DENTAL, VISION & HEARING

Agent Guide

ManhattanLife Insurance and Annuity Company

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ManhattanLife™

Standing By You. Since 1850.

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General

The policy form is a Limited Dental, Vision & Hearing product. The product, as filed in the State of Florida, has the Vision and Hearing benefits filed as Riders.

Guaranteed Renewability

Guaranteed Renewable for the life of the policy. Subject to the Company's right to change premiums (may vary by state).

Issue Ages and Premium Ages

In computing premiums, the Company uses "Age of Last Birthday" on these policy forms. The two-parent family premium is based on the older age for bank draft sales and the employee's age for payroll sales. No adult over age 85 is eligible for coverage.

All States:

- Individual (age rate 18-85) and child (age rate 3 – 17)
- Dependents under age 3 not eligible
- Child only policies not accepted
- Increase in benefit amount are processed by PHS
- Decreases allowed at any time
- Dependents eligibility are based on the provisions in the policy print for the state applied.

Premium Rates

Family rates are quoted to Individual / Spouse, Individual / 2+ Children or Individual, Spouse and up to 3 Children. Additional children are charged the age 3 – 17 rate per person.

One parent and one child only will be charged the individual plus the age 3 – 17 rate. Single parent (individual and one child) premiums cannot be added and entered as a lump sum on the base / primary insured.

Network

We utilize the Careington Maximum Care PPO Dental network and DentaMax.

Policyholders are not required to visit a network provider and can use the dentist of their choice.

Using a network provider, however, may result in a better discounted rate, thus extending the amount remaining of a given Policy Year maximum.

Product Highlights

Waiting Periods: Depending on the benefit, there are waiting periods for certain services. Please consult your brochure and ensure that the consumer understands the waiting period provisions as outlined in the brochure.

Annual Maximums: There are three Policy Year Plan Maximums available ($1,000, $1,500 and $3,000). (may vary by state). Unused Annual Maximums do not roll over to the next year.

Annual Deductible: There is a $100 per person/per year deductible. Deductible applies to all services.

Claim Adjudication: When services are eligible for claim, the amount is based on a percentage based on how long the policy has been effective. It is important and helpful that applicants understand how the policy works and the manner in which a claim is to be adjudicated.

For example, if after a 12-month waiting period a policyholder was to have Major Services, they would receive 60% of the billed charge in Year 1 that the policy is in force. If the same procedure were to occur in Year 2, the benefit percentage would be 70% of the billed charge (due to certain state regulations, percentage may vary in certain states, notably Ohio).

Usual & Customary: As standard in the industry, we adjudicate claims based on Usual, Customary and Reasonable fees (UCR). It is important that agents and applicants understand this (see below).

Usual Fee: Dentists charge this fee most often for a given type of dental work.

Customary Fee: This refers to the fee level that the administrator of a dental benefit plan sets. They base this amount on actual fees dentists have billed for a certain type of dental work. It is the most an insurer will pay under a plan for that type of work.

Reasonable Fee: This is the fee a dentist charges for dental work that is more complex than usual. For instance, work that has been changed by the nature and severity of the problem that is being treated. It accounts for any medical or dental complications or unusual circumstances. Thus, it may differ from the dentist's "usual" fee or the plan's "customary" fee.

Indemnity plan claims (including ours, are based on UCR. This type of plan pays each claim based on the amount insurers determine to be usual, customary, and reasonable for each type of work and for each market area. Fees for service may vary by geographical area.

Claim Processing: Claims billing is determined by the provider; Providers can bill MAC by completing the ADA form or insured can file a claim by completing the MAC claim form. Claims forms must be submitted with supporting documentation.

Claims may be filed up to 15 months from the service date

Effective Dates

The Effective Date of a policy will be the policy date on the policy schedule page. It is not the date the date the application is signed. The effective date cannot be the application signature date. Policyholders can choose 1 day after up to 6 months from the signature date. Effective dates can only be from the 1st to the 28th of any month.

Effective Date Changes

Policyholders can request an effective date up to 6-months from the signature date. Changes can be made by contacting customer service at 1800-999-2971, option 2.

WE DO NOT BACK DATE POLICY EFFECTIVE DATES BEYOND APPLICATION SIGNATURE DATE

Benefit Changes

- Benefit Increases and decreases require a new application to be submitted.
  - Benefit Increases are allowed only on the policy anniversary date.
  - The additional benefit amount will be subject to first policy year coverage percentage and waiting periods
  - A rider for the additional increase would be added to the policy.

For additional information please contact customer service at 1800-999-2971, option 2.

- Dependent addition or removal
  - Addition of dependents require a new application.
  - Removal of dependents can be requested through email, fax, mail.

Reinstatement Guidelines

Insureds may pay back premiums and reinstate with no lapse in coverage within 30 days of the Term Date. If outside of 30 days, the insured must submit a request in writing to reinstate. A notice will be mailed providing the steps to bringing the policy current. The policy will have a gap in coverage.

In order to apply for new coverage, they must be inactive for 90 days from the Term Date. Please note, waiting periods start over, including deductibles.

