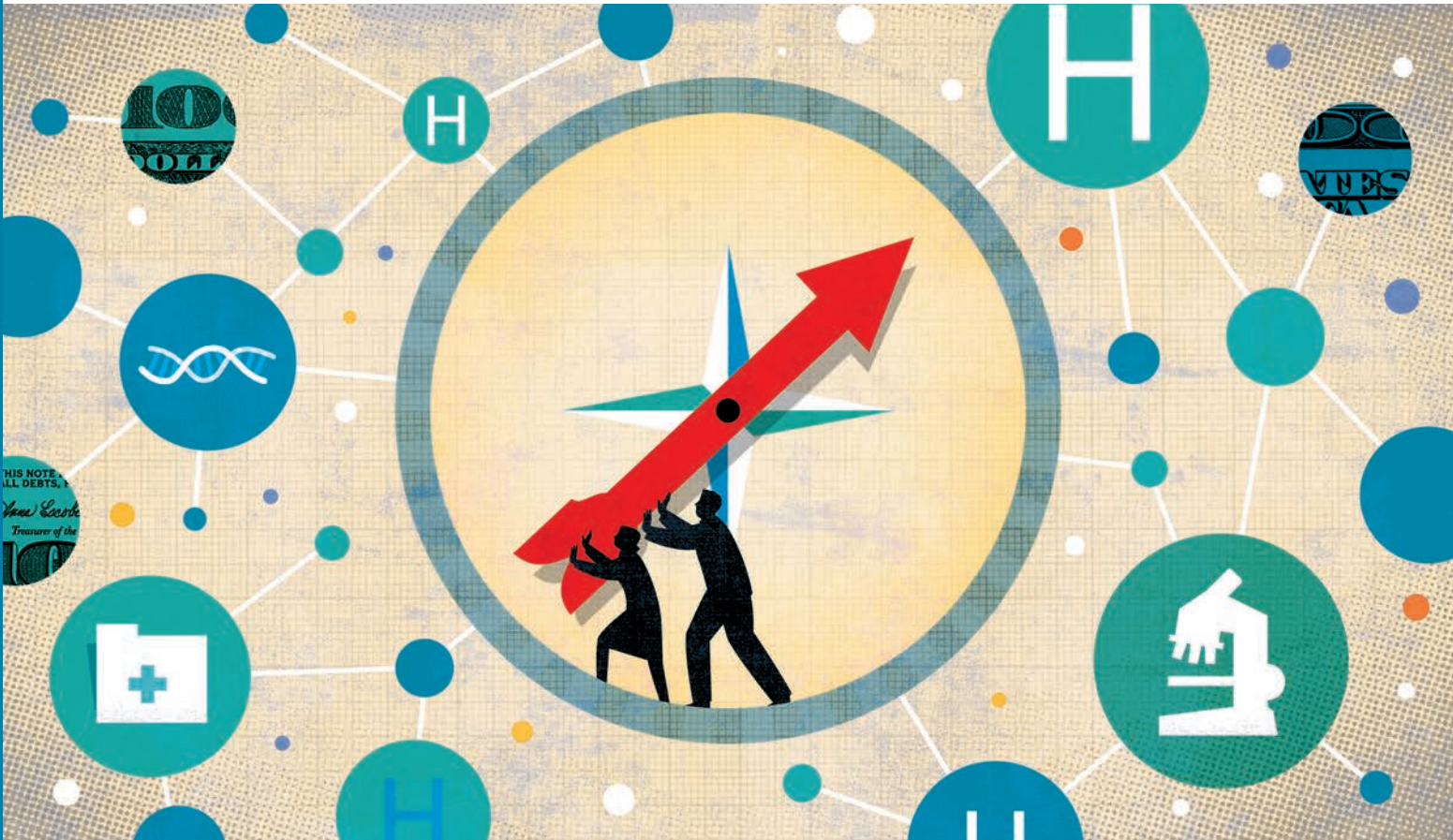




ManhattanLife™

Standing By You. Since 1850.



The Affordable Choice Enhanced

Today's solution, for the problems of tomorrow.

This is a Hospital Confinement and other Fixed Indemnity Insurance Policy
Underwritten by and Family Life Insurance 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

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

Affordable Choice Pays	Amount:*
Description of Transaction	
Admission Benefit	\$2,000.00
Hospital Days at \$4,000	<u>+\$28,000.00</u>
Total Paid	\$30,000.00

*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			

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

The premiums shown below are for sample purposes only. The premium is classified as “attained age” meaning it changes annually on the policy anniversary. The premiums below are intended to show premiums based on five-year increments.

