

Dental, Vision & Hearing

Two Plans with Choices for You and Your Clients!



ManhattanLife[™]

Standing By You. Since 1850.



Why Offer DVH Plans

STATISTICS

- Dental is the most requested insurance product, according to LIMRA
- 12% of Americans over 65 have dental coverage*
- One-third of U.S. adults haven't been to the dentist in the last year
- Medicare has very limited coverage on dental, vision or hearing

BENEFITS

- Great income source during Medicare Advantage enrollment season
- DVH sales increase your persistency
- The more policies a client has with you, the less likely they'll work with anyone else
- Top producing agents are attaching DVH to 1/3 of their insurance sales
- DVH plans are guarantee issue

Why Manhattan Life DVH?

BEST COMBINATION OF RATES, BENEFITS AND COMMISSION OF ANY PLAN ON THE MARKET

- No networks, use any dentist
- Family plans available
- National commissions
- Preventative and Basic services start immediately
 - No limit on extractions (except full mouth) or fillings
- Up to 80% coverage on majors (70% in Ohio)
 - Other plans cap at 50% or 60%
- Manhattan Life DVH plan is a true “pool of money” for the client to use
 - Use the plan benefit on just dental, just vision, just hearing or a combo of the three!
 - Other plans cap vision or hearing benefits. Manhattan does not!
- Industry leading online application – mother’s maiden name as signature



Plan Benefits	
Eligibility	Anyone age 18 – 85
Policy Year Maximum Benefit	\$1,000, \$1,500 & \$3,000
Policy Year Deductible	\$100 per person

Dental Coverage	
Preventative 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 (other than “full mouth”), fillings and extractions	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 or 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 contacts

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

Rate Information

Individual Monthly Premium

\$1,000 Max

\$1,500 Max

\$3,000 Max

18-39	\$30.25	\$40.00	\$48.17
40-54	\$32.75	\$42.33	\$52.25
55-64	\$35.08	\$46.00	\$59.58
65-74	\$37.58	\$49.67	\$64.42
75-85	\$43.17	\$57.08	\$74.08

Additional Children (Family Rates include 3 children)

\$1,000 Policy Year Maximum

\$1,500 Policy Year Maximum

Individual Monthly Premium

Individual Monthly Premium

3-17	\$22.75	3-17	\$ 30.00
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Clients can now access the Careington Maximum Care PPO Dental Network

- **Use of network completely optional**
 - No claims need to be filed with Manhattan after visit
 - Network discounts help the policy maximum last longer
 - Network dentist will not balance bill client for any expense above Careington Network benefit
- Claims remain the same out of network – 100% of Usual and Customary

- Enrollment Options:
 - Shopping Cart E-App uses mother's maiden name for signature
 - Customizable **PURL** for clients to self enroll
 - Paper app available as well
- Payment Options:
 - Annual, Semi-Annual, Quarterly or Monthly Bank Draft (EFT)
 - List Bill option available for 3 or more lives!
 - Policies can be effective any day of the month
 - Available bank drafts dates are the 1st-28th of the month
- **How DVH Claims are Paid**
 - If client chooses not to use the Careington Dental network, then dental claims are paid based on 100% of "Usual & Customary" Charges
 - Comprehensive Exam - \$96.33*
 - Prophylaxis (Teeth cleaning) - \$101.61*
 - Bitewing X-Rays (4) - \$69.66*
 - Crown - \$1,248.93*
- Claims Filing Process
 - If the provider will file, they will be paid direct from Manhattan Life
 - If the provider will not file, the client will need to pay the provider and reimbursed.

Insured Authorization And Signature

Authorization and Certification

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete, and I understand and agree that: (a) the insurance shall not take effect unless and until the application has been accepted and approved by ManhattanLife Insurance and Annuity Company (Company), the full first premium has been paid, and the policy has been delivered to the applicant; and, (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing.

I, the undersigned applicant, certify that I have read, or had read to me, the completed application and that I realize that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part. I have received the Outline of Coverage for the policy (in states required by law).

CAUTION: If your answers on this application are incorrect and untrue, the Company may have the right to deny benefits or if the misrepresentation was material to our acceptance of the risk, rescind the policy.

