

Dental, Vision and Hearing Select

This is a Limited Benefit Insurance Policy for Dental, Vision and Hearing Expenses
Underwritten by ManhattanLife Assurance Company of America and Family Life Insurance Company
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092
Toll Free Telephone: 800-669-9030

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Alabama

Policy Form AK7034

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Arkansas

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California

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Colorado

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Connecticut

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District of Columbia

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When such Insured’s insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Florida

Policy Form AK7034FL

Thirty-Day Right To Return - Please read Your Policy. You may return the Policy to Us within thirty (30) days of its delivery to You and to have the premium paid refunded if, after examination of the Policy, You are not satisfied with it for any reason. If You return the Policy to Us at Our Administrative Office or to Your Family Life sales agent within this 30-day period, the Policy shall be void from the beginning and the parties shall be in the same position as if no Policy had been issued.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse. We will pay benefits to the end of the time for which We have accepted premiums.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Georgia

Policy Form AK7034GA

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled to the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Idaho

Policy Form AK7034ID

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Notice to Buyer: This Policy provides dental [with Optional [Vision] and/or [Hearing] benefits only.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice, diagnosis, or treatment was received or recommended or that could be medically documented within the 6-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Illinois

Policy Form AK7034IL

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Indiana

Policy Form AK7034IN

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Iowa

Policy Form AK7034

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Kentucky

Policy Form AK7034KY

Thirty-Day Right To Return - Please rread Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any treatment or diagnosis received while outside the territorial limits of the United States; 7. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 8. any loss that occurs while this Policy is not in force; 9. any treatment which is for cosmetic purposes; 10. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 11. local, state and/or federal taxes, except where law requires Us to pay; 12. any Experimental or Investigational procedure or treatment; 13. treatment or services performed by a member of Your Immediate Family; 14. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 15. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 16. occlusal, athletic, or night guards; 17. preventive root canal therapy; 18. full mouth debridement; 19. charges for any services that are considered to be an integral part of another service, such as pulp capping; 20. surgical trays, or sutures; 21. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 22. overdentures or precision attachments; 23. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 24. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 25. application of chemotherapeutic agents; 26. oral hygiene instruction, plaque control, diet instruction or infection control; 27. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 28. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 29. ancillary charges, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 30. impacted wisdom teeth; 31. prescription drugs; or, 32. any surgical procedure performed in the treatment of cataracts.

Kansas

Policy Form AK7034KS

Thirty-Day Right To Return – Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America’s Administrative Office or to Your ManhattanLife Assurance Company of America’s sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions – This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination – All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums before the end of Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured’s insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions – We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured’s unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured’s commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. services or injuries or diseases related to the Insured’s job to the extent the Insured is covered or are required to be covered by the Worker’s Compensation law. If the Insured enters into a settlement giving up their right to recover future medical benefits under a Worker’s Compensation law, the Policy will not pay those medical benefits that would have been payable in absence of that settlement; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Louisiana

Policy Form AK7034LA

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Pre-Existing Conditions – This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

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When such Insured’s insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Maine

Policy Form AK7034ME

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Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Michigan

Policy Form AK7034MI

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When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation or other willful activity (For the purposes of this exclusion, "willful activity" includes, but is not limited to operating a vehicle while intoxicated in violation of section 625 of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or similar law in a jurisdiction outside of this state, or operating a methamphetamine laboratory as defined in section 1 of 2006 PA 255, MCL 333.2637 1. Willful activity includes a misdemeanor or felony but not a civil infraction.); 2. any services that are not Medically Necessary; 3. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 4. any treatment or diagnosis received while outside the territorial limits of the United States; 5. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 6. any loss that occurs while this Policy is not in force; 7. any treatment which is for cosmetic purposes; 8. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 9. local, state and/or federal taxes, except where law requires Us to pay; 10. any Experimental or Investigational procedure or treatment; 11. treatment or services performed by a member of Your Immediate Family; 12. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 13. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 14. occlusal, athletic, or night guards; 15. preventive root canal therapy; 16. full mouth debridement; 17. charges for any services that are considered to be an integral part of another service, such as pulp capping; 18. surgical trays, or sutures; 19. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 20. overdentures or precision attachments; 21. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 22. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 23. application of chemotherapeutic agents; 24. oral hygiene instruction, plaque control, diet instruction or infection control; 25. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 26. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 27. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 28. impacted wisdom teeth; 29. prescription drugs; or, 30. any surgical procedure performed in the treatment of cataracts.

Mississippi

Policy Form AK7034MS

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for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Missouri

Policy Form AK7034

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Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory

surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Nebraska

Policy Form AK7034NE

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North Dakota

Policy Form AK7034ND

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Ohio

Policy Form AK7034OH

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 6-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy, and We will refund the unearned portion of any premium paid.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet

instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, (other than for Covered Events for Teledentistry), charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges (other than for Covered Events for Teledentistry), including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Oklahoma

Policy Form AK7034OK

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid. If We do not return any premiums or moneys paid within thirty (30) days from the date of cancellation, We will pay interest on the proceeds.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. the Insured's unlawful participation in a riot, rebellion, or insurrection; 2. any intentionally self-inflicted Injury; 3. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 4. any services that are not Medically Necessary; 5. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 6. any treatment or diagnosis received while outside the territorial limits of the United States; 7. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 8. any loss that occurs while this Policy is not in force; 9. any treatment which is for cosmetic purposes; 10. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 11. local, state and/or federal taxes, except where law requires Us to pay; 12. any Experimental or Investigational procedure or treatment; 13. treatment or services performed by a member of Your Immediate Family; 14. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 15. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 16. occlusal, athletic, or night guards; 17. preventive root canal therapy; 18. full mouth debridement; 19. charges for any services that are considered to be an integral part of another service, such as pulp capping; 20. surgical trays, or sutures; 21. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 22. overdentures or precision attachments; 23. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 24. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 25. application of chemotherapeutic agents; 26. oral hygiene instruction, plaque control, diet instruction or infection control; 27. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 28. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 29. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 30. impacted wisdom teeth; 31. prescription drugs; or, 32. any surgical procedure performed in the treatment of cataracts.

