

# Understanding How Your Benefits Work

| Dental Coverage                                                     | In-Network                                                                                                                                                                                                                                                                                                          |                 |                                                                             |                                                              |                        |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|------------------------|
|                                                                     | Peter goes to his Careington Network dentist for a regular check-up. Upon examination, the dentist realizes that Peter needs a filling. Luckily, Peter has a Dental Plan with ManhattanLife. He has met his \$100 annual deductible.                                                                                |                 |                                                                             |                                                              |                        |
|                                                                     | Procedure:                                                                                                                                                                                                                                                                                                          | Provider Charge | In-Network Cost                                                             | ManhattanLife Pays                                           | You Pay                |
|                                                                     | Dental Exam                                                                                                                                                                                                                                                                                                         | \$150           | \$35                                                                        | 100% Preventative day one;<br>\$35.00                        | \$0                    |
|                                                                     | Filling                                                                                                                                                                                                                                                                                                             | \$275           | \$99                                                                        | 65% Basic day one;<br>(of In-Network Cost = \$64)            | \$35<br>(\$99 - \$64)  |
|                                                                     | Total                                                                                                                                                                                                                                                                                                               | \$425           | \$134                                                                       | \$99                                                         | \$35                   |
|                                                                     | Out-of-Network                                                                                                                                                                                                                                                                                                      |                 |                                                                             |                                                              |                        |
|                                                                     | Peter chose not to use the Careington Network and instead goes to an out-of-network dentist for a regular check-up. Upon examination, the dentist realizes that he needs a filling. Peter has a Dental Plan with ManhattanLife. He has met his \$100 annual deductible.                                             |                 |                                                                             |                                                              |                        |
|                                                                     | Procedure:                                                                                                                                                                                                                                                                                                          | Provider Charge | Out-of-Network Cost*                                                        | ManhattanLife Pays                                           | You Pay                |
|                                                                     | Dental Exam                                                                                                                                                                                                                                                                                                         | \$150           | \$96                                                                        | 80% Preventative day one;<br>(of Usual and Customary = \$77) | \$73<br>(\$150 - \$77) |
| Filling                                                             | \$225                                                                                                                                                                                                                                                                                                               | \$175           | 65% Basic day one;<br>(of Usual and Customary = \$114)                      | \$111<br>(\$225 - \$114)                                     |                        |
| Total                                                               | \$375                                                                                                                                                                                                                                                                                                               | \$271           | \$191                                                                       | \$184                                                        |                        |
| *subject to the Usual and Customary charges based in zip code 77092 |                                                                                                                                                                                                                                                                                                                     |                 |                                                                             |                                                              |                        |
| Vision Rider                                                        | Earl goes to the Eye Doctor for an eye exam and gets glasses. He has had a Dental + Vision plan with ManhattanLife for over a year and has met his annual deductible.                                                                                                                                               |                 |                                                                             |                                                              |                        |
|                                                                     | Procedure:*                                                                                                                                                                                                                                                                                                         | Cost            | ManhattanLife Pays                                                          |                                                              | You Pay                |
|                                                                     | Eye exam                                                                                                                                                                                                                                                                                                            | \$60            | 70% year two<br>\$42                                                        |                                                              | \$18                   |
|                                                                     | Eyeglass Frame                                                                                                                                                                                                                                                                                                      | \$250           | \$200 maximum;<br>\$200                                                     |                                                              | \$50                   |
|                                                                     | Lenses                                                                                                                                                                                                                                                                                                              | \$115           | 70% year two<br>\$81                                                        |                                                              | \$34                   |
|                                                                     | Total                                                                                                                                                                                                                                                                                                               | \$425           | \$323                                                                       |                                                              | \$102                  |
| *subject to the Usual and Customary charges based in zip code 77092 |                                                                                                                                                                                                                                                                                                                     |                 |                                                                             |                                                              |                        |
| Hearing Rider                                                       | After a 12 month waiting period Brian decides to get his hearing checked, as he’s noticed a progressive hearing decline. His ENT specialist recommends Brian get hearing aids to help relieve the hearing loss. Utilizing the hearing portion of the plan, his exam and devices would have been covered as follows: |                 |                                                                             |                                                              |                        |
|                                                                     | Procedure:*                                                                                                                                                                                                                                                                                                         | Cost            | ManhattanLife Pays                                                          |                                                              | You Pay                |
|                                                                     | Hearing Exam                                                                                                                                                                                                                                                                                                        | \$90            | \$750 maximum per ear, per year: \$90                                       |                                                              | \$0                    |
|                                                                     | Hearing Aids                                                                                                                                                                                                                                                                                                        | \$1,600         | \$750 maximum per ear, per year:<br>\$1,500 - \$90 (Hearing Exam) = \$1,410 |                                                              | \$190                  |
|                                                                     | Total                                                                                                                                                                                                                                                                                                               | \$1,690         | \$1,500                                                                     |                                                              | \$190                  |
| *subject to the Usual and Customary charges based in zip code 77092 |                                                                                                                                                                                                                                                                                                                     |                 |                                                                             |                                                              |                        |

\*For illustrative purposes only. Claims examples are subject to geographic region, out of network provider and usual & customary charges.