Below are the guidelines needed for processing:

- Family Rates – includes a maximum of 3 children
- Individual Age 18 – 85
- Guaranteed Issue – Guaranteed renewable for life (may vary by state).

An applicant cannot have more than 1 active DVH policy

Group Eligibility

A minimum participation of 3 eligible lives is required for group billing.

Coverage may not be backdated.

Underwriting and Effective Dates

Coverage is guaranteed issue.

The “Effective Date” of a policy will be the policy date stated on the policy schedule page. It is not the date the application is signed. Policies will not be effective the 29, 30 or 31st of the month.

Completing the Application

Prior to soliciting any applications, you must be properly licensed and/or appointed by the department of insurance and the Company in the state you are soliciting applications.

Use the appropriate state version of the DVH application, as well as current approved state sales material.

In addition, an Outline of Coverage for this product must be left with the applicant. Complete all questions on the application.

Application Delivery Methods

Agents can submit applications by:

- US Mail
  - Regular Mail: PO Box 924408, Houston, TX 77292-4408
  - Specialty Mail: DVH Dept., 10777 Northwest Freeway, Houston, TX 77092
- Fax: 713-583-0677, Attention: DVH New Business
- Easy UPLOAD: Log in to the agent portal and access from the agent dashboard
- Online Electronic Application: Log in to the agent portal; click on agent tools; click Individual enrollment.

Billing and Premium Modes

The Company accepts business on the Bank Draft (EFT), List Bill and Direct methods of payment.

The annual, semi-annual and quarterly modes of payment are acceptable for all forms of payments. Monthly premium notices are not available.

The Company does not accept: post-dated checks; (b) C.O.D. applications; (c) partial payments; (d) money orders or cashier checks; (e) applications with the date altered; (f) applications where "white-out" has been used; (g) personal checks from an agent or agency.(H) Credit Cards, Debit Cards, Prepaid Cards. All premium checks must be payable to ManhattanLife Insurance Company of America or Family Life Insurance Company.

Bank Change

Bank change request require an updated Bank Draft Authorization form, or the insured can send in a letter from the bank on bank letterhead. The insured can complete the bank change request by one of the following Methods:

Bank Letterhead

Insured can have the bank send a letter with their routing and account number. The letter must include the banks' letterhead, a bank rep's name, address, and phone number. Or request a Bank Draft Authorization form, call 1800-999-2971 option 2.

Bank Draft Authorization form

Policyholder can log in to their policyholder center > Left side of the screen there is an online forms section > Click on the Bank Draft Authorization form link > Select the policies the insured would like to update and Complete all required fields > Enter the Mother's Maiden Name and Click Confirm. The Electronic BDA will generate in Web Docs. A Premiums rep will update the information. Please advise the caller to allow 1-2 business days for update.

Or Contact customer service at 1800-999-2971 option 2 to request one.

Bill Pay

Online **bill payment** is a secure electronic **service** that allows customers to **pay bills** without having to write checks and mail them. Online **bill payment** is usually tied to a checking account from which funds are withdrawn electronically for **payment** of one-time or recurring **bills**. This must be set up with the Insured's bank. This option can only be used for Quarterly, Semi-Annual and Annual Direct Bill Mode.

Direct Bill

The Direct Bill Payment Mode is available quarterly, semi-annual, and annual. The policyholder will receive a paper bill at least 21 days prior to the bill due date. The policyholder must remit payment by electronic bill pay or personal check.

Commissions

Commissions are not paid until the effective date of the policy is reached and premium has been posted.

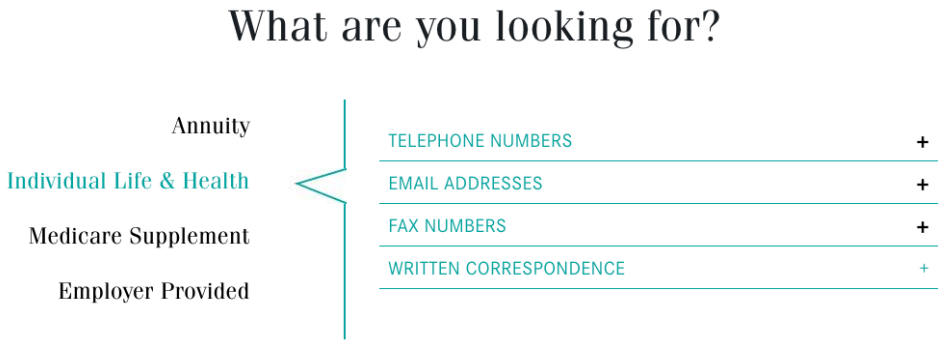
As earned and renewal commissions are processed on/around the 15th and the last working day of the month when paid by eft with a $25 minimum. If paid by check, they are processed on the last day of the month with a $100 minimum.

Advanced commissions are processed daily when paid by eft with no minimum. If paid by check, they are processed every Thursday with no minimum.

Policy form number: AK7016 (including state variations)

Contact Numbers (Company Toll Free Numbers)

Go to www.manhattanlife.com > Click “Contact” at the top of the screen > Click on the product



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