**
and **SEE CLEARER!**



Protect your **HEARING**
and **HEAR BETTER!**

The Importance of Dental, Vision, and Hearing

- Quality of Life
- Unforeseen situations that are painful, inconvenient and expensive
- Many medical plans do not cover dental, vision or hearing expenses

Product Highlights

- Guaranteed renewable for life
- \$1,500–\$1,000 policy year benefit option available
- Individual 18–85
- Family Rates (includes a maximum of 3 children)
- Guaranteed Issue
- **Dental and Optometric provider networks included**

To check that your provider participates or locate a provider, go to www.moadvh.com



Marketed by Missouri Optometric Association Insurance Agency & Association Benefits
1501 E. Broadway Suite 2
Bolivar, MO 65613
417-208-9006



Marketed by Missouri Dental Insurance Services
3340 American Avenue, Ste. E
Jefferson City, MO 65109
Tel: 800-944-7550
Fax: 573-634-5770



ManhattanLife
Standing By You. Since 1850.

Underwritten by ManhattanLife Assurance Company of America

DENTAL, VISION & HEARING



Plan Benefits

Eligibility

Ages 18-85

Policy Year Max 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
Basic services including preventative services, fillings and simple extractions (other than surgical extractions)	Year 1-60% Year 2-70% Year 3 and thereafter-80%
Waiting Period	None
Major services including bridges, crowns, or partial dentures, 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 and refraction, including the cost of glasses and contact lenses	Year 1-60% Year 2-70% Year 3 and thereafter-80%
Waiting Period	None

Hearing Coverage

Exam, hearing aids and necessary repairs and/or supplies	Year 1-60% Year 2-70% Year 3 and thereafter-80%
Waiting Period	12 months on new hearing aids and existing hearing aid repairs

Monthly Premium for \$1,000

Individual		Family		Additional Child
Age		Age		Age
18-39	\$22.56	18-39	\$78.96	Up to 17 \$20.50
40-54	\$27.46	40-54	\$96.10	
55-64	\$34.37	55-64	\$103.11	
65-74	\$40.30	65-74	\$92.68	
75-85	\$48.30	75-85	\$103.85	

Monthly Premium for \$1,500

Individual		Family		Additional Child
Age		Age		Age
18-39	\$29.81	18-39	\$104.32	Up to 17 \$27.05
40-54	\$35.53	40-54	\$124.37	
55-64	\$45.04	55-64	\$135.12	
65-74	\$53.27	65-74	\$122.52	
75-85	\$63.89	75-85	\$137.37	

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