Oregon

Policy Form AK7034OR

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Pennsylvania

Policy Form AK7034PA

Notice of Insured's Right to Examine Policy for Thirty Days - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that is medically documented within the 90 days immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or fraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures;

22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

South Carolina

Policy Form AK7034SC

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force. This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

South Dakota

Policy Form AK7034SD

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family (unless the Immediate Family member is the only duly licensed healthcare practitioner in the area, and provided that the healthcare practitioner is practicing within the scope of his or her license); 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Tennessee

Policy Form AK7034TN

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures;

22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Texas

Policy Form AK7034TX

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any services by a Dental Practitioner who is a member of the

Insured's Immediate Family or employer; 2. any loss resulting from war, declared or undeclared; 3. the Insured's unlawful participation in a riot, rebellion, or insurrection; 4. any intentionally self-inflicted Injury; 5. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 6. any services that are not Medically Necessary; 7. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 8. any treatment or diagnosis received while outside the territorial limits of the United States; 9. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 10. any loss that occurs while this Policy is not in force; 11. any treatment which is for cosmetic purposes; 12. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 13. local, state and/or federal taxes, except where law requires Us to pay; 14. any Experimental or Investigational procedure or treatment; 15. treatment or services performed by a member of Your Immediate Family; 16. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 17. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 18. occlusal, athletic, or night guards; 19. preventive root canal therapy; 20. full mouth debridement; 21. charges for any services that are considered to be an integral part of another service, such as pulp capping; 22. surgical trays, or sutures; 23. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 24. overdentures or precision attachments; 25. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 26. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 27. application of chemotherapeutic agents; 28. oral hygiene instruction, plaque control, diet instruction or infection control; 29. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 30. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 31. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 32. impacted wisdom teeth; 33. prescription drugs; or, 34. any surgical procedure performed in the treatment of cataracts.

Utah

Policy Form AK7034UT

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied for any reason, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after it was delivered to You. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will refund the premium paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

If premium has been paid for the month, Coverage for an Insured Dependent will continue in force through the last day of the month that such Insured ceases to be an Insured Dependent child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for the Dependent Child or Spouse, as set forth in the Conversion Privilege.

Exclusions - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's voluntary participation in a felony, riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

West Virginia Policy Form AK7034

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20.

charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Wisconsin

Policy Form AK7034

Thirty-Day Right To Return - Please read Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.

Wyoming

Policy Form AK7034WY

Thirty-Day Right To Return - Please rread Your Policy. If You are not satisfied, return the Policy to ManhattanLife Assurance Company of America's Administrative Office or to Your ManhattanLife Assurance Company of America's sales Agent within 30 days after You receive it. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will return Your premium paid, less any claims paid.

Pre-Existing Conditions - This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 6-month period immediately preceding the Policy Effective Date.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

Termination - All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: 1. when You fail to pay premiums within Your Grace Period; 2. when You die; or, 3. the date You notify Us in writing to end this Policy.

Coverage for an Insured dependent will end on the date such Insured ceases to be a Child or Spouse.

When such Insured's insurance ends, We will: 1. consider any claim that began before the insurance ended; and, 2. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

Exclusions and Limitations - We will NOT pay benefits for an Insured for: 1. any loss resulting from war, declared or undeclared; 2. the Insured's unlawful participation in a riot, rebellion, or insurrection; 3. any intentionally self-inflicted Injury; 4. any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony, or the Insured being engaged in an illegal occupation; 5. any services that are not Medically Necessary; 6. any loss in which the Insured is entitled the benefits under any workers' compensation or similar law, or charges for services for or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment for wage or profit; 7. any treatment or diagnosis received while outside the territorial limits of the United States; 8. any services for which You are not liable or for which no charge normally is made in the absence of insurance; 9. any loss that occurs while this Policy is not in force; 10. any treatment which is for cosmetic purposes; 11. replacement of lost or stolen appliances, or missing appliance or prosthetic device; 12. local, state and/or federal taxes, except where law requires Us to pay; 13. any Experimental or Investigational procedure or treatment; 14. treatment or services performed by a member of Your Immediate Family; 15. charges for any appliance or service that is used to: a. change vertical dimension; b. restore or maintain occlusion; c. splint or stabilize teeth for periodontal reasons; or, d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law. 16. charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction; 17. occlusal, athletic, or night guards; 18. preventive root canal therapy; 19. full mouth debridement; 20. charges for any services that are considered to be an integral part of another service, such as pulp capping; 21. surgical trays, or sutures; 22. ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites; 23. overdentures or precision attachments; 24. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly; 25. duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense; 26. application of chemotherapeutic agents; 27. oral hygiene instruction, plaque control, diet instruction or infection control; 28. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies; 29. telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form; 30. ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of Provider office space; 31. impacted wisdom teeth; 32. prescription drugs; or, 33. any surgical procedure performed in the treatment of cataracts.