NOTICE: ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO ManhattanLife Insurance and Annuity Company. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

THE EFFECTIVE DATE OF THE POLICY WILL BE THE DATE RECORDED BY THE ADMINISTRATIVE OFFICE. IT IS NOT THE DATE THIS APPLICATION IS SIGNED.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

Mother's Maiden Name

Need to file a claim?

TO PROCESS A CLAIM, PLEASE:

1. Select the appropriate form category to the right.
2. Locate the form.
3. Visit the [Contract/Policy Holder](#) website to **submit it online** or use the [Easy Upload mobile app](#) for iOS and Android and simply scan the documents with your device's camera into our system.

If you need assistance, please call your agent or [contact us](#).

TO VIEW OR PRINT DOCUMENTS:

To view and print these documents, you will need Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you may download a [free copy here](#).

EASY UPLOAD MOBILE APP:

The [Easy Upload mobile app](#) or the [Easy Form Upload](#) tool found on the Client Services site can be used to securely send documents to us regarding a specific Life & Health policy or Annuity contract, even if you aren't a registered contract/policy holder. Simply click on the Start Uploading button. You will need to know the contract/policy number and the owner's zip code to use this feature.

FORM CATEGORIES

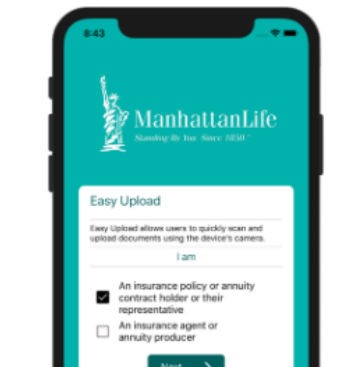
[ANNUITY](#)

[INDIVIDUAL AND WORKSITE](#) +

[MEDICARE SUPPLEMENT](#)

[MORTGAGE PROTECTION](#)

[VOLUNTARY BENEFITS](#)



Manhattan Life offers a true “pool of money” DVH plan. With no caps on vision or hearing - clients can use their full plan benefit on dental, vision, hearing or any combination of the three. Most other DVH plans cap vision or hearing coverage at \$200 annually or \$500 every two years.

ACTUAL CLAIM EXAMPLE

Initial Appt. Including	
Exam, Cleaning, XRay:	\$267.60
Crown:	<u>\$1,248.93</u>
Total bill:	\$1,516.53
Plan Deductible:	\$100
Plan Coverage:	80%
Claim Paid:	\$1,133.23
Client Paid:	\$383.31

The client who filed this dental claim has a \$3,000 benefit plan. That means after this claim they had \$2,000 left to use on vision, hearing or additional dental work!

DVH Product Availability

State		AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
Dental, Vision & Hearing	to \$1,500						✓		✓		✓																						✓	✓																			
	to \$3,000		✓	✓	✓	✓				✓		✓		✓	✓	✓	✓	✓	✓	✓		✓		✓		✓	✓	✓	✓	✓	✓							✓	✓	✓	✓							✓	✓	✓			

State		AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
Dental, Vision & Hearing Select			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓				✓	✓		✓	✓			✓	✓	✓	✓								✓	✓	✓		

- **20% Major Dental Coverage Day 1!**
- Can be offered as “Dental-Only”, “Dental & Vision”, “Dental & Hearing” or “Dental, Vision & Hearing” plan
- Preventative Dental covered 100% Day 1 – Not subject to deductible
- Covers Implants, Braces & Fluoride Treatments!
- Choose a ZERO or \$100 Policy Year Deductible
- Ages 18-99. Legacy Manhattan DVH plan max age is 85.
- Careington Maximum Care PPO Dental Network
- Out of Network Dental Benefits are paid at 80% of Reasonable & Customary. “Any Dentist” still applies with this plan!
- No Network for Vision & Hearing Riders! Benefits are paid at 100% of R&C.
- Same great commission paid on BOTH Dental Plans

Plan Benefits	
Eligibility	Anyone age 18 – 99
Policy Year Maximum Benefit	\$1,000, \$1,500, \$3,000 & \$5,000
Policy Year Deductible	\$0 or \$100 per person