AGENT’S ONLY: Monthly Premiums for all age ranges can be accessed using our ManhattanLife Direct 2.0 quoting platform or on the rate card under the Product Download section of the Agent Portal.

ELITE PLUS CHOICE MONTHLY PREMIUMS

Ages		Individual	Individual and Spouse	Individual and Children	Family*	Child
	20	\$149.23	\$293.13	\$261.36	\$420.77	\$174.87
	25	\$169.29	\$333.21	\$293.96	\$475.14	\$174.87
	30	\$190.96	\$376.50	\$329.08	\$533.76	\$174.87
	35	\$212.27	\$419.07	\$363.56	\$591.34	\$174.87
	40	\$232.14	\$458.75	\$395.49	\$644.79	\$174.87
	45	\$255.93	\$506.29	\$433.62	\$708.66	\$174.87
	50	\$295.50	\$585.34	\$496.53	\$814.32	\$174.87
	55	\$335.06	\$664.38	\$559.45	\$919.98	\$174.87
	60	\$376.01	\$746.18	\$624.51	\$1,029.26	\$174.87
64	\$412.87	\$819.82	\$682.88	\$1,127.42	\$174.87	

ELITE CHOICE MONTHLY PREMIUMS

Ages		Individual	Individual and Spouse	Individual and Children	Family*	Child
	20	\$112.71	\$220.10	\$193.11	\$311.66	\$123.08
	25	\$127.78	\$250.18	\$216.73	\$351.51	\$123.08
	30	\$144.11	\$282.79	\$242.25	\$394.60	\$123.08
	35	\$160.18	\$314.89	\$267.33	\$436.98	\$123.08
	40	\$175.28	\$345.05	\$290.71	\$476.58	\$123.08
	45	\$193.44	\$381.32	\$318.70	\$524.07	\$123.08
	50	\$223.88	\$442.12	\$365.23	\$603.22	\$123.08
	55	\$254.33	\$502.92	\$411.76	\$682.37	\$123.08
	60	\$285.86	\$565.89	\$459.91	\$764.30	\$123.08
64	\$314.35	\$622.80	\$503.25	\$838.14	\$123.08	

CLASSIC PLUS CHOICE MONTHLY PREMIUMS

Ages		Individual	Individual and Spouse	Individual and Children	Family*	Child
	20	\$89.28	\$173.28	\$152.57	\$245.37	\$92.17
	25	\$99.93	\$194.56	\$169.17	\$273.43	\$92.17
	30	\$111.43	\$217.52	\$187.05	\$303.68	\$92.17
	35	\$122.74	\$240.10	\$204.61	\$333.38	\$92.17
	40	\$133.27	\$261.12	\$220.86	\$360.94	\$92.17
	45	\$145.87	\$286.28	\$240.26	\$393.86	\$92.17
	50	\$166.79	\$328.05	\$272.27	\$448.29	\$92.17
	55	\$187.71	\$369.82	\$304.28	\$502.72	\$92.17
	60	\$209.36	\$413.05	\$337.38	\$559.01	\$92.17
64	\$228.83	\$451.93	\$367.06	\$609.56	\$92.17	

CLASSIC CHOICE MONTHLY PREMIUMS

Ages		Individual	Individual and Spouse	Individual and Children	Family*	Child
	20	\$65.93	\$126.62	\$109.09	\$175.79	\$65.41
	25	\$74.38	\$143.49	\$122.02	\$197.78	\$65.41
	30	\$83.53	\$161.75	\$135.98	\$221.53	\$65.41
	35	\$92.53	\$179.71	\$149.69	\$244.88	\$65.41
	40	\$100.96	\$196.54	\$162.45	\$266.64	\$65.41
	45	\$111.07	\$216.73	\$177.71	\$292.71	\$65.41
	50	\$127.97	\$250.47	\$203.02	\$336.05	\$65.41
	55	\$144.87	\$284.21	\$228.33	\$379.39	\$65.41
	60	\$162.36	\$319.15	\$254.52	\$424.24	\$65.41
64	\$178.14	\$350.66	\$278.07	\$464.62	\$65.41	

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

Low Cost Diagnostic Imaging



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

SERVICES

- MRI (Closed & Open)
- Mammography
- CT
- DXA
- PET/CT
- X-Ray
- Ultrasound
- Other
- Nuclear Medicine

For these services, you will not file with your insurance company. Instead, you'll pay for your procedure in advance (your price will include both the exam fee AND the radiologist fee) and receive a voucher for service.

