



ManhattanLife™

Standing By You. Since 1850.



The Affordable Choice Enhanced

Today's solution, for the problems of tomorrow.

AFC7010-BR 0424

This is a Hospital Confinement and other Fixed Indemnity Insurance Policy
Underwritten by ManhattanLife Insurance and Annuity Company





Our Commitment

*The New and Improved Affordable Choice...
Remains the Only Choice*

A Hospital Confinement and other Fixed Indemnity Insurance Policy

ENHANCED BENEFITS AND FEATURES

- No Deductibles or Coinsurance
- Hospital Admission Benefit
- Cancer Benefit Included
- First Dollar Doctor Visits
- Dr. Office Visit Rollovers
- Prescription Benefit

ISSUE AGES: 18-64

OUR COMMITMENT TO THE HOSPITAL INDEMNITY MARKETPLACE!

Not many companies can boast that the Limited Benefit market is open for business based solely on actions it took to keep the market open. In fact, only one can and that is ManhattanLife.¹ We invested in our policyholders and on behalf of our agents to keep the Limited Benefit marketplace viable. Why? It was the right thing to do. We stand behind our plans as do thousands of agents and policyholders.

¹ For details, search *Central United Life Insurance Co. v. Burwell* – DC Circuit

“Because HHS lacked authority to demand more of fixed indemnity providers than Congress required, the district court’s permanent injunction is hereby . . .

Affirmed.”

Excerpt from United States Court of Appeals for the District of Columbia Circuit

(*Central United Life Insurance Co., et al., Appellees v. Sylvia Mathews Burwell In her Capacity as Secretary of U.S. Department of Health and Human Services, et. al., Appellants*)

Decided July 1, 2016

Affordable Choice Fixed-Benefit Plans

Affordable Choice plans pay a set of daily benefits for covered services, regardless of what your provider charges.

EXAMPLE 1 ELITE

Hospital Stay

Description of Transaction

Total Charges - 7 days	Amount:*
	\$41,660.41
Total Adjustments/Network Discounts	<u>-\$18,747.18</u>
Current Balance	\$22,913.23

Affordable Choice Pays

Description of Transaction

Admission Benefit	Amount:*
	\$2,000.00
Hospital Days at \$3,000	<u>+\$21,000.00</u>
Total Paid	\$23,000.00

*Amounts based on Affordable Choice claims data. Results may vary.

EXAMPLE 2 CLASSIC

Routine preventive care exam with labs -

Service received:	Cost:	Plan pays:
Preventive care/office visit	\$95	\$75
Laboratory test	<u>+\$90</u>	<u>+\$50</u>
Total Bill	\$185	\$125

Balance after Network discounts*	\$130
Classic pays	<u>-\$125</u>
Your balance	\$5

EXAMPLE 3 ELITE

Broken radius in arm

Service received:	Cost:	Plan pays:
Emergency room/physician charge	\$1,444	\$300
Follow-up office visits (4)	\$465	\$700
Follow-up x-rays (1)	<u>+\$95</u>	<u>+\$250</u>
Total Bill	\$2,004	\$1,250

Balance after Network discounts*	\$1,503
Elite pays	<u>-\$1,250</u>
Your balance	\$253

* Amounts based upon Affordable Choice claims data. Results may vary. These are contractually negotiated discounts between a network and the hospitals and doctors. Discounts can vary among providers. Hospital discounts can be as much as 40% to 50% and doctors vary between 25% and 35%.