Dental Coverage	
Preventative Services Semi-Annual exam, cleaning and bite-wing x-rays	100% in network 80% Out of Network
Waiting period	None
Basic Services Fillings, simple extraction(s), Panoramic x-rays, Non-surgical Periodontal Services	Year 1 – 65% Year 2 and after – 80%
Waiting period	None
Major Services Crowns, Bridges, Root Canals, denture/denture repairs, full mouth extractions, Implants, Surgical Periodontal Services	Year 1 – 20% Year 2 and after – 50%
Orthodontia (ALL AGES) Lifetime max of \$1,500	Year 1 – N/A Year 2 and after – 50% in network only

Vision Coverage Rider	
Eye exam, lenses, refraction	Year 1 – 60% Year 2 – 70% Year 3 and thereafter – 80%
Eyeglass Frames & Contact Lenses	\$200 Max per Year 6 Month wait on frames

Hearing Coverage Rider	
Exam, hearing aid and necessary repairs or supplies	\$750 Max Per Ear, Per Year
Waiting period	12 months New hearing aids and existing hearing aid repairs

- Out of Network Dental is Covered at 80% of Reasonable & Customary
- No Network on Vision & Hearing Riders. Claims based on 100% of R&C.

Refer to your policy for a complete description of limitations and exclusions.

Select Claims Examples

In-Network

*Client goes in to their Careington dentist for regular check up and finds out he needs a filling.
His \$100 deductible has already been met.*

Procedure	Provider Charge	In-Network Cost	ManhattanLife Pays	You Pay
Dental Exam	\$100	\$35	100% Preventative Day One	\$0
Filling	\$200	\$99	65% Basic Day One	\$35
Total	\$300	\$134	\$99	\$35

Out-of-Network

*Client chose not to go to a Careington dentist for a regular checkup and finds out he needs a filling.
His \$100 deductible has already been met. Manhattan Select pays 80% of R&C out of network.*

Procedure	Provider Charge	Usual and Customary Charge	ManhattanLife Pays	You Pay
Dental Exam	\$150	\$96	80% Preventative day one; (of Usual and Customary = \$77)	\$73 (\$150 - \$77)
Filling	\$225	\$175	65% Basic day one; (of Usual and Customary = \$114)	\$111 (\$225 - \$114)
Total	\$375	\$271	\$191	\$184

Select Claims Examples

Vision Rider

*Client has a dental+vision plan. Goes to the eye doctor for an exam and gets glasses.
His deductible has already been met.*

Procedure	Cost	ManhattanLife Pays	You Pay
Eye Exam	\$60	70% Year Two (\$42)	\$18
Frame	\$250	Up to \$200 (\$200)	\$50
Lenses	\$115	70% Year Two (\$80.50)	\$34.50
Total	\$425.00	\$322.50	\$102.50

Hearing Rider

Client has a dental+hearing plan. After 12 months (waiting period) client goes in for hearing exam and is recommended hearing aids. His deductible has already been met.

Procedure	Cost	ManhattanLife Pays	You Pay
Hearing Exam	\$90	\$90	\$0
Hearing Aids	\$1,600	Up to \$750/year per ear (\$1,500)	\$100
Total	\$1,690	\$1,590	\$100

DENTAL COVERAGE

\$1,000 Maximum Benefit

\$0 Deductible					\$100 Deductible				
Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family	Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family
3 - 17	\$28.29				3 - 17	\$25.98			
18 - 39	\$30.49	\$60.97	\$72.91	\$110.47	18 - 39	\$27.12	\$54.24	\$66.09	\$99.71
40 - 54	\$38.88	\$77.75	\$107.16	\$131.49	40 - 54	\$34.80	\$69.60	\$96.98	\$118.97
55 - 64	\$41.43	\$82.85	\$99.47	\$121.04	55 - 64	\$37.32	\$74.64	\$90.19	\$109.72
65 - 74	\$43.69	\$87.37	\$86.16	\$101.52	65 - 74	\$39.46	\$78.93	\$77.94	\$91.92
75 - 99	\$46.58	\$93.17	\$88.58	\$100.24	75 - 99	\$41.87	\$83.75	\$79.71	\$90.24