HOW IT WORKS

- Your doctor has given you an order for diagnostic imaging services.
- Contact Green Imaging: TEXT: 713.524.9190; CHAT: greenimaging.net; CALL: 844.968.4647
- Green Imaging will quote your discounted price, schedule your procedure, take payment and send you a voucher for service.
- At your appointment, show your voucher instead of your insurance card.
- You will have no co-pay and will receive no additional bills after your exam
- Submit claim for reimbursement. FAX: 713.821.6518; MAIL: ManhattanLife, Claims Department - P.O.Box 925309, Houston, TX 77292-5309; UPLOAD: Online Portal
- The report from your exam will be sent to your primary care physician.

How you save with Affordable Choice



You can stretch benefits farther with the First Health® Network.

The network card tells Doctor's and Hospitals that you are a network member who has instant access to:

- More than 8 10,000 physicians and healthcare professionals.
- Over 1.5 million service locations across all 50 states.
- More than 5,900 Hospitals.
- Over 125,000 ancillary facilities.
- Network doctors carefully selected to promote quality outcomes.
- No paperwork to fill out as network doctors and hospitals file claims for you.

By visiting www.firsthealthlbp.com 24 hours a day. 7 days a week clients can find in network doctors, hospitals or any other care professional with access to the most detailed provider directory available.

Or call 1-800-226-5116 to reach a First Health Customer Service Specialist to assist in locating network providers.

**Network and prescription drug are not part of this policy. First Health Network and RXedo are value added healthcare programs from other providers designed to enhance your healthcare experience without additional cost to you.*



RXedo Prescription Benefit Partner:*

- Discounts to 80%
- Completely free to use
- Accepted at over 67,000 pharmacies nationwide
- Discounts on over 10,000 medications

How much will you save?

Average savings over 65% per prescription. Use the Drug Pricing tool to price prescription at pharmacies in your zip code. The results will be by least cost pharmacies first. To use the Drug Pricing tool, click the drug pricing link provided at www.findlowrx.com.

Sponsored Benefits



Improving access to quality care while reducing costs to members.

Teladoc is a modern day house call with immediate access to a network of board-certified physicians. Physicians are available anytime, anywhere for personalized, secure, web or phone-based consultation that includes diagnosis and treatment of medical issues.

Members can use 24/7 Physician Consultations:

- For common, acute conditions that can be treated without a face-to-face visit.
- From anywhere - at home, at work or on the road.
- After hours - during the evening, on weekends or holidays.
- When they cannot reach their primary care physician.

Product Highlights:

- Convenient, timely consultations available to members anytime.
- Reduces claims costs for benefit plans and saves members time and out-of-pocket costs.
- Offers a fast, affordable alternative for minor medical problems and health issues.
- All physicians are licensed, board certified and based in the U.S.
- Visit Fee is \$0.00

For more information go to

Online: www.teladoc.com

Mobile App (App Store and Google Play):

www.teladoc.com/mobile

or call

1-800-Teladoc (835-2362)



Listed above are two added sponsored benefits that are not part of the policy. There is a \$5.00 monthly administration fee for these two services included in the premium. (Not included in Child Only Policy)



Health Advocacy offers you expert assistance with a wide range of healthcare and insurance-related issues

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments, research treatment options
- Answer questions so you can make the right choices for your care

Coordinate medical care and additional services

- Facilitate any necessary pre-authorizations and coordinate benefits
- Provide in-hospital support and arrange post-discharge services and care
- Research and locate eldercare services

Research and arrange second opinions and tests

- Identify and connect you with leading specialists and Centers of Excellence
- Arrange for the transfer of medical records, lab results and X-rays

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve claims and billing issues

Medical Bill Saver

It can be overwhelming to receive a large bill for medical or dental care. Health Advocate's Medical Bill Saver service can help. Our skilled negotiators can help lower your out-of-pocket costs on bills that are not covered by insurance.

- Send us your medical or dental bill of \$400 or more and we'll contact the provider on your behalf to negotiate a discount on the amount due*

RX Shopper

Rx Shopper can reduce your prescription costs by helping you find the lowest prices for your medications.

- Download and print your card, then bring it with you when filling your prescription to save up to 85%

We support the whole family

Health Advocate services are available to you as the primary policy holder, your spouse/partner, dependents, parents and parents-in-law.

Quickly reach us by phone, email and secure messaging

By phone: 866.969.3435

Email: Answers@healthadvocate.com

Web: www.healthadvocate.com/members

**Health Advocate will attempt to negotiate with providers on claim balances where allowed by states. Best attempts to reduce balances are made but specific percentage results are not guaranteed.*



ManhattanLife[™]

Standing By You. Since 1850.

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

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 Number

AK7010FL

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.