

## Monthly Premium - \$1,000 Benefit

Individual		Family	
Age		Age	
18 – 39	\$22.56	18 – 39	\$78.96
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

### Additional Child

Up to Age 17  
\$20.50

## Monthly Premium - \$1,500 Benefit

Individual		Family	
Age		Age	
18 – 39	\$29.81	18 – 39	\$104.32
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

### Additional Child

Up to Age 17  
\$27.05

## What is different about Dental, Vision, and Hearing Insurance and how does it work?

This insurance plan combines your dental, vision, and hearing needs into one affordable monthly premium. This plan allows you to use any provider of your choice with no network required. To maximize savings please visit an approved Missouri Optometric Association, Preferred Plus, or Careington Network provider.

### Using the Missouri Optometric Association Network and Preferred Plus Dentist or Careington Network

- No claims need to be filed with ManhattanLife after the visit. The provider will file it for you.
- Using the network helps the policy year benefit last longer.

### Using out-of-network providers

- Claims may be filed by the doctor or through ManhattanLife.com by you, the patient.

To check that your provider participates or to locate a provider, go to [moadvh.com](http://moadvh.com)

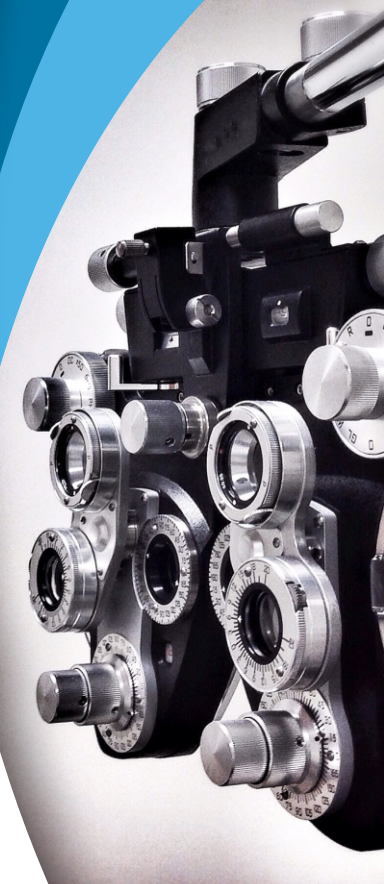
### How to get started:

- Contact your local agent
- Ask your doctor today
- Visit online at [www.moadvh.com](http://www.moadvh.com)
- Email questions to [info@moaia.net](mailto:info@moaia.net)

Policy Form Number: DVHMOA

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

This is not a complete disclosure of plan qualifications, benefits and limitations.



**DENTAL  
VISION  
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COVERAGE**

MOA7-20



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MOA Insurance Agency  
and Association Benefits  
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Bolivar, MO 65613  
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Fax: 417.450.4893



Marketed by Missouri Dental  
Insurance Services  
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Fax: 573-634-5770



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## 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

### Also:

- For those on Medicare, many times dental, vision, and hearing expenses are not covered. This DVH plan can be a great addition to your existing coverage.

## Product Highlights

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



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



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



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

## Strengths of the Plan

- The MOA DVH plan is a true insurance plan that covers dental, vision, and hearing (not a discount plan).
- This indemnity insurance plan allows you to direct your own health care.
- The family plan (up to 2 adults and 3 children) allows each member to have their own yearly maximum benefit to use.
- May be sold to individuals or as a group.
- There is a one time \$100 deductible per policy year, NOT individual co-pays on selected services and goods from the doctor like many discount plans.
- The plan covers one pair of glasses AND one contact lens order per policy year.

### Vision Coverage

The MOA DVH plan gives you access to the Missouri Optometric Association member network. This is the largest optometric association in the state of Missouri. This network allows a wide coverage of doctors from rural to urban settings across the state.

### Dental Coverage

The MOA DVH allows you flexibility to choose your own dentist. To realize additional savings and help maximize your dollar, visit a Preferred Plus or Careington Network provider.



Largest optometric association  
in the state  
[www.moadvh.com](http://www.moadvh.com)

### Vision Coverage

Basic eye exam and refraction, including the cost of glasses and contact lenses*	Year 1 - 60% Year 2 - 70% Year 3+ - 80%
<b>Waiting Period</b>	None

### Dental Coverage

<b>Preventive Services</b> Semi-annual exams, cleaning, and x-rays*	Year 1 - 60% Year 2 - 70% Year 3+ - 80%
<b>Waiting Period</b>	None
<b>Basic Services</b> Including preventative services, fillings, and simple extractions (other than surgical extractions)*	Year 1 - 60% Year 2 - 70% Year 3+ - 80%
<b>Waiting Period</b>	None
<b>Major Services</b> Including bridges, crowns or partial dentures, full mouth extractions, and root canals*	Year 1 - 0% Year 2 - 70% Year 3+ - 80%
<b>Waiting Period</b>	12 months

\* up to the annual benefit limit

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### Hearing Coverage

Exam, hearing aids, and necessary repairs/supplies*	Year 1 - 60% Year 2 - 70% Year 3+ - 80%
<b>Waiting Period</b>	12 months on new hearing aids and existing hearing aid repairs

MOA 20-6 This brochure provides a very brief description of some of the important policy features. This is not an insurance contract. This is not a complete disclosure of plan qualifications and limitations. Please access ManhattanLife's website to obtain a completed list for the Dental, Vision and Hearing product at [disclosure.manhattanlife.com](http://disclosure.manhattanlife.com). Please review this information before applying for coverage.