\$1,500 Maximum Benefit

\$0 Deductible					\$100 Deductible				
Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family	Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family
3 - 17	\$30.10				3 - 17	\$27.78			
18 - 39	\$32.41	\$64.82	\$77.56	\$117.50	18 - 39	\$28.92	\$57.84	\$70.59	\$106.45
40 - 54	\$41.48	\$82.96	\$114.20	\$140.15	40 - 54	\$37.24	\$74.48	\$103.74	\$127.26
55 - 64	\$44.32	\$88.65	\$106.24	\$129.28	55 - 64	\$40.04	\$80.08	\$96.65	\$117.58
65 - 74	\$46.91	\$93.82	\$92.45	\$108.87	65 - 74	\$42.49	\$84.98	\$83.87	\$98.87
75 - 99	\$50.21	\$100.42	\$95.42	\$107.94	75 - 99	\$45.28	\$90.56	\$86.14	\$97.50

\$3,000 Maximum Benefit

\$0 Deductible					\$100 Deductible				
Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family	Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family
3 - 17	\$35.26				3 - 17	\$32.30			
18 - 39	\$36.45	\$72.89	\$89.33	\$134.59	18 - 39	\$32.65	\$65.29	\$81.09	\$121.81
40 - 54	\$46.97	\$93.95	\$131.21	\$160.94	40 - 54	\$42.34	\$84.68	\$119.08	\$146.04
55 - 64	\$50.49	\$100.98	\$122.13	\$148.57	55 - 64	\$45.78	\$91.56	\$111.12	\$135.16
65 - 74	\$53.78	\$107.56	\$106.18	\$125.19	65 - 74	\$48.90	\$97.81	\$96.61	\$113.95
75 - 99	\$57.86	\$115.73	\$110.05	\$124.54	75 - 99	\$52.42	\$104.84	\$99.74	\$112.91

\$5,000 Maximum Benefit

\$0 Deductible 					\$100 Deductible				
Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family	Age	Individual	Individual + Spouse**	Individual + Child(ren)	Family
3 - 17	\$39.25				3 - 17	\$34.82			
18 - 39	\$39.87	\$79.73	\$98.75	\$148.43	18 - 39	\$35.75	\$71.50	\$87.98	\$132.44
40 - 54	\$51.54	\$103.08	\$144.87	\$177.66	40 - 54	\$46.51	\$93.02	\$129.77	\$159.18
55 - 64	\$55.53	\$111.06	\$134.88	\$164.06	55 - 64	\$50.41	\$100.83	\$121.51	\$147.84
65 - 74	\$59.30	\$118.60	\$117.17	\$138.22	65 - 74	\$53.99	\$107.98	\$106.45	\$125.39
75 - 99	\$63.91	\$127.81	\$121.58	\$137.62	75 - 99	\$57.97	\$115.95	\$110.18	\$124.65

VISION RIDER				
Age	Individual	Individual + Spouse*	Individual + Child(ren)	Family
3 - 17	\$2.99			
18 - 39	\$3.81	\$7.61	\$9.50	\$14.50
40 - 54	\$8.16	\$16.31	\$13.25	\$22.48
55 - 64	\$8.70	\$17.40	\$12.89	\$22.48
65 - 74	\$10.15	\$20.30	\$11.35	\$21.75
75 - 99	\$10.15	\$20.30	\$11.35	\$21.75

HEARING RIDER				
Age	Individual	Individual + Spouse*	Individual + Child(ren)	Family
3 - 17	\$1.01			
18 - 39	\$0.67	\$1.33	\$2.59	\$3.67
40 - 54	\$1.33	\$2.67	\$3.47	\$5.25
55 - 64	\$2.50	\$5.00	\$3.88	\$6.67
65 - 74	\$3.50	\$7.00	\$3.91	\$7.50
75 - 99	\$4.17	\$8.33	\$3.82	\$7.92

* In CA, Spouse or Registered Domestic Partner; In DC, Spouse, Domestic Partner, or Civil Union Partner; In OR, Domestic Partner

DVH Select vs. DVH Legacy

	DVH Legacy	DVH Select
Issue Ages	Ages 18-85	Ages 18- 99
Age Bands	<ul style="list-style-type: none"> • 18-39 • 40-54 • 55-64 • 65-74 • 75-85 	<ul style="list-style-type: none"> • 18-39 • 40-54 • 55-64 • 65-74 • 75-99
Rate Groups	<ul style="list-style-type: none"> • Individual • Family 	<ul style="list-style-type: none"> • Individual • Individual + Spouse • Individual + Child(ren) • Family
Renewal Class	Guaranteed Renewable	Guaranteed Renewable
Benefit Amount Options	<ul style="list-style-type: none"> • \$1,000, \$1,500 & \$3,000 • \$100 Deductible 	<ul style="list-style-type: none"> • \$1,000, \$1,500, \$3,000 & \$5,000 • \$0 or \$100 Deductible
In Network Claims	Careington Discounted Rate	Careington Discounted Rate
Out of Network Claims	100% of UCR	80% of UCR

DVH Select vs. DVH Legacy

DVH Legacy

DVH Select

	DVH Legacy	DVH Select
Preventative Services	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% Waiting Period - 0 Months	<ul style="list-style-type: none"> • Year 1 and after - 100% • Does not apply to deductible Waiting Period - 0 Months
Basic Services	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% Waiting Period - 0 Months	<ul style="list-style-type: none"> • Year 1 - 65% • Year 2+ 80% Waiting Period - 0 Months
Major Services	<ul style="list-style-type: none"> • Year 1 - 0% • Year 2 - 70% • Year 3+ - 80% Waiting Period - 12 Months	<ul style="list-style-type: none"> • Year 1 - 20% • Year 2+ - 50% Waiting Period - 0 Months
Implants	None	<ul style="list-style-type: none"> • Year 1 - 20% • Year 2 - 50% Lifetime Max - \$1,500
Orthodontia (All Ages)	None	<ul style="list-style-type: none"> • Year 1 - N/A • Year 2+ - 50% Lifetime Max - \$1,500

DVH Select vs. DVH Legacy

DVH Legacy

DVH Select

	DVH Legacy	DVH Select
Vision Benefit	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% <p>Up to Policy Year Maximum Benefit</p> <p>Waiting Period - 6 Months on eyeglasses and contact lenses</p>	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% <p>\$200 Maximum per year for eyeglass frames and contact lenses</p> <p>Waiting Period - 6 Months on eyeglasses and contact lenses</p>
Hearing Benefit	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% <p>Up to Policy Year Maximum Benefit</p> <p>Waiting Period - 12 Months on new hearing aids and existing hearing aid repairs</p>	<ul style="list-style-type: none"> • \$750 Maximum (Per Ear, Per Year) <p>Waiting Period - 12 Months on new hearing aids and existing hearing aid repairs</p>

Spouse in the House

- Med Sup agents are already asking about spouses to determine HHD
- ACA plans do not cover adult dental, hearing aids or glasses/contact lenses
- A DVH plan helps “fill the gaps” in an ACA plan just like with Med Sup/MA.
- DVH benefits are the same over/under 65
- Great way to increase income and drop the cost per acquisition (CPA).
- Odds of writing the under 65 spouse/roommate a Med Sup/MA Plan when they turn 65 is much better if you sell them a DVH Plan



Start the conversation

- Help your client understand their exposure

“When was the last time you had your teeth cleaned?”

Medicare Sales

- Show how Medicare offers almost ZERO DVH benefits
- Pivot to DVH if you have an uninsurable Med Sup client or MA Client during the “Lock In” period.
- Turning 65 – may be losing their group dental plan
- If replacing a Med Sup with a cheaper plan, use the savings for a DVH plan
 - It is harder to cross sell another policy if you don’t ask at the initial sale, they’ve already spent their savings when you try selling at follow up.



Ask one of these questions to **EVERY** person you talk to!

- Who do you have for dental insurance?
- When was the last time you had your teeth cleaned?
- Are you aware that Medicare offers zero coverage for routine dental, glasses, contacts or hearing aids?
- Did you know that \$1,000 of DVH coverage costs about \$1 per day?



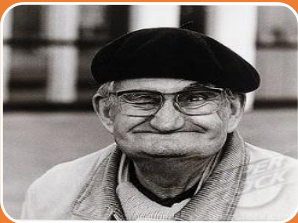
Common Objections



I've never seen the value in a DVH plan.



My dentist doesn't take insurance



I don't have any teeth



I need coverage for Major Dental Work NOW!

- Average annual premium is \$650
- Up to a 6-month advance
- 40% 1st Year Commission in All States
- 5% Renewal Comp (Years 2+)
- $\$650 \times 40\% = \260 in 1st year commissions
- **1 sale per week = \$13,520 in new DVH commission** on top of your Med Sup, Medicare Advantage or Individual Health commission from the same client!



- Hospital Indemnity Plans!
- Dental, Vision & Hearing
- Out of Pocket Protection Plan
- Cancer Insurance



We have the best catalog in the industry!

Products Approvals by State

Manhattan Life Insurance Company ManhattanLife Assurance Company of America Family Life Insurance Company
Standard Life and Casualty Insurance Company ManhattanLife of America Insurance Company



HEALTH - INDIVIDUAL & WORKSITE

State		AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY			
Affordable Choice	AFC	✓											✓	✓																				✓						✓																
	AFC Enhanced		✓	✓	✓	✓				✓	✓	✓				✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓			✗	✓		✓			✓	✓	✓	✓	✓	✓			✓	✓			
Cancer Care Plus			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cancer First Occurrence			✓	✓	✓	✓	✓	✓				✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Central Choice			✓	✓	✓	✓	✓	✓	✓	✓	*	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Critical Protection & Recovery	without Cancer		✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	with Cancer		✓	✓	✓		✓	✓	✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dental, Vision & Hearing	to \$1,500					✓		✓		✓																							✓	✓														✓	✓							
	to \$3,000		✓	✓	✓	✓			✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓	✓	✓				✓	✓	✓				✓	✓	✓	✓	✓	
Out-of-Pocket (GAP)		✓	✓	✓	✓	✓					✓	✓	✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PAID	PAID				✓				✓		✓				✓								✓										✓	✓	✓													✓								
	PAID Enhance		✓	✓		✓				✓		✓		✓		✓	✓	✓	✓	✓	✓				✓		✓	✓	✓	✓						✓	✓	✓	✓	✓			✓	✓	✓	✓		✓			✓	✓			✓	✓

*In Florida, Hospital Indemnity Product is called Deductible Protection.

✗ OH did not update the AFC Enhanced refresh benefits due to refiling issues.

LIGHTHOUSE SERIES

State		AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY								
Dental, Vision & Hearing Select			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓			✓	✓		✓	✓			✓	✓	✓	✓				✓	✓	✓	✓					✓	✓	✓	✓						
Home Health Care	MAC	✓							✓	✓			✓	✓		✓								✓				✓										✓															✓	✓	✓						
	SLAC		✓	✓	✓		✓					✓					✓	✓	✓	✓		✓				✓	✓		✓		✓								✓				✓	✓	✓	✓															
Medicare Supplement (MOA)			✓	✓	✓		✓				✓	✓		✓		✓	✓	✓	✓	✓	✓						✓	✓	✓	✓	✓				✓			✓					✓	✓	✓	✓	✓								✓	✓	✓	✓			
Cancer and/or Heart & Stroke (CHAS)	MAC/MIAC		✓	✓				✓			✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	✓	✓	✓	✓	✓							✓		✓	✓	✓	✓	✗	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓				
	SLAC		✓	✓	✓		✓				✓			✓		✓			✓	✓	✓		✓			✓	✓	✓	✓	✓	✓	✓					✓				✓			✓	✓	✓	✓	✓													
Secure Advantage (SLAC Final Expense)			✓	✓			✓				✓	✓			✓		✓		✓	✓						✓	✓		✓								✓		✓	✓					✓	✓	✓	✓	✓												

✗ PR is underwritten by The Manhattan Life Insurance Company