

Group Affordable Choice

Providing coverage for everyday medical expenses for you and your family — underwritten by ManhattanLife Insurance and Annuity Company.

Cash Benefits Paid Directly to You

Direct Cash Benefits

Benefits are paid directly to employees — in addition to any other insurance coverage they have.

No Physical Exam

No physical exam required. Premiums are conveniently paid through payroll deduction.

Use It Your Way

Cash can be used however employees choose — to pay medical bills or cover everyday expenses.

Insureds are reimbursed a specified amount for covered services due to Sickness or Injury. Benefits are paid directly — it's that simple.



Eligibility & Participation — All Plans

Who Is Eligible

- Employee: Age 18–70 (terminates at 71), actively at work full-time, ≥20 hrs/week
- Spouse: Age 18–70, includes domestic partner where allowed
- Child: Under age 26

Spouse and children are not eligible if the Employee is not issued coverage.

Guarantee Issue & Participation

All tiers — Employee, Spouse, and Child(ren) — are **Guarantee Issue**. No medical underwriting required.

- **Minimum to Issue:** 5 Employee applications or 1% of eligible employees, whichever is greater
- **Guarantee Issue:** 15% of all eligible or 5 enrolled, whichever is greater

Policy Form: AN7002 | Policy Type: Group

Situs States: AL, AR, AZ, D.C., GA, IA, IL, IN, LA, KY, ME, NE, OK, SC, UT, WI

Plan Comparison: Hospital & Inpatient Benefits

All three plans share the same structure — higher plan numbers deliver greater benefit amounts for inpatient and surgical events.

Benefit	Plan 1	Plan 2	Plan 3
Inpatient Hospital Confinement	$500/day	$1,000/day	$1,500/day
ICU Confinement	$1,000/day	$2,250/day	$3,000/day
First Day Hospitalization	$500	$1,000	$1,500
Emergency Room	$200	$300	$400
Urgent Care Facility	$200	$300	$400
Ground / Air Ambulance	$500 / $1,500	$500 / $1,500	$500 / $1,500
Inpatient Confinement Max	$1,000,000 CY	$1,000,000 CY	$1,000,000 CY

Plan Comparison: Surgical & Outpatient Benefits

Benefit	Plan 1	Plan 2	Plan 3
Surgical Benefit	1x Schedule	2x Schedule	3x Schedule
Ambulatory Outpatient Facility	$1,000	$2,000	$3,000
Surgical Benefits Year Max	$50,000	$50,000	$50,000
Office Visits	$75	$125	$175
Prescription Drug	$25 (max $250 CY)	$50 (max $500 CY)	$75 (max $750 CY)
Wellness Benefit	$100	$100	$100
CY Outpatient Maximum	$4,000	$4,000	$4,000
Lifetime Maximum	$5,000,000	$5,000,000	$5,000,000

Plan Comparison: Diagnostics & Therapy

Benefit	Plan 1	Plan 2	Plan 3
MRI / PET / CT	$300	$600	$900
Mammogram	$250	$300	$350
Other Radiology	$200	$250	$300
Surgical Pathology (Lab)	$200	$300	$400
Preventive PAP / PSA	$250	$300	$350
Physical / Occupational / Speech Therapy	$50	$75	$100
Pre-existing Condition	12/12	12/12	12/12
Portability	Included	Included	Included

Pre-existing condition limitation: benefits not payable for 12 months. Portability available after 6 months of continuous coverage for employees under age 70.

Key Benefit Definitions

Inpatient & ICU Confinement

Pays a daily benefit (max 31 days) for room and board charges during a covered confinement. ICU includes Cardiac Care and Burn Units. Not payable simultaneously with Observation or ICU benefits.

Observation Unit

Pays for care in a Hospital Observation Unit for at least 12 continuous hours: 25% (12–23 hrs), 50% (24–47 hrs), or 75% (48+ hrs) of the Inpatient Confinement benefit.

Ambulance & Emergency Room

Ambulance pays per trip for ground or air transport (max 2 trips/year). Emergency Room pays per day (max 1 day/year). Urgent Care pays per day (max 2 days/year).

Surgery, Anesthesia & Assistant Surgeon

Surgery pays per the Surgical Schedule multiplied by the plan's unit factor. Anesthesia = 25% of schedule; Assistant Surgeon = 20% of schedule. All subject to the $50,000 Surgical Year Maximum.

Additional Benefit Definitions

Office Visits & Wellness

Office Visit pays per day (max 4 days/year) for care in a practitioner's office. Wellness pays once per calendar year for a wellness visit. These two benefits are not payable on the same day.

Prescription Drugs

Pays per fill for outpatient prescriptions through a pharmacy. Not payable when drugs are administered in a hospital or surgical facility. Subject to the calendar year maximum.

Lab, Radiology & Therapy

Pays daily benefits for covered lab tests, radiology (MRI, PET, CT, mammogram), and physical, occupational, or speech therapy. All subject to the $4,000 Outpatient Calendar Year Maximum.

Allergy Shots & Immunizations

Pays $10/day for allergy shots and $25/day for immunizations for covered dependent children, as recommended by USPSTF or ACIP. Calendar Year Maximum: $100.

Low-Cost Ancillary Services

Group Affordable Choice members have access to valuable supplemental services to help save money and navigate healthcare.



CareGuide

Expert healthcare coordination, 2nd opinions, Medical Bill Saver & RX Shopper.
Phone: 469-902-2267
Email: services@cgasaves.com
Web: www.cgasaves.com



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Important Disclosures

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

⚠ **THIS POLICY PROVIDES LIMITED BENEFITS.** Underwritten by ManhattanLife Insurance and Annuity Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement, and minimum Participation Requirements are received in ManhattanLife Assurance Company of America's New Business Department.

Policy Form	Lifetime Maximum	Pre-existing	Portability
AN7002	$5,000,000	12/12 (WY: 6/12)	Included on all plans