AFFORDABLE CHOICE PLAN COMPARISON

Surgical and Hospitalization Benefits

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Inpatient Hospital Confinement (per Inpatient Day)		\$6,000	\$4,000	\$3,000	\$2,000
Building Benefit Injury Reimbursement Inpatient Hospitalization Benefits increase 25% each year, years 2-5, for injury-related hospital stays. (per day)	Year 2	\$7,500	\$5,000	\$3,750	\$2,500
	Year 3	\$9,000	\$6,000	\$4,500	\$3,000
	Year 4	\$10,500	\$7,000	\$5,250	\$3,500
	Year 5	\$12,000	\$8,000	\$6,000	\$4,000
Hospital Admission Benefits (for the first Inpatient Day per calendar year)		\$3,000	\$2,000	\$1,000	\$1,000
Emergency Room (Per day/calendar year maximum)		\$300/2 CY	\$300/2 CY	\$250/1 CY	\$250/1 CY
Urgent Care (Per day/calendar year maximum)		\$300/4 CY	\$300/4 CY	\$250/2 CY	\$250/2 CY
Surgery Benefit Daily surgical benefits for both inpatient and outpatient surgery. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries. (Maximum \$50,000 benefit per calendar year)		3 X the policy fee schedule	2.5 X the policy fee schedule	2 X the policy fee schedule	1 X the policy fee schedule
Ambulatory Surgical Benefit If outpatient surgery is performed in an Ambulatory Surgical Center or Outpatient Hospital facility, the benefits payable include the surgical and anesthesia benefits in addition to per day ambulatory/outpatient facility benefit.		\$3,000	\$2,500	\$2,000	\$1,000
Daily Assistant Surgeon Benefit		Pays 20% of the eligible surgical benefit			
Daily Anesthesiologist Benefit		Pays 25% of the eligible surgical benefit			
Doctor's Office Visit with Rollover (Per day/per calendar year)		\$200/10 days	\$175/10 days	\$125/8 days	\$75/6 days
		Rollover provision allows five-visit carryover per policy year.			
Prescription Benefit (Per Day)		\$75	\$50	\$50	\$25
Outpatient Medical Benefits Preventative Services: (per service)	Colonoscopy	\$600	\$600	\$500	\$500
	Pap	\$300	\$300	\$250	\$250
	PSA	\$300	\$300	\$250	\$250
Laboratory Services: (per day)	Surgical Pathology	\$300	\$300	\$200	\$200
	Other Laboratory Services	\$50	\$50	\$50	\$50
Therapy Services: (per day for physical, occupational, speech)		\$75	\$75	\$50	\$50
Radiology Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)		\$700/\$700/ \$700/\$300/\$250	\$600/\$600/ \$600/\$300/\$250	\$500/\$500/ \$500/\$250/\$200	\$300/\$300/ \$300/\$250/\$200
Calendar year limit for all Outpatient Benefits		\$8,000	\$6,000	\$4,000	\$4,000
Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation (per day*)		\$150 Ground Ambulance \$1,500 Air Ambulance			
Allergy Shots and Immunization** (child only) (per day allergy shots/immunizations)		\$10/\$25			
Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)		\$2,000	\$2,000	\$1,000	\$1,000
Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement		\$1,000,000 calendar year limit			
Prescription Benefit		\$750 calendar year maximum			
Allergy Shots and Immunization		\$100 calendar year maximum			
Lifetime Maximum		\$5,000,000			

*In MI, only one per day benefit will be paid per day, regardless of how many trips are made for that day.

** In MI, Immunization does not apply.

The plans shown above are limited benefit fixed-indemnity plans and benefits are per Covered Person. This is not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in daily amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's statement.

AFFORDABLE CHOICE MONTHLY PREMIUMS

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Ages 18 - 29	Individual	\$174.43	\$132.06	\$103.92	\$77.67
	Individual and Spouse*	\$342.04	\$257.27	\$200.98	\$148.43
	Individual and Child(ren)	\$375.97	\$273.93	\$210.13	\$153.06
	Individual and Family**	\$571.05	\$418.46	\$321.64	\$234.08
Ages 30 - 39	Individual	\$219.88	\$166.28	\$128.02	\$96.83
	Individual and Spouse*	\$432.97	\$325.76	\$249.23	\$186.78
	Individual and Child(ren)	\$421.42	\$308.15	\$234.23	\$172.22
	Individual and Family**	\$661.85	\$486.84	\$369.80	\$272.38
Ages 40 - 49	Individual	\$261.43	\$197.87	\$150.06	\$114.46
	Individual and Spouse*	\$515.92	\$388.78	\$293.14	\$221.94
	Individual and Child(ren)	\$462.97	\$339.75	\$256.27	\$189.85
	Individual and Family**	\$744.93	\$550.00	\$413.83	\$307.61
Ages 50 - 64	Individual	\$369.21	\$280.76	\$207.02	\$160.46
	Individual and Spouse*	\$731.52	\$554.62	\$407.12	\$313.99
	Individual and Child(ren)	\$570.77	\$422.65	\$313.23	\$235.86
	Individual and Family**	\$960.35	\$715.69	\$527.68	\$399.57
	Child Only**	\$183.38	\$129.09	\$96.68	\$68.62

* In IL, spouse or civil union partner

** Family rates include up to four children. Additional children are charged the Child rate.

Low Cost Ancillary Services



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ManhattanLife has partnered with Green Imaging to provide diagnostic imaging services to you at a significantly discounted rate.

Services Include:

- | | | |
|---------------|--------------------|---------|
| ■ MRI | ■ Nuclear Medicine | ■ X-Ray |
| ■ Ultrasound | ■ DXA | ■ CT |
| ■ Mammography | ■ PET/CT | ■ Other |



Phone: 1-844-968-4647



Text: 713-524-9190



Email: info@greenimaging.net



Web: <https://greenimaging.net/>



How you save with Affordable Choice



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Client Code: R-MLAC (code for all phone orders)



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ManhattanLife[™]

Standing By You. Since 1850.

Underwritten by:

ManhattanLife Insurance and Annuity Company

Administrative Office: 10777 Northwest Freeway, Houston, TX 77092

Toll Free Telephone: 800-669-9030

Benefits and riders may vary by state and may not be available in all states. This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Affordable Choice product at **disclosure.manhattanlife.com**. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Policy Form Numbers

AK7010, AK7010LA, AK7010OK, AK7010TX (including state variations)

This product does not constitute comprehensive health insurance coverage (often referred to as, “major medical coverage”). Therefore, this product does not satisfy the requirement of Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act. For additional information, you can contact us, refer the official federal website at www.healthcare.gov, or call their toll-free number at 800-318